## Risk assessment



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## Risk assessment form example

| What is the hazard?   | Who might be at risk? | What do you do to minimise the risk?  | What (if any) further action is necessary   | Action by whom?  | Action by when? | Completed |
|---|-----------------------|---|---|--|-----------------|-----------|
| Child putting small objects in their mouth                      | Individual Child      | Staff to consider which resources are on offer for the children. Maybe rearrange so that it is easier to monitor  Higher staff supervision  Provide safe objects for the child to chew if a sensory need is there | Staff to reassess activities on offer in the environment  Staff to check the environment every session that the child attends | Staff All staff are aware of the risk assessment steps in place  |                 |           |
| Child putting too much food in their mouth                      | Individual Child      | Staff to supervise the child at all times of snack, lunch, and dinner  Staff to limit how much food is on the plate and / or cut it up  |   | Staff  All staff are aware of the risk assessment steps in place   |                 |           |
| Child tripping over the oxygen tube – oxygen supply interrupted | Individual child      | Higher staff supervision  Staff to consider the length of the tube  Staff to consider the size of the room against accessibility for the individual child   | Staff to re-connect the tube if it has been removed  Check the supply of the oxygen and the rates have not been knocked off   | Staff  All staff are aware of the risk assessment steps in place  Parents / guardians to inform setting of the oxygen rates each session |                 |           |



| Consent and                    | l review |       |  |  |
|--------------------------------|----------|-------|--|--|
| Parent/carers nan              | me:      |       |  |  |
| Signature:                     |          | Date: |  |  |
| Key person name:               | :        |       |  |  |
| Signature:                     |          | Date: |  |  |
| Completed by:  Date completed: |          |       |  |  |



Signed by setting manager:

Date of review:

