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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** |
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| 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** |

