

New Forest Mencap

Risk Assessment Policy

Rationale

To identify a clear statement of procedure to be followed when planning and organising off-site activities for members with learning disabilities.

Policy statement

Conducting risk assessments, even in an informal way is a factor applying to all clubs and events, and the following procedures must be followed before any off-site activities take place.

- Risk assessments will be conducted by the Club leader event organiser.
- An itinerary of an outing or event must be made and a copy left with the chairperson of the Club Committee, whenever possible before the activity takes place, to ensure all participants personal safety.
- Staffing levels should be dependent on the activities, following risk assessment on each member. Where this is likely to exceed the agreed levels within each club, this must be fully discussed and approved by the Club Leader.
- Volunteers may count toward staffing levels, but must not take sole responsibility for members.
- Under no circumstances should an activity, either on or off-site, operate with a single staff member. This situation should be treated as an emergency and contact must be made with the Club Management Committee to agree a plan of action.
- Emergency contact numbers, including details of any specific health needs, for all participants, including staff, should be available in an emergency for both on and off site activities.
- The Club Leader must ensure that a first aid kit is available during on and off site activities.
- At least one member of staff must hold a first aid qualification within each club.

Risk Assessment Applicability Test The purpose of this document is to identify when a full written risk assessment must be completed for a particular situation, task or activity. This form should be retained as evidence that an initial assessment of the hazards/risks have been identified and that, where necessary, a further assessment has been carried out.

1. Proposed Task or Activity (give full details)	

2. Proposed Date of Activity	3. Proposed Times of Activity

4. Names of all staff to be involved in proposed activity, including volunteers, giving job titles.	
Name	Job Title

5. Names of those involved in the completion of Risk Assessment:	
Name:	Signature:

6. Persons Responsible For Monitoring Risk Assessment:	

7. Date Risk Assessment Completed:	8. Review Date:

9. Who Will Be Directly At Risk?

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10. Will Any Other Person(s) Be Affected?

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11. Are There Any Other Factors Which May Have To Be Considered?

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Hazard/Risk Identification

If the answer to any one of the questions below is YES, then a full risk assessment must be completed on the relevant form.

	YES	NO
1.		
Are there any hazards arising from this activity which pose a significant risk to a person or persons? (e.g., water, electricity, machinery, noise, fumes etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2.		
Is it foreseeable or likely that an event may occur during the activity based upon the available knowledge and history of the situation or individual? (e.g. previous experience or history of epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>
3.		
Could the severity of an accident or incident resulting from exposure to any hazards during this activity be classed as major? (e.g. drowning, electrocution, broken bones and any injury, which would require hospital attendance?)	<input type="checkbox"/>	<input type="checkbox"/>
4.		
Do the individual characteristics of the member increase the risk of this activity to a level above the risks associated with day to day life? (e.g. epilepsy, medication regime, challenging behaviour etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Risks Identified	1	2	3	4	5	6	7	8	9	10
Proposed Remedial Action										



Risk Assessment Sheet Number:	Date:
Name of Club/Scheme:	Completed by:

Identified Hazards Classified as High Risk	Control Measures Implemented To Reduce Risk Exposure	Revised Risk Rating	Measures Implemented (Sign & Date)