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| **Staff member:** |  | **Job title:** |  | **Date of Assessment:** |  |
| **Line Manager completing assessment:** |  | **Job title:** |  | **Date to review:** |  |

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| **Risk or Hazard****What might happen?**  | **Who is at risk?**  | **What is the possible outcome if risk is not addressed**  | **Protective measures already in place** | **Rating (H, M, L)** | **Additional measures to be considered** |
| Staff member becomes unwell and/or unable to carry out duties  | CYP, Staff member, public | Risk of significant injury or harm  | Staff member has mobile phone and personal alarm (as required) at all times and list of emergency contact details for on call, emergency services and Registered ManagerStaff member checks in with management at start of shift and advises if they are feeling well enough to lone work All staff have a Health declaration at the point of recruitment and this is reviewed xxxxx (frequency)Staff member has ID card and ‘calling card’ detailing contact details of service should member of the public need to contact service Service has log of where and when the session is due to take place and am emergency protocol is in place if staff member has not checked back in at end of shift  |  | Staff member to have passed Probation period, attended all mandatory training etc  |
| CYP has a history of aggressive behaviour towards staff when agitated  | Staff member, CYP, public  | Risk of injury  | Staff have reviewed Care Profile of CYP in their care and is aware of any known triggers Assessment is undertaken prior to leaving service to ensure CYP is calm and engaged in activity Staff member has received training in Lone working and Managing behaviour that challenges and is familiar with de-escalation techniques  |  | Additional staff member on floating duty is available as required  |
| Exacerbation of existing health issue for staff member  | Staff member, CYP | Risk of injury  | Staff member has a history of back injuries and recently had a period of time off work due to a flare up of pain and discomfort. Staff member has recently returned to work. OR: Staff member is in the first/second/third trimester of pregnancy and is reporting tiredness, aches and pains /nausea etc OR: Staff member has a long term mental health condition that has deteriorated in recent weeks since xxxxx incident occurred.  |  | Staff member to undertake lighter duties (or no direct contact) until reporting they are able to resume full duties. Or: Management to offer more frequent supervision / buddying with another staff member / no off site working / shorter shifts/ no working with specified individuals who may increase risk /  |

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| Staff member signature  |  | Signature  |  | Date |  |
| Line Manager signature  |  | Signature  |  | Date  |  |
| Registered Manager signature  |  | Signature  |  | Date  |  |

**Calling card:** (laminated card attached to staff ID/lanyard).

“I am a Residential Child Care Officer based at

(Location name and address) working with

children in the community. If I become

unwell or unable to carry out my duties, please

contact the service on (tel no/on call details) or

contact the emergency services as required.

Many thanks”.