

RISK ASSESSMENT FORM

CHILD/YOUNG PERSONS NAME:

ACTIVITY:

LOCATION:

COMPLETED BY (Staff initials):

A HAZARD RATING	B LIKELIHOOD	C RISK RATING
1=MINOR EFFECT	2=UNLIKELY	2 - 4 = LOW
3=MAJOR EFFECT	4=POSSIBLE	6 - 9=MEDIUM
	6=PROBABLE	12-18=HIGH

RISK	MEASURES OF CONTROL	CONTINGENCY PLAN	A HAZARD RATING	B LIKELIHOOD	C A x B = RISK (A multiplied by B equals Risk score)
<p>1) <b><u>Suicidal attempt-</u></b></p> <p>Child disclosed to VH that she had stepped out in front of a car on Friday when she left the school grounds</p>	<p>Arrangements made for father to drop off and collect directly to/from school office daily in view of the risk.</p>	<p>If parents are unable to drop off/collect, father will inform VH in order that a lift home can be arranged by school.</p>	3	4	12
<p>2) <b><u>Suicidal thoughts/ideation</u></b></p> <p>Child disclosed that she has had thoughts that she wants to take an overdose in order to end her life and, she wanted to jump off a bridge. She has taken herself to a bridge in local area with the clear thought of ending her life. Notes have been left for family</p>	<p>Parents ensure all tablets are locked away at home. Child met on entering school. Daily bag check takes place. Parental permission for this. To ensure that no items are</p>	<p>Office staff aware of situation and child teachers have received safeguarding briefing and action plan from DSL. First aid action plan in place. All appropriate staff are aware.</p>	3	6	18

