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| **Activity/**  **Situation** | | | **Extreme Heatwave 18th and 19th July** | | | | | | | | | | | | | | |
| **Location** | | | **Lark Hill Nursery School** | | | | | | | | | | | | | | |
| **Persons at Risk** | | | **Children ☒** | | **Employees☒** | | | | **Visitors ☐** | | | **Contractors ☐** | | | | | |
| **HAZARD(S)** | | | * **Extreme external temperatures exceeding 30 degrees** * **Children getting burned by the sun.** * **Poor ventilation** * **South facing windows** * **Sheltered garden area with poor air circulation** * **Children 4 yrs and under unable to regulate their temperature fully.** * **Staff becoming unwell due to heat** | | | | | | | | | | | | | | |
| **CONTROL MEASURES** | | | | | | | **ADDITIONAL INFORMATION** | | | | **YES** | | **NO** | | | **N/A** | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Blinds closed and air conditioning on in main room and conservatory. Doors kept propped open between the air conditioned and non air conditioned rooms | | | | | | |  | | | |  | |  | | |  | |
| Children to stay indoors for the two days and use a larger area than usual to play in | | | | | | |  | | | |  | |  | | |  | |
| Provide unlimited amounts of water for children and staff in order for them to keep hydrated. Provide ice pops in the afternoon to aid cooling of the children | | | | | | |  | | | |  | |  | | |  | |
| Provide calming activities which encourage the children to avoid strenuous activity e.g. water play, jigsaws, train track, feet painting, calming music, mini cinema | | | | | | |  | | | |  | |  | | |  | |
| Monitor wellness of staff and children to ensure no one becomes unwell. | | | | | | |  | | | |  | |  | | |  | |
| Ring the parent/care-giver of any child if we become concerned about their wellness or welfare | | | | | | |  | | | |  | |  | | |  | |
|  | | | | | | | | | | | | | | | | | |
| Have you consulted with the people/representatives undertaking the activity as part of the preparation of this risk assessment | | | | | | | | | | | **Yes ☒** | | | | **No ☐** | | |
| What is the level of risk for this activity/situation with existing control measures | | | | | | | | | | | **High☒** | | **Med☐** | | | **Low**  **☐** | |
| Is the risk adequately controlled with existing control measures | | | | | | | | | | | **Yes ☒** | | | **No ☐** | | | |
| Have you identified any further control measures needed to control the risk and recorded them in the action plan | | | | | | | | | | | **Yes ☐** | | | **No ☒** | | | |
| **ACTION PLAN** (insert additional rows if required) | | | | | | | | **To be actioned by** | | | | | | | | | |
| Further control measures to reduce risks *so far as is reasonably practicable* | | | | | | | | **Name** | | | | **Date** | | | | | |
|  | | | | | | | |  | | | |  | | | | | |
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| State overall risk level assigned to the task **AFTER** implementation of control and action plan measures taken as a result of this risk assessment | | | | | | | | | | | **High☒** | | **Med☐** | | | **Low**  **☐** | |
| Is such a risk level deemed to be as low as reasonably practical? | | | | | | | | | | | **Yes ☒** | | | **No ☐** | | | |
| Is activity still acceptable with this level of risk? | | | | | | | | | | | **Yes ☒** | | | **No ☐** | | | |
| If no, has this been escalated to senior leadership team? | | | | | | | | | | | **Yes ☐** | | | **No ☐** | | | |
| **Assessor(s):**  **Position(s):** | | **J. O’Raw**  **Headteacher** | | | | **Signature(s):** | | | |  | | | | | | | |
| **Date:** | | **16th July 2022** | | | | **Review Date:** | | | |  | | | | | | | |
| **Distribution: All staff and CoG** | | | | | | | | | | | | | | | | | |
|  | *Risk rating* | | | *Action* | | | | | | | | | | | | |
|  | **HIGH** | | | **Urgently review/add controls & monitor, notify H&S Team (if Likely or Highly Likely – stop work, seek competent advice)** | | | | | | | | | | | | |
|  | **MEDIUM** | | | **Review/add controls (as far as reasonably practicable) & monitor** | | | | | | | | | | | | |
|  | **LOW** | | | **Monitor control measures** | | | | | | | | | | | | |

