

iconz4girlz
Risk Analysis and Management

Event/Activity: Regular nights

Unit: XXXXXXXXX

Date: Thursdays in term time

Time: 6 - 7:30pm

Leaders with current First Aid certificates: xxxxxx xxxxx, xxxxx xxxxxxxxxxx

| Proposed Activity | Actual or potential causes or sources of harm * | Practical steps to take to ensure persons are not harmed. ** | Emergency Procedures |
|-------------------------------------|---|---|---|
| Games | Carpet burn Injury from playing games in the dark | Kids cross legs when out so don't trip others over Adjust game rules so knees not in contact with carpet Move slowly during games. Sit children out if they aren't going by the rules. | First aid kit in church kitchen |
| Craft activities | Scissors | Remind and expect children to carry scissors safely – closed, pointy part in hand, walk. | First aid kit in church kitchen |
| Use of outside carpark | Loose stones | Choose carefully what activities to do outside | First aid kit in church kitchen |
| Children going toilet | Children going to other end of building Potential for accusation against adult | Never have one adult in the bathroom the same time as children. Leaders wait in the foyer if escorting kids to the toilet. (Leaders can use the disabled toilet) | Head leader to meet immediately with children with accusation. |
| Keeping ourselves safe in the foyer | Public coming into foyer | Lock the front door from 6:20pm til 7:20pm if there aren't any leaders or parents in the foyer. | Two leaders to approach an unknown person together. Call police if necessary. |

* Consider all known hazards for your activity, physical and environmental factors etc.

** The legal requirements to eliminate, isolate and minimise (ie. implement safe operating procedures, provide suitable personal clothing and equipment, monitor persons exposure to the significant hazard).

Following the above will assist everyone to demonstrate compliance with their respective legal duties and delegated responsibilities.

Name of Leader in Charge: xxxxx xxxxxxxx **Mobile number:** xxx xxx xxxxx

Signed: x xxxxxxxx

Date: xx xx xxxxx