|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Risk Assessment | | | | | |  | |
| **Parish / Community / Agency:** |  | | | | | | |
| **Name of Activity:** |  | | | | | | |
| **Brief Description of Activity:** |  | | | | | | |
| **Activity Date:** |  | **Activity Time:** |  | **Location:** |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participants:** |  | Children (under 18) | **Type of Activity:** |  | In person | **Activity Frequency:** |  | Single event |
|  | Combined adult and child |  | Online |  | Reoccurring |

|  |  |
| --- | --- |
| **Workers Involved:**  (First name/last name)  Please attach a separate list if required: |  |

|  |  |  |  |  |  |
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| **Name and role of person completing risk assessment:** |  | **Date:** |  | **Signature:** |  |
| **Approved by:** (Name of Parish Priest/Chaplain/Agency Head) |  | **Date:** |  | **Signature:** |  |
| **Post Activity Review Date:** |  | **Reviewed by:** |  | **Amendments have been noted/attached as necessary.** | |

**Please Note:**

Risk Assessment for overnight activities - Please contact Safeguarding Office for further guidance.

Additional information on Safeguarding and Risk Management can be found here <https://www.sydneycatholic.org/safeguarding-and-child-protection/>

| **RISKS** | **Checklist** | | | | | **Actions to reduce risk and by whom** | **Completed** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Yes** | **No** | | **N/A** | |
| **SAFE PEOPLE** | | | | | | |  |
| **Personnel** | | | | | | |  |
| Have specific roles been identified, allocated and communicated to workers in a pre-activity briefing? |  |  |  | |  | |  |
| Do workers who require screening have a current and verified Working With Children Check (WWCC) and/or National Police History Check (NPHC)? |  |  |  | |  | |  |
| Have workers signed the Code of Conduct? |  |  |  | |  | |  |
| Have workers completed safeguarding training? |  |  |  | |  | |  |
| Will clergy, lay ministers and/or external visitors be visiting to publicly minister or provide a service at the activity? How will this information be recorded? |  |  |  | |  | |  |
| Have requirements and expectations of roles been communicated to workers? |  |  |  | |  | |  |
| **Care of children** | | | | | | |  |
| Has adequate supervision of participants has been considered? |  |  | |  | |  |  |
| Have emergency contact details of participants been collected, collated and communicated to the relevant people in case of an emergency? |  |  | |  | |  |  |
| Where possible, is there separate bathroom facilities for children and adults? |  |  | |  | |  |  |
| Are there sign in and sign out procedures in place? |  |  | |  | |  |  |
| Is there a system in place for ensuring safety in isolated areas including toilets and/ or out of bounds areas? |  |  | |  | |  |  |
| How will behavioural expectations be communicated to participants and their caregivers? |  |  | |  | |  |  |
| Do participants and/or their carers know how to raise a concern or complaint? |  |  | |  | |  |  |
| Will workers wear high visibility clothing and / or name tags to be easily identified by participants? |  |  | |  | |  |  |
| **Consent** | | | | | | |  |
| Have consent forms have been completed and returned by caregivers for participants attendance and involvement at the event/activity? |  |  | |  | |  |  |
| Has consent has been provided and returned for photography, video, and audio recordings? |  |  | |  | |  |  |
| **First Aid** | | | | | | |  |
| Have first aid personnel identified, and certificates sighted and recorded? |  |  | |  | |  |  |
| Is the first aid kit checked, stocked and available, clearly signposted and easily accessible? |  |  | |  | |  |  |
| Have medical response plans for participants with known medical conditions (e.g. anxiety, asthma, epilepsy, diabetes, anaphylaxis) been received and shared with the first aid responder? |  |  | |  | |  |  |
| **Emergency Management** | | | | | | |  |
| Is there a nominated person in charge? |  |  | |  | |  |  |
| Have workers been informed of incident procedures? |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
| **SAFE PLACES** | | | | | | |  |
| **Online space** | | | | | | | |
| Are workers adequately trained to host online activities and skilled in implementing strategies to ensure respectful online behaviour? |  |  | |  | |  |  |
| How do you moderate content? |  |  | |  | |  |  |
| Has parental consent been obtained stating that their child is allowed to interact and communicate with other participants and workers on social media platforms? |  |  | |  | |  |  |
| Do participants and/or their carers know how to raise a concern or complaint? |  |  | |  | |  |  |
| **Site requirements and amenities** (You may wish to attach your WHS risk assessment to this Safeguarding risk assessment) | | | | | | | |
| Have site requirements been identified, including but not limited to; power, water, internal and external lighting, electrical – test & tagging, kitchen, other equipment, toilets, parking, entry and exit points and emergency assembly points? |  |  | |  | |  |  |
| Has a site plan/map been made available with clear directions on where amenities and emergency assembly points are? |  |  | |  | |  |  |
| Are there enough toilets and hand washing facilities to cater for anticipated participants? |  |  | |  | |  |  |
| If required, has an amenities cleaning and maintenance plan been prepared to ensure that amenities are kept clean throughout the activity? |  |  | |  | |  |  |
| Has disability access been considered (lifts, ramps, etc)? |  |  | |  | |  |  |
| Are there suitable and safe parking areas? |  |  | |  | |  |  |
| Have adequate rubbish and recycling bins been provided? |  |  | |  | |  |  |
| **Hospitality/Catering** | | | | | | | |
| Have food requirements been clearly articulated with caterers? |  |  | |  | | **Hospitality/Catering** |  |
| Are adequate hygiene supplies available, including gloves, hand soap, antibacterial gel, etc.? |  |  | |  | |  |  |
| Is proper food storage/food handling equipment available (fridge, oven warmers, bain maries, tongs, double walled coffee cups for hot drinks, etc)? |  |  | |  | |  |  |
| Is alcohol to be served? |  |  | |  | |  |  |
| **Weather** | | | | | | | |
| Have contingencies been considered for unexpected or extreme weather conditions? |  |  | |  | |  |  |
| **Security** | | | | | | | |
| Is security necessary? |  |  | |  | |  |  |
| Have you considered how money will be handled? |  |  | |  | |  |  |
| **Technical/Audio** | | | | | | | |
| Have technical requirements been identified and tested, including but not limited to data projector & screen, laptops, USBs, presentations, specific cables and dongles, microphones, speakers and public address systems? |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
| **SAFE PROGRAMS** | | | | | | |  |
| Is the language appropriate, inclusive and suitable? |  |  | |  | |  |  |
| Is a pre briefing for participants required? |  |  | |  | |  |  |
| Has the content of the activities been reviewed and approved by the appropriate person? |  |  | |  | |  |  |
| Has the content provided by external visitors and/or presenters been reviewed and approved? |  |  | |  | |  |  |
|  |  |  | |  | |  |  |