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| **Establishment:** | **Assessment by:** | **Date:** |
| **First Review Date Due:** | **Manager Approval:** | **Date:** |

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**RISK ASSESSMENT FOR CONDUCTING HOME VISITS**

| **Hazard/Risk** | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures:** | |
| --- | --- | --- | --- | --- | --- |
| **In Place** Y / N / NA | **Adequate** Y / N / NA |
| Visits to a child’s home | Staff  Colleagues | Accident/injury, delayed assistance in emergency  Physical assault / verbal abuse  Cuts/abrasions, muscular skeletal and other physical injuries | Visits to be completed by two members of staff  Background information on the family is gathered beforehand  Refuse beverages or food offered during the visit  Refrain from using the bathroom in the property  A specific risk assessment conducted where necessary  Mobile phone available, charged and switched on with details provided to school office  Agreed schedule –times and location of visits to be known and recorded in school office  Response procedure in place in event of an emergency or staff feel at risk and need to alert the school office  Contact point available in office  Regular supervision and arrangements for debrief / feedback from staff |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Control Measures**(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels). | **Action by Whom**(list the name of the person/people who have been designated to conduct actions) | **Action by When**(set timescales for the completion of the actions – remember to prioritise them) | **Action Completed**(record the actual date of completion for each action listed) | **Residual Risk  Rating** |
| Consideration given to staff at increased risk i.e. new or expectant mothers, inexperienced staff etc. and lone working activities avoided where practicable |  |  |  |  |

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| --- | --- |
| DATE OF REVIEW: *Record actual date of review.* | COMMENTS: *Record any comments reviewer wishes to make. Including recommendations for future reviews.* |
| DATE OF REVIEW: | COMMENTS: |
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|  | **RESIDUAL RISK RATING** | **ACTION REQUIRED** |
| --- | --- | --- |
|  | **VERY HIGH (VH)** Strong likelihood of fatality / serious injury occurring | The activity must not take place at all.  You must identify further controls to reduce the risk rating. |
|  | **HIGH (H)** Possibility of fatality/serious injury occurring | You must identify further controls to reduce the risk rating.  Seek further advice, e.g. from your H&S Team. |
|  | **MEDIUM (M)** Possibility of significant injury or over three-day absence occurring | If it is not possible to lower risk further, you will need to consider  the risk against the benefit. Monitor risk assessments at this rating  more regularly and closely. |
|  | **LOW (L)** Possibility of minor injury only | No further action required. |