

# Youth Club Young Volunteer Handbook

## Task Training



# Risk Assessment

*This resource may be used free of charge by local authorities and community groups for the benefit of young people; its use for commercial gain is prohibited without the prior consent of Somerset County Council.*



# Training Plan

**Aim:** To familiarise the group with risk management procedures.

**Learning Outcomes:** By the end of the session the participants will:

- be able to list the main forms used in SCC youth clubs and why they're used
- be able to do basic risk assessments.

**Time:** 90 minutes

**Group size:** 4 - 6

**Venue:** Medium sized room with chairs

- Materials:**
- Copies of blank activity consent forms, activity information sheets, annual consent forms, medical forms, registration forms and risk assessment forms
  - Birs
  - Blank risk assessment grid
  - Risk assessment guidance
  - Pool playing risk assessment
  - Flip chart stand, paper and marker pens

TIME	WHAT	WITH
5 mins	Outline what's happening this evening and briefly go over ground rules about listening and respect.	Prepared flip chart.
15 mins	Brainstorm: what forms do young people going to youth club complete and why? Ensure that all the above forms are covered and young people are clear about why they are used and their role in health and safety. Give out handout.	Copies of forms and handouts.
5 mins	What is a risk assessment? Ask the group what they understand by this, to judge the level of experience in the group. Summarise by saying that all activities need to be safe for young people to take part in and a risk assessment is the process to go through to ensure that hazards are minimised, not the way to find reasons not to do complicated things!	
15 mins	Give out the 'playing pool risk assessment'. Go through the five steps for risk management, showing how it works with the pool risk assessment: <ol style="list-style-type: none"> <li>1. Identify the hazards (e.g. balls flying off the table)</li> <li>2. Decide who might be harmed and why (young people and staff may be hit by flying balls)</li> <li>3. Evaluate the risk - how much harm could it reasonably be thought to cause and how likely is it to happen? Use the risk assessment guidance to explain this</li> <li>4. Decide on the control measures needed (table is away from crowded areas, table is in view of staff so supervised).</li> <li>5. Write it all down, do it all and review yearly (you can add extra things if you need to before that).</li> </ol>	Playing pool risk assessment  Risk assessment guidance

TIME	WHAT	WITH
10 mins	<p>Go through the process again, using an activity example, note as you go:</p> <ol style="list-style-type: none"> <li>1. Identify the hazards (e.g. young people running about playing indoor games)</li> <li>2. Decide who might be harmed and why (young people and staff may trip over, bump into each other, hit each other with equipment and bruise themselves or break something)</li> <li>3. Evaluate the risk: likelihood = 3 possible, severity = 2 Minor. So <math>3 \times 2 = 6</math>, so is low risk)</li> <li>4. Decide on the control measures (ensure that space is cleared, game rules explained and agreed with group, game supervised by staff, equipment suitable for game)</li> <li>5. Record your findings and implement them (note down your assessment and measures, then do this when playing games)</li> </ol>	Blank risk assessment grid
15 mins	<p>Split the group into pairs. Give each pair one of the following to risks assess:</p> <ul style="list-style-type: none"> <li>• Playing table tennis</li> <li>• Glass painting</li> <li>• Being transported on a minibus</li> <li>• Going bowling</li> <li>• Playing unihoc</li> <li>• Young people running a coffee bar</li> </ul>	Blank risk assessment grid
15 mins	Feedback from pairs, ensuring that anything missed out is covered.	
10 mins	Evaluation: Ask each of the young people to grade their risk assessments out of 10, then give your own view. Ask what else the young people need to make them more confident doing this.	

# Sample PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT

This two-page form should be read with the accompanying information/letter about the visit.

All sections must be completed.

Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections.

This information is requested to enable staff to be fully informed and act in the best interest of all participants.



## GENERAL INFORMATION

Name of Son/Daughter: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Establishment: \_\_\_\_\_ Date(s) of visit: Start \_\_\_\_\_ Finish \_\_\_\_\_

Proposed Activity/Trip/Visit: \_\_\_\_\_ Venue: \_\_\_\_\_

## MEDICAL INFORMATION

1. If your child has any condition or impairment that may require specific management, medical treatment and/or medication during the outlined activity/trip/visit please give brief details:

\_\_\_\_\_  
\_\_\_\_\_

2. If your son/daughter has any allergies or is allergic to any medication please supply details:

\_\_\_\_\_  
\_\_\_\_\_

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

\_\_\_\_\_  
\_\_\_\_\_

4. Date of your child's last anti-tetanus injection: \_\_\_\_\_

5. Family doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the Visit Leader or your child's Head Teacher/Senior Manager prior to the departure date.

## EMERGENCY CONTACT

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency telephone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternative emergency contact should parents/guardians not be available:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Sample PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT *(cont'd)*

DIETARY INFORMATION (residential visits only)

If your child has any essential dietary requirements please supply details:

### DECLARATION

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to follow all directions and instructions given and observe all rules and regulations Governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I understand the extent and limitations of the insurance cover provided and whilst the establishment staff in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit. I understand that all visits are covered by public liability insurance and I can contact the school/establishment if I require further details.

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your son/daughter. Please tick here if you do not agree

I give permission for my child to be photographed/film during this visit/activity (for possible use in displays/presentations, marketing materials and press releases). Please tick here if you do not agree

Having been informed through the details supplied. I consent to my son/daughter taking part in this activity/trip/visit and, This includes consent for him/her to take part in any or all of the activities described.

Full name of parent or carer (print please): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the child's Headteacher/Senior Manager.
7. Data Protection. *The data collected by establishments from Somerset Local Authority, and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.*

## Sample Parental Information: Letter Template - *adapt as appropriate*

Title of the external visit

Dear Parent / Carer,

Re. .... (name of visit and dates)

### VISIT DETAILS

Your son / daughter is included on a visit/journey/expedition to

where he / she will participate in the following activities

Accommodation is **(give details if a residential)**

Destination address is **(address)**

Telephone No. **(number)** (emergency use only)

### TRAVEL ARRANGEMENTS

The group will leave at **(time)** am/pm from **(location)** on **(date)** and is expected to return by **(time)** am/pm on **(date)** to **(location)**

Travel will be by **(coach/minibus/air etc.)**

### GROUP DETAILS

The member of staff in charge of the group is **(name)** and other accompanying staff are **(names of all staff and status)**

There will be a total of **(number)** young people on the visit comprising **(number)** boys and **(number)** girls.

### COSTS

The estimated cost of the visit is **(amount)** which includes **(list here all inclusions)**.

It does not cover **(list here all exclusions)**. Payment may be made in the following ways **(detail here arrangements, dates and cancellation / late payment penalties)**.

Insurance by the Somerset County Council covers all legal liability of the Council to young people on the visit The Council does not carry any personal accident cover for young people, however, additional personal accident cover has been arranged **(give full details)**.

A system of emergency contact has/will be arranged as follows **(outline arrangements)**

A meeting of all parents and participants will be held on **(date)** at **(time)** when clarification of any aspects of the visit will be available. In the meantime you are requested to complete and return the attached parental consent form.



Club Name  
 Club address  
 Address  
 Phone number



**Annual Parental Consent Form  
 For Young People aged under 18**

<<Start date>> to <<end date>> 2012

Dear Parent or Carer

Your daughter/son has expressed a wish to take part in activities at <<club name>>. Please sign and return this form and the attached medial form as soon as possible to the address above. **If the forms are not returned your daughter or son may be unable to participate in the activities available.**

Many different activities form part of a routine youth work programme. We have listed most of those we may offer in the next year, some of which will involve travelling by minibus or in suitably insured staff members' cars. If there are any in which you would prefer your daughter or son not to take part then you should list them in the box provided below. We will assume that activities not listed in the box have received your consent.

Workshops dealing with: equality awareness, health and lifestyles, drugs and alcohol, environment and global issues, relationships, sexuality and gender issues, independence, employment and career options

Visits to other services for young people, provided by <<club name>> or other organisations

Activities such as: barbecues, picnics, sports and games, fund raising, inter-club visits and competitions, the Duke of Edinburgh's Award, arts and crafts, treasure hunts, quizzes, cooking

I do **not** wish my daughter or son to participate in the following activities:

*Please leave blank if you have no objection*

**You will be informed of details of activities which take place outside the main vicinity of the unit's base (i.e. requiring organised travel) and be asked to give additional consent to young people participating in adventurous or non-routine off site activities.**

**Conduct:** In order for all young people to have an enjoyable time there have to be certain ground rules that must be followed at all times. These include participants refraining from any behaviour which places a young person, member of staff or member of the public at risk (for example bullying, vandalism, the misuse of drugs or alcohol). We ask for your support in ensuring these rules are adhered to. Although young people are encouraged to remain on the premises during a youth work session we are not able to force them to do so. **Young people aged 11-13 are expected to remain on the premises throughout the session unless you have made it clear to staff that you require them to leave earlier. You will be contacted as soon as is practical if your child does not adhere to this requirement. SCC cannot be responsible for the behaviour or welfare of a young person should they choose to leave the premises.**

On trips, young people must follow instructions and not leave the group under any circumstances unless permission has been received from a worker. Young people must wear seat belts when travelling in County Council vehicles or suitably insured youth worker's cars. Failure to comply with these points may result in the young person being excluded from activities.

**Photography:** We may take individual or group photographs of participants in activities which will then be used for displays, in publications we produce or on selected websites to promote young people's services and activities. We may also make video or webcam recordings of activities and take photographs or film footage in which participants in our activities may appear, sometimes named in local or national newspapers or on television. In order to comply with the

Data Protection Acts we require your permission for your son or daughter to be photographed or named in the media in this way. If you have any objections please state them in writing in the box provided.

Please state any objection:

*Please leave blank if you have no objection*

Please note that if you have objections to the use of photographic images we will do all we can to ensure staff are aware of them but we also expect your daughter or son to make your objections clear to staff before photographs are taken.

**Internet and email:** we make computer systems available to young people so they can access email and the internet. Any objections to the use of this equipment should be noted in the box below. If you want more information about our policies around young people's use of computer equipment, please contact the unit this form came from.

Please state any objection:

*Please leave blank if you have no objection*

**Additional information:** if there are any other issues which you believe staff should be aware of (e.g. related to faith or religion) please note them below:

Please note any issues or attach on separate sheet

I have read, fully understood and am satisfied with the details supplied about the above-mentioned activities and agree to my daughter or son taking part in them. I know of no medical reason why they should not participate and I am happy with arrangements outlined regarding photography and behaviour

I am aware that:

- a <<club name>> only provides insurance cover against proven or agreed negligence by the club and its employees;
- b I should consider making my own arrangements for personal accident cover.

Young person's name:	Date of Birth:
Address:	Telephone:
	Parent or Carer's name
Parent or Carer's signature:	Date:

Please note that the information you provide will be held by <<club name>> (the Data Controller) for the purposes of organising and promoting activities for young people. <<club name>> meets it's responsibilities under the Data Protection Acts and the information will be held securely.





<<club name>>



## Medical information record Young people aged under 18

### Confidential Questionnaire

Young person's name:	Unit and session: [ <input type="text"/> ]
<i>Parent, Guardian or next of kin</i> Full name:	Date of birth:
Address:	Doctor's name:
Emergency contact numbers	Address:
Home:	Telephone:
Work:	NHS No:
Mobile:	

Does your son or daughter have any of the following?	YES	NO
Asthma/bronchitis		
Sight/hearing disabilities		
Heart condition		
Fits, fainting or blackouts		
Severe headaches		
Diabetes		
Allergies to any known drugs		
Any other allergies, e.g. material, food, medicine, pollen, dust		
Other illness or disability		
Recent bed wetting		
Sleep-walking		
Travel sickness		

**If the answer to any of the questions overleaf is YES please give details:**

Yes	No

Has your son or daughter been vaccinated against Tetanus in the last 10 years?

Yes	No

Has your son or daughter received medical or surgical treatment of any kind from either your family doctor or hospital during the past three months?

--	--

Has your son or daughter been given specific medical advice to follow in emergencies?

If the answer to either of the 2 questions above is YES please give the details here (including dosage of any medicine)

--	--

Has your son or daughter received instructions on administering his/her own medication?

**Part B: Certification**

I consent to my son or daughter receiving any necessary medical treatment.

Signed:

Date:

Name:

Relationship to young person:

**Note**

If you would like to discuss any medical matters please contact [XXXX on 01XXX XXXXXX]

**For office use only**

**Checked by:**

Lead Worker

EVC (if applicable)



# Youth Work Registration Form

Date:	___/___/20___
Club:	_____
	_____

<b>Your Name:</b>			
<b>Date of Birth:</b>		<b>Annual Consent Form Given</b>	<input type="checkbox"/>
		<b>Date:</b>	
<b>Are you?</b>	<b>Male</b>	<input type="checkbox"/>	<b>Female</b>
			<input type="checkbox"/>

<b>Your Address: (Including Postcode)</b>	
<b>Home Telephone Number:</b>	
<b>Your Mobile Number:</b>	
<b>Email Address:</b>	

<b>Emergency Contact Name / Number:</b>	
<b>Emergency Mobile Number:</b>	
<b>Parent / Guardian's Work Number:</b>	

Are you?

- |                                                       |                                                    |
|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> At School (F/T)              | <input type="checkbox"/> At School (P/T)           |
| <input type="checkbox"/> At College (F/T)             | <input type="checkbox"/> At College (P/T)          |
| <input type="checkbox"/> At University (F/T)          | <input type="checkbox"/> At University (P/T)       |
| <input type="checkbox"/> Unemployed (Claiming)        | <input type="checkbox"/> Unemployed (Not claiming) |
| <input type="checkbox"/> Employed (F/T)               | <input type="checkbox"/> Employed (P/T)            |
| <input type="checkbox"/> Other (Please specify) ..... | <input type="checkbox"/> Voluntary Work            |

Name of School / College / Employer:

.....

**Would you describe yourself as having any mental or physical disabilities?**

Yes

No



Do you have any medical conditions that we need to know about?

Are there any adjustments we can make that would make it easier for you to take part, e.g. to the layout of the building, in the use of equipment, in staff support, with communication.

What are your main interests?	
Are you a member of any youth councils, if so which?	
Please list any awards you have achieved?	
Can you get to the youth provision in less than 30 mins?	Yes <input type="checkbox"/> No <input type="checkbox"/>

*We regard your privacy as important and comply with the Data Protection Acts 1998, 2004. We will only use any personal information you give us for the purposes for which you provide it. We will only hold your information for as long as necessary for these purposes and will not pass it to any other parties unless it is made clear to you. All employees who have access to your personal data or are associated with the handling of that data are obliged to respect the confidentiality of your personal data.*

From time to time we may send you information on things that might interest you.

Please tick this box  if **you do not** want to receive any information from us in the future.

Please tick this box  if **you do not** want to receive any text messages from us in the future.

Your signature:

.....

# Risk assessment record

Risk Assessment of: **Kittenford Youth Centre**

Assessor: **Hengist Brown**

Date: **January 2011**

**Overview of activity / location . equipment / conditions being assessed:**

Playing pool

Is assessment generic or specific?  
 (\*circle as appropriate)

**Context of assessment:** planning stage\* / 'desk top' exercise\* / site visit\* / consultation with managers\* / other\* (please describe):  
 (\*circle as appropriate)

Hazard(s) identified	Persons affected	Existing controls	A	B	A x B	Additional controls required
Balls flying off pool table and hitting someone Accidental damage to table Someone accidentally injured with cue	Staff and young people	<ul style="list-style-type: none"> <li>Table is a safe distance from seating area</li> <li>Table in full view of staff</li> <li>Only players allowed around table</li> <li>No food or drink allowed near or on table</li> </ul>	2	3	6	
Balls being thrown Chalk being thrown Cues being used as weapons	Staff and young people	<ul style="list-style-type: none"> <li>Balls, cues and chalk put away when not in use and kept securely</li> <li>Ground rules understood by young people</li> <li>Table in full view of staff</li> </ul>	2	2	4	

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Risk Assessment Guidance

The assessor can assign values for the hazard severity (a) and likelihood of occurrence (b) (taking into account the frequency and duration of exposure) on a scale of 1 to 5, then multiply them together to give the rating band:

Hazard Severity (a)	Likelihood of Occurrence (b)
<b>1 – Trivial</b> (eg discomfort, slight bruising, self-help recovery)	<b>1 – Remote</b> (almost never)
<b>2 – Minor</b> (eg small cut, abrasion, basic first aid need)	<b>2 – Unlikely</b> (occurs rarely)
<b>3 – Moderate</b> (eg strain, sprain, incapacitation > 3 days)	<b>3 – Possible</b> (could occur, but uncommon)
<b>4 – Serious</b> (eg fracture, hospitalisation >24 hrs, incapacitation >4 weeks)	<b>4 – Likely</b> (recurrent but not frequent)
<b>5 – Fatal</b> (single or multiple)	<b>5 – Very likely</b> (occurs frequently)

	Trivial	Minor	Moderate	Serious	Fatal
Remote	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Likely	4	8	12	16	20
Very likely	5	10	15	20	25

Rating Bands (a x b)		
LOW RISK (1 – 8)	MEDIUM RISK (9 - 12)	HIGH RISK (15 - 25)
Continue, but review periodically to ensure controls remain effective	Continue, but implement additional reasonably practicable controls where possible and monitor regularly	<b>-STOP THE ACTIVITY-</b> Identify new controls. Activity must not proceed until risks are reduced to a low or medium level

The risk rating (high, medium or low) indicates the level of response required to be taken when designing the action plan.

# Training Plan

Risk Assessment of:

Assessor:

Date:

**Overview of activity / location . equipment / conditions being assessed:**

Is assessment generic or specific\*?

(\*circle as appropriate)

**Context of assessment:** planning stage\* / 'desk top' exercise\* / site visit\* / consultation with managers\* / other\* (please describe):

(\*circle as appropriate)

Hazard(s) identified	Persons affected	Existing controls	A	B	A x B	Additional controls required

Signed: \_\_\_\_\_

Date: \_\_\_\_\_