**Medical Risk Management Assessment Template (version 1 March 2023)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk Assessed | | | | | | | | | |
| Date Assessed: |  | | Child’s Name: | | | | |  | |
| Allergies: |  | | | | | | | | |
| Age of child: | 0-1 ☐ | 1-2 ☐ | | | 2-3 ☐ | 3-5 ☐ | | | 5-13 ☐ |
| Reason for plan-  Has a Medical management Plan been completed? **Y or N (circle)** |  | | | | | | | | |
| Level of supervision required: | Strict supervision ☐  (standing in immediate area) | | | Close supervision ☐ | | | Visual ☐  (ensure they can be seen at all times) | | |

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| Risk assessment | | | | | |
| Activity | Hazard identified | Risk assessment  (use matrix) | Elimination/control measures | Who | When |
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| Plan prepared by |  |  |  |
| Consulted with and Approved by: |  | | |
| Communicated to: |  | | |
| Safety information reviewed and attached eg. standards, equipment information and warnings. | Yes / No  Comment if needed: | | |
| **Reminder: Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or significant change occurs.** | | | |

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| Risk Matrix | | |
|  | | **Consequence** |
| **Likelihood** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Insignificant | Minor | Moderate | Major | Catastrophic | | Almost certain | Moderate | High | High | Extreme | Extreme | | Likely | Moderate | Moderate | High | Extreme | Extreme | | Possible | Low | Moderate | High | High | Extreme | | Unlikely | Low | Low | Moderate | High | High | | Rare | Low | Low | Low | Moderate | High | | |