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| **GENERAL SCHOOLS RISK ASSESSMENT** | | | **lcc_A4-58mm** |
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| **PART A. ASSESSMENT DETAILS:** | | | |
| **Area/task/activity: P.E., Games and athletic activities – Pendle School Sport Partnership Indoor Athletics** | | | |
| **School name:**  **Address & Contact details:** | Marsden Heights  Edge End Ln  Nelson  Lancs | **Name of Person(s) undertaking Assessment:** | Fiona Callaghan |
| **Signature(s):** |  |
| **Head Teacher (Name):** | Mrs A Littlewood | **Date of Assessment:** | 01.02.18 |
| **Signature:** |  | **Planned Review Date:** | This will checked on the day of the event for any immediate risks. |
| **How communicated to staff:** | Copies available before the event to all schools | **Date communicated to staff:** |  |

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| **PART B1. HAZARD IDENTIFICATION AND CONTROL MEASURES:** | | |
| **Step 1** **Identify significant hazards** | **Step 2 Identify who might be harmed and how** | **Step 3** **identify precautionary measures already in place** |

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| **List of significant hazards**  (something with the potential to cause harm)  **(1)** | **Who might**  **be harmed? (2)** | **Type of harm (3)** | **Existing controls (4)**  (Actions already taken to control the risk)  # |
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| **PEOPLE** |  |  |  |
| Child welfare | Pupils, | Abuse, emotional or physical damage, choking | * EVENT WELFARE PLAN – READ / DISTRIBUTED TO APPROPRIATE PEOPLE AS NECESSARY * School safeguarding policy and acceptable and expected behaviour towards children policy for staff. * Teachers know that they are responsible for the wellbeing of their own pupils. Teachers responsible for emergency contacts etc. Emergency procedures indicated in the event briefing at the start. * Parental consent for photography, digital imagery and/or filming of children during lessons, trials and/or competitions/matches – **Assumed, if not notified by appropriate school staff or parents before the event.** * **The schools own safeguarding policy will be followed.** |
| Supervision and instruction | Pupils, Staff, Adult helpers, | Mental or physical harm, accidents leading to cuts, abrasion, fractures, | * Staff are appropriately trained and sufficiently competent. * The ‘delivery team’ for this event includes an experienced SGO and a number of student helpers * Volunteers for this event have been prepared and trained as necessary. * Staff follow regular and approved practice, * All necessary event, rules, procedures and plans given to ‘deliverer’ a week prior to the event. This to be supplemented by a teachers briefing immediately prior to the event starting. All parties given an opportunity to express any concern with arrangements. * A dynamic risk assessment is carried out prior to session. |
| **CONTEXT** |  |  |  |
| Weather Conditions- Rain/Sun | Pupils, staff, adult helpers | Sun Burn, Chills or colds. Sprains, strains. | * Indoor event * Staff are aware to prepare pupils with appropriate clothing (including a change) as necessary |
| Playing surfaces – indoor | Pupils, Staff, Adult helpers, | Cuts, abrasions, fractures, injuries from trips or falls, stick injuries, infection | * Children are appropriately dressed * All areas checked prior to event starting |
| Clothing | Pupils, Staff, Adult helpers, | Abrasions, bruises, cuts, fractures, bumps to head | * Pupil’s long hair is required to be tied back. * Suitable footwear is worn that is appropriate for the activity. Football boots, cross country spikes or trainers are the only suitable footwear. * Clothing is suitable for the activity and the environmental conditions. * Staff wear appropriate footwear and clothing. |
| Equipment | Pupils, Staff, Adult helpers, | Muscle damage, struck by injuries, cuts, abrasions and fractures | The suitability of equipment should reflect pupil need and ability. Considerations such as size, weight, or shape should be carefully assessed when planning activities to make sure they are compatible with the developmental stages of the pupils.   * Equipment used is fit for purpose and is appropriate for the age of the children. * Areas of competition spaced out and coned accordingly |
| Falls on the level or from height | Pupils, Staff, Adult helpers, | Cuts, abrasions, fractures, head/spinal injury | * Suitable first aid provision is available by a qualified first aider for all. Lead deliverer First Aid trained. First Aid kit is available. * In the event of an accident, all activity ceases immediately and event emergency procedures and policies enacted. * A clear record of any incident is completed as soon as possible after the event. |
| **ORGANISATION** |  |  |  |
| Contact with other persons /objects | Pupils, Staff, Adult helpers, | Abrasions, bruises, cuts, fractures, bumps to head, head/spinal injuries | Sufficient space is allocated to the activities.   * The intensity of the event means that slips and falls can occur, however, SSP staff are trained to the requirements if it is first aid that is required. |
| Physical activity | Pupils, Staff, Adult helpers, | Muscle damage | * Appropriate warm-up exercises should be completed at the start of the event – by school staff * Activities are appropriate for the age, capability and size of the pupils. |

This general risk assessment will apply to this area/task/activity in most schools providing the controlmeasures described are in operation and there are no further local significant hazards. If it does not fully apply, please go to Part B2 on the next page If it fully applies please sign below.

I certify that the risk assessment above fully applies to the area/task/activity under assessment in ……………………………………………………………… (Name of school)

Signed:  Name: Fiona Callaghan Risk Assessor.

**If the control measures described are not in operation and further action is required or there are further local significant hazards please record these here, transfer any actions required to the Action Plan at Part C below and sign off below. Do not sign off above if further actions are required.**

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| **PART B2. HAZARD IDENTIFICATION AND CONTROL MEASURES:** | | | | | |
| **Further Significant hazards** | **Who might**  **be harmed? (2)** | **Type of harm (3)** | **Existing controls (4)**  (Actions already taken to control the risk) | **Further action / controls required**  (transfer to action plan at Part C below) **(5)** |
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I certify that the assessment for the task/activity above covers all the significant hazards applicable …………….…………………………..(name of school).

Signed: Name: Risk Assessor.

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| **PART C: ACTION PLAN** | | | | | | |
| **No.** | Action required | Person(s) to undertake action? | **Priority** | **Projected**  **time scale** | **Notes / comments** | **Date** completed |
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