**QUEEN MARY UNIVERSITY OF LONDON (QMUL)**

#  Appendix 2. Risk Assessment Template – Employment of Children and Young Persons on QMUL Premises

*To be completed in conjunction with QMUL H&S Policy and Guidance: Employment of Children and Young Persons on QMUL Premises (QMUL\_HS\_07\_April 2016), available at* [*http://www.hsd.qmul.ac.uk/A-Z/Children%20and%20Young%20Persons/index.html*](http://www.hsd.qmul.ac.uk/A-Z/Children%20and%20Young%20Persons/index.html)

UK H&S Legislation requires that all employers must ensure work activities / tasks are risk assessed in relation to the hazards and risks that employees may encounter. An assessment should be made for the work that Children and Young Persons are employed to do as part of a work experience, training scheme or paid employment (refer to sections 7, 8 and 9 of the Policy for further information). The significant findings of the risk assessment must be recorded. Risks to others who may be affected by the employer’s activities should also be risk assessed and recorded. The necessary health and safety measures to reduce / mitigate the risk to negligible levels should be identified and implemented.

As way of example, a sample entry for a ‘common’ hazard that may be encountered during Children / Young Persons employed on QMUL Premises is entered below to illustrate what is expected in a risk assessment record. Continue by identifying other hazards that could be encountered during the visit, evaluate the initial and residual risk levels (high / medium or low) in terms of *likelihood x consequence*, identify the health and safety measures / actions that should be put in place to mitigate the risks, and identify the action/s that need to be completed by a specific person and/or group and the action completion date/s.

***The personal details of the Child or Young Person must be kept confidential and not disclosed to unauthorised person/s or organisations.***

|  |  |
| --- | --- |
| Name/s of Child or Young Person: |  |
| Age of Child or Young Person: |  |
| Date/s of Employment: |  |
| Employing QMUL School / Institute / Directorate: |  |
| QMUL Host / Responsible Person Name/s: |  |
| QMUL Host / Responsible Person’s Contact Details: |  |

| **What are the hazards?** | **Who might be harmed and how?** | **Initial Risk:****High / Medium / Low*****Likelihood x Consequence*** | **What are you already doing?****(Risk Controls)** | **Do you need to do anything else to manage this risk? (If risk is still medium or high)** | **Residual****Risk:****High / Medium / Low*****Likelihood x Consequence*** | **Action by whom?** | **Action by when?** | **Done** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Slips and trips* | *Young Persons / children may be injured if they trip over objects or slip on spillages* | *Medium (Medium x Medium)* | *We carry out general good housekeeping. All areas are well lit including stairs. There are no trailing leads or cables. Staff keep visit and work areas clear, e.g. no boxes left in walkways, areas cleaned before visits* | *Better housekeeping is needed in visitor seating area to remove / replace broken / damaged furniture items that have been left in the walkways.* | *Low (Low x Low)* | *Responsible Person (Joe Bloggs)* | *01/10/2013* | *01/10/2013* |
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* It is important that the Responsible Person / Host discusses the risk assessment and H&S control measures with the Child / Young Person, and where applicable, with the School / College or other organisation sending the Child / Young Person.
* The risk assessment or a summary of the findings should be communicated to the Parent / Guardian and where applicable, with the School / College or other organisation sending the Child / Young Person (section 10 of the Policy).
* The Responsible Person / Host should review the risk assessment if it might no longer be valid, e.g. following an accident or incident, or if there are any significant changes to the hazards encountered during a visit, such as new equipment or activities.

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| --- | --- | --- | --- |
| Name of Assessor: | Signature of Assessor: | Date of Assessment: |  |
| Subject to review, monitoring and revision by (Name): | Reviewer Signature: | Review Date: |  | (or sooner if visit activity changes or there has been an accident / incident) |

**Further notes / comments / procedure or arrangement documents can be added or inserted below:**