**Use for risk assessment of high risk activities** e.g. water based activities, bike riding on roads, exposure to extreme weather, farm

1. **High Risk Activity**

|  |  |
| --- | --- |
| **Name of the activity:** |  |
| **Description of the activity:**  |  |
| **Form completed by:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What are the risks?** | **What is the possible impact of these risks?** | **Steps already in place to reduce the risk of injury, harm**e.g. protective equipment, training, supervision, life guards | **Supporting documents – if any.** e.g. procedures (wheel chair lift procedure) |
|  |  |  |  |

**2. RISK ASSESSMENT LEVEL**

Use Risk Assessment Matrix below to assess level of risk then complete the Risk Level Table for the identified risk.

**Risk Assessment Matrix**

|  |  |
| --- | --- |
| **LIKELIHOOD** | **CONSEQUENCE –** how severely could it hurt someone or how ill could it make someone? |
| How likely is it to be that bad? | **Insignificant** first aid treatment only | **Minor** Minor medical attention required | **Moderate** medical attention and several days recuperating | **Major** long term illness or serious injury/disability | **Extreme** death or cause permanent disability or ill health |
| **Rare** highly unlikely to occur in next 5 years | **Low**  | **Low**  | **Moderate**  | **Moderate**  | **High**  |
| **Unlikely** not likely to happen in next 12 months, but slight possibility it will | **Low**  | **Low**  | **Moderate**  | **High**  | **High**  |
| **Occasionally** 50/50 chance of happening within a year | **Low**  | **Moderate**  | **High**  | **High**  | **Extreme**  |
| **Likely** could happen in next 6 -12 months | **Low**  | **Moderate**  | **High**  | **Extreme**  | **Extreme**  |
| **Almost certain** could happen anytime**,** probably many times a year | **Low** | **Moderate**  | **High**  | **Extreme**  | **Extreme**  |

**Risk Assessment Outcome – proceed with visit as follows:**

**LOW** Managed by routine procedures such as PPE and supervision.

**MODERATE** The risks should be reviewed to take into account all the hazards involved - action plan required.

**HIGH** Action plan is required as soon as practicable by senior management**.** The risks associated with the visit must be re-assessed & other options considered.

**EXTREME** Immediate action required by manager - detailed research and planning by management.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Level** | **Write activity name against assessed risk level** (choose one) | **Risk Level** | **Write activity name against assessed risk level**  |
| Low |  | High |  |
| Moderate |  | Extreme |  |

1. **Further RISK TREATMENT - if needed**

|  |  |
| --- | --- |
| **What else can we do to reduce the risks?** | **Person/s responsible** for implementing measures |
| **Additional measures taken to reduce risk/s**e.g. the dog will be kept on a lead/leash in the backyard. |  |  |
| **Supporting documents** - if any |  |  |
| **Other comments** |  |  |
| **Communicate to others** e.g. support workers, team leaders, carelink alerts, staff meeting agenda etc |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager signature:** |  | **Date:** |  |

[ ]  Hard copy filed in supports manager office / bookshelf / folder

[ ]  Electronic copy scanned to k\drive\risk management-organisation\risk assessed activities