**Risk assessment**

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| --- | --- | --- | --- | --- |
| YOUR LOGO | Team. |  Trainers | Assessment date |  |
| Location  |  | Review date |  |
| Assessor’s Name | Signature | Managers Name | Signature |

Assessment

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Potential Hazard | Who might be harmed & how | Risk level  | Risk control | Further risk control | Person responsible | Date | CompletedR.G.O |
| Fire, | Tutor, learner, visitor, by not following instructions –Personal injury | Low | Trainer to understand the fire procedure for the venue and give clear instructions to learners and visitors at the introduction. Of the course and Follow safe working procedures | Staff training and induction to venue |  | On going  |  |
| Food handling & hygiene | Tutor, learner, visitor, by not following instructions.- Illness and spread of infection and virus | Low | Trainer to understand the kitchen procedure for the venue and give clear instructions to learners and visitors at the introduction course and Follow safe working procedures | Staff training and induction to venue |  | On going |  |
| Manual handling | Tutor, learner, visitor, by not following instructions – injury to back | Low | Trainer to identify problem equipment and give clear instructions to learners and visitors at the introduction of the course and Follow safe working procedures | Staff training |  | On going |  |
| Electrical appliances | Tutor, learner, visitor, by not following instructions- personal injury/trips | Low | Trainer to identify and check equipment and give clear instructions to learners and visitors at the introduction of the course and Follow safe working procedures | PAT testing and visual checks daily when in use |  | On going |  |
| Manikin hygiene. | Tutor, learner, visitor, by not following instructions - spread of infection & virus | Low | Require the use of protective face shields and manikin wipes where necessary.  Ensure Manikin lung changes where appropriate. Follow and adhere to codes of practice as laid down by the Service for the specific activity. Trainer suitably observed/monitored | Staff training, supervisor monitoring. |  | On going |  |
| Incorrect clothing worn by learner | Tutor, learner, visitor- personal injury | Low | Observe standards of dress consistent with safety and/or hygiene and first aid training.  | Information on joining instructions |  | On going |  |
| Slippery surfaces due to spills | Tutor, learner, visitor – Personal Injury/slips, trips & falls | Low | Trainer to understand the risks for the venue and give clear instructions and warnings to learners and visitors at the introduction course or upon identifying the risk | Staff training and induction to venueYellow warning sign |  | On going |  |
| Musculoskeletal Injuries  from practical training | Tutor, learner, visitor – personal injury | Low | Give clear oral and written instructions and warnings to learners when necessary | Information on joining instructions |  | On going |  |
| Tiredness when driving to and from training venues | Tutor, learner – personal injury. | Low | Ensure all staff adheres to the EWTD (European working time directive) Ensure learners are safe to drive home. | Staff training and monitoring |  | On going |  |
| Trips from floor equipment/ role players | Tutor, learner, visitor -Personal Injury/slips, trips & falls | Low | Give clear oral and written instructions and warnings to learners when necessary | Staff training |  | On going |  |
| Worsening of existing injury illness or condition | Tutor, learner, visitor- further injury spread of infection & virus | Low | Give clear oral and written instructions and warnings to learners when necessary and if possible identify pre existing conditions and adapt the training appropriately | Information on joining instructions |  | On going |  |
| Violence to staff | Tutor, learner, visitor - Confrontation | Low | Give clear oral and written instructions and warnings to learners when necessary. | Staff training and Information on joining instructions |  | On going |  |
| **COVID- 19 Risk** | To be completed for each course and venue |  |  |  |  |  |  |
| Ventilation | GOV System of controls |  | Information/Masks |  |  |  |  |
| Cleaning |  |  | Information / Omission of rescue breaths |  |  |  |  |
| Hand Hygiene |  |  | Information/ Hand Gel |  |  |  |  |

**Site selection Check list**

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| --- | --- | --- | --- | --- |
| YOUR LOGO | Team. | Trainers | Assessment date |  |
| Location  |  | Review date |  |
| Assessor’s Name | Signature | Managers Name | Signature |

Assessment

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Subject |  |  | Notes | Action if any | Person responsible | Review | ResultR.G.O |
| Venue Insurance |  |  |  |  |  | On going  |  |
| Max trainer/delegate ratio 12 Max size |  |  |  |  |  | On going |  |
| Welfare Facilities |  |  |  |  |  | On going |  |
| Seating and desk space |  |  |  |  |  | On going |  |
| Heating, Lighting & ventilation |  |  |  |  |  | On going |  |
| Possible disruptions |  |  |  |  |  | On going |  |
| Risk assessment |  |  |  |  |  | On going |  |
| Fire policy |  |  |  |  |  | On going |  |
| Training presentation facilities |  |  |  |  |  | On going |  |
| Location and access  |  |  |  |  |  | On going |  |
| Food & drink availability  |  |  |  |  |  | On going |  |
| Venue Insurance |  |  |  |  |  | On going |  |
| **Tutor identified****issues** | To be reviewed for each course and updated where needed. |  |  |  |  |  |  |
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