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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Activity:** | | | | **E.g.:** Outdoor Liturgy Group (see examples below) | | | | | **Date of Activity:** | | |  | |
|  | | | | |
| **Risk Assessment Steps** | | | | | | | | | Reoccurring Event (circle): | | | YES or NO | |
| Step 1 | Identify the activity, then identify the risks: what could happen? How could it happen? | | | | | | | | | | | | |
| Step 2 | Consequence of the risk, what could happen? how could it happen? | | | | | | | | | | | | |
| Step 3 | Mitigate the risk, what mitigation strategies are in place to minimise or control the risk and what further mitigation strategies could you put in place. Completed Risk Assessment to be signed off by Parish Priest or Head of Agency. | | | | | | | | | | | | |
| Step 4 | Consult and share the Risk Assessment and Mitigation Strategies with those involved in the activity, the workers including Volunteers and parent helpers and the Children and Young People for a safe and successful activity. | | | | | | | | | | | | |
| Step 5 | Evaluate the treatment, did it work, is there more we need to do to create a safe environment. Update your plan if improvements can be made for next time. | | | | | | | | | | | | |
| **Plan**  **Prepared by:** | | | **Name:** | | | **Plan Approved By Parish Priest or Head of Agency:** | **Name:** | | | | **Date:** | |  |
| **Sign:** | | | **Sign:** | | | |
| **Emergency No.:** | | |  | | | | |  | | | | | |
| **Please Note: Add or subtract the rows in the table below depending on how many risks you identify** | | | | | | | | | | | | | |
| Risk  Reference | | 1. Identify Risk(s) | | | 1. Consequence of the Risk | | | | | 1. Mitigation Strategies | | | |
| Examples: | | 1. Sunburn | | | Child unwell, sunstroke, burns, dehydration | | | | | * Find shady area to sit if possible * Ensure sunhats are worn, sunscreen and water provided | | | |
|  | | 1. Unsecured exit/entry points | | | Child goes missing, strangers have access | | | | | * Keep outside gates locked * Constant supervision | | | |
| 1. | |  | | |  | | | | |  | | | |
| 2. | |  | | |  | | | | |  | | | |
| 3. | |  | | |  | | | | |  | | | |

**Insert your mitigation strategies individually into this checklist. Mark them off when completed.**

| Mitigation Strategies Checklist | Completed  Y/N or N/A | Date Completed |
| --- | --- | --- |
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