

|  |  |  |
| --- | --- | --- |
|  | **F45-1: Risk Assessment Record** |  |

|  |  |
| --- | --- |
| **Operations/Work Activities covered by this assessment:**  | Sleepover/Event in school |
| **Site Address/Location:**  |  | **Department/Service/Team:** |  |
| **Assessment Date:** | Click or tap to enter a date. | **Lead Assessor:** |  |
| **Authorised By:** |  |
| **Who Might Be Affected** | Employee[x]  | Contractor[ ]  | Visitor[x]  | Pupil[x]  | Client[ ]  | Member of Public/Third Party[x]  |
| **Note:** A person specific assessment must be carried out for young persons, pregnant employees and nursing employees |

| Hazards Considered | How might they be Harmed | Current Control/Mitigation Measures: | Risk Rating  | Action Required/ Action No. |
| --- | --- | --- | --- | --- |
| Likelihood | Severity  | Risk Rating |
| **Authorisation** |  | * Has the school / academies insurance provider been contacted, and approval gained?
* Has the event been authorised internally by Head Teacher and approved by Outdoor Education Advisor via the EVOLVE NCC visit management system?
 |  |  |  |  |
| **Arrangements** |  | * Have the sleepover operational procedures/responsibilities - NCC guidance “Sleepovers in school buildings – Safety Guidance” been defined? Have these and this risk assessment been communicated to all relevant staff?
* Has a timetable been created to give structure to the sleepover, with a defined lights out time?
* Appointed competent persons are assigned responsibilities in planning and organising the event?
 |  |  |  |  |
| **Community engagement** |  | * Should Community Police Officer / Fire Service / neighbours be informed? (Lights will be on in school, smoke / flames from campfire if organised)
* If the school’s outdoor areas are being used as part of the event and are located close to housing, has the impact of noise with neighbours been considered?
 |  |  |  |  |
| **Parental / Carer engagement** |  | * Have parents / carers provided formal consent for their child to attend the event?
* Are parents’ up to date contact details known (in the event of an emergency, cancellation of the event any unforeseen problems)?
 |  |  |  |  |
| **Pupil information** | Lack of correct pupil information could cause potential harm | * Is adequate pupil information from parents / school available including those that relate to this sleepover/event and its arrangements i.e.
1. medical and medicines
2. behavioural
3. allergies (consider food to be served and snacks that may be given or brought in by pupils)
4. night-time tendencies (sleepwalking, bedwetting) special needs
* Are any further actions required considering the information above?
* Have the school/academy considered and have arrangements in place for the management of medicines that are required to be administered outside the school day and therefore during this event?
 |  |  |  |  |
| **Security** | Unwanted visitors may cause physical harm to both staff and pupils | * Is the means of access to the area/s to be used security access controlled, including visual control over visitors?
* Is access restricted to unauthorised areas of the school premises?
* Is the areas used for the event adequately segregated from areas being used by cleaners / staff in school?
* Is a communication link / phone available in the area used for the sleepover/event?
* Is a register kept daily of pupils attending the sleepover/event?
* Can unoccupied areas of the school be secured from break-in especially if these areas cannot have the intruder alarm operational? (if not covered by a zoned intruder alarm)
* Are arrangements in place for the safety of pupils being collected the next day following the sleepover?
* Is access restricted to hazardous equipment / substances?
 |  |  |  |  |
| **Suitable accommodation/ facilities including food and drink** | Lack of adequate / correct sleeping arrangements could cause tiredness / physical injuryStaff / pupils with food allergies could cause potential medical harm | * Are all rooms used by the sleepover/event suitable in respect to size, layout, occupancy, and proximity to welfare facilities?
* Are suitable catering arrangements in place (also consider allergies mentioned elsewhere in this risk assessment).
* At least one member of staff must hold a Level 2 Food Hygiene Certificate when preparing and cooking food. This will not apply if cereal breakfasts or similar are only being prepared.
* School kitchen must only be used or accessed by authorised catering staff.
* Are arrangements in place for children to wash/brush their teeth-Toothbrushes and paste to be provided to pupils who forget? (Bottled water to be provided for brushing teeth as water in toilets/washrooms cannot be designated for drinking purposes?)
* Will the temperature be suitable in the areas occupied including those for sleep? (Heating kept on for longer?)
 |  |  |  |  |
| **Fire** | Fire could cause harm to staff and pupils resulting in serious injury | * Has the existing school fire risk assessment been completed/reviewed in respect to the after-school sleepover/event arrangements? (MANDATORY)
* Has the fire procedures outlined in the NCC guidance “Sleepovers in school buildings – Safety Guidance” been implemented in full. (MANDATORY)
* Has a suitably competent person(s) been nominated to be always awake during the sleepover. (MANDOTORY)
* Are all onsite staff and volunteers familiar with the fire evacuation procedures for the premises, i.e. sound of the alarm, location of exit doors, location of fire assembly point, responsibility for contacting the emergency services, etc.
* Is emergency lighting installed in the occupied areas?
* Consider ‘Dummy’ evacuation tested with all persons present including staff and pupils.
 |  |  |  |  |
| **First Aid / Administration of Medication** | Lack of first aid provision / administration of medicines may cause harm to pupils | * Are there adequate numbers of staff trained to an appropriate level of first aid?
* Are all staff familiar with the school’s accident/incident reporting procedures?
* Does the administration of medicines risk assessment consider the arrangements of the after-school sleepover/events?
 |  |  |  |  |
| **Safeguarding / Supervision** |  | * Have all attending staff and volunteers’ staff been CRB checked?
* Are sleeping and changing arrangements (including staff) appropriate and documented?
* Are supervision ratios appropriate (considering any staff who may have to leave in an emergency?)
 |  |  |  |  |
| **Behaviour / Children absconding** | Physical assault of either staff or pupils | * Are there agreed rules / codes of conduct for the behaviour of pupils attending the sleepover/event?
* What would happen in the event of a “home-sick” pupil - how would they get home? If taken by staff the supervision ratio would be affected - also note the risk from transporting pupils in private vehicles (collection by a parent / carer may be safer option).
* Are adequate measures in place to prevent children from absconding?
 |  |  |  |  |
| **Cancellation of event** |  | * Are procedures in place in case of cancellation?
 |  |  |  |  |
| **Activities undertaken** | Pupils or staff | * Detailed itinerary in place and approved by school leadership
* Separate Specific Risk Assessment for all activities being undertaken as part of the event
* Review of NCC CFCS – Generic Risk Assessments for visits and activities if defined activities planned
* Referral to NCC CFCS - Visit guidance or Visit Advice Team for activity specific advice
* If external providers of activities are being used, they should be vetted in advance and were applicable through NCC CFCS provider assurance process/form.
 |  |  |  |  |
| Additional Notes |
| Programmed activities should be considered separately and with reference to NCC CFCS Visits guidance and Visits Advice team if appropriate.  |

|  |
| --- |
| Control Improvements/Developments |
| Action No. | Recommended additional control measures | Responsibility | Target Date | Date Completed |
|  |  |  | Click or tap to enter a date. | Click or tap to enter a date. |
|  |  |  | Click or tap to enter a date. | Click or tap to enter a date. |
|  |  |  | Click or tap to enter a date. | Click or tap to enter a date. |
|  |  |  | Click or tap to enter a date. | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Signature of Assessor:  | Date: |
| Signature of Person Authorising: | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Potential Severity of Harm | Major | **Medium** | **High** | **High** |
| Minor | **Low** | **Medium** | **High** |
| Negligible | **Low** | **Low** | **Medium** |
|  | Rare | Possible | Almost Certain |
| Likelihood of Harm Occurring |

|  |
| --- |
| **Definitions** |
| High | Take appropriate action within agreed period |
| Medium  | Monitor & Review Situation |
| Low  | No Action Required |

|  |
| --- |
| Reviews – this assessment should be reviewed at intervals no greater than 12 months or if there are changes to the procedures, personnel, work environment or following an incident |
| Review Date | Comments/Amendments | Reviewed By | Signature |  | Review Date | Comments/Amendments | Reviewed By | Signature |
| Click or tap to enter a date. |  |  |  | Click or tap to enter a date. |  |  |  |
| Click or tap to enter a date. |  |  |  | Click or tap to enter a date. |  |  |  |
| Click or tap to enter a date. |  |  |  | Click or tap to enter a date. |  |  |  |
| Click or tap to enter a date. |  |  |  |  | Click or tap to enter a date. |  |  |  |

|  |
| --- |
| The following table should be used for all staff to sign and date to confirm that the risk assessment has been read. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Print Name | Signature | Date |  | Print Name | Signature | Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |