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| --- | --- | --- | --- |
| **Name of Activity:** **E.g.:** Outdoor Liturgy Group (see examples below) |  | **Date of Activity:** |  |
| **Activity Participants:** (Tick all that apply)  | [ ]  **Children** [ ]  **Adults**  | **Type of Activity (circle) :**  | **In person** or **Online**  |
| **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/or Adults to ensure 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** |
| RiskReference | 1. Identify Risk(s)
 | 1. Consequence of the Risk
 | 1. Mitigation Strategies
 |
| Examples: | 1. Sunburn
 | Person is 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. |  |  |  |

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

| Mitigation Strategies Checklist | CompletedY/N or N/A | Date Completed |
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