Appendix 1 - Off site school excursions Risk Assessment

Date:	Safety Ref. No.:
Lead Person:	Reason for visit
Accompanied by:	Swimming
Bus Operator	School tour
Location:	Other

Parteen N.S. Safe System of Work for off-site school excursions

I have read & understood the School H&S Safety Statement

Tick		Tick
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Before Leaving School the Following Must be in Place & in Date:

Appropriate Garda Vetting		Charged Mobile Phone		ion Known hool	nown Personal Protective Equipment		ve	List of Children	Check Forecast
PPE				Please tick	/fill	in th	e PPE (used	
High Vis		Torch							
jacket/Vest									

CHECK HAZARD CHART BEFORE PROCEEDING If it's not safe don't do it!

Comment & hazards identified

On the back of this form is a list of potential hazards that may be encountered while off school grounds.

You are asked to tick if the hazard is present and give it a risk rating of high, medium or low.

Hazards present (hazard Numbers identified)

Comment & additional hazards identified:

If an incident has occurred have you filled out the incident report form? (If Yes tick box)

Signed:_____ Date:_

Reviewed

Date:	Date:	Date:
Person	Person	Person
Comment	Comment	Comment

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r	1	1	-								
1.	Getting on	(a)Bus must	(b) N	Nust	(c)Ke	ep back					
	and off	Park in	aligh	nt/	from						
	bus	Visible, clean	dise	mbark	rk corners/						
		Area	onto	I	blind spots						
			foot	path or							
			othe	er							
			cont	rolled							
			area	1							
2.	Walking on	(a) Teachers t	<i>.</i> o	(b) Wal	k on the	e (c) B	eware of	(d)Us	e		
	the Public	Wear High		right ha		oncor	ning	footp	aths if		
	Road	Visibility cloth	ning			traff	ïc	availa	ble		
3.	Crossing	(a) Teachers	(b) Cross		(c) Chil	dren to	(d) Bewa	re of			
	the Public	to Wear	at		walk in	walk in pairs		7			
	Road	High	pedes	pedestrian							
		Visibility	crossi	ings							
		clothing	where	2							
			availa	ble							
4.	Slippery/We	t (a) Wear	Suita	ble	(b) Keep		(C)Avoic	d Wors	t Areas		
	/Uneven	Footwear	r	F		Hands Free					
	Surfaces										
5.	Dogs	(a) Avoid Close	2				I				
		Contact by									
		children									
6.	Aggressive	(a) Don't get i	into	(b) Re	quest	(c)	Contact				
	members	an argument le	eave	Garda	Presend	e scho	ol				
	of the			if requ	iired	secr	etary				
	public					befo	ore and				
						afte	r visit.				
				1		I	I			1	

Appendix 2 - Risk Assessment for Pregnant Staff

This risk assessment should be discussed by the pregnant member of staff and Deputy Principal:

Name	
Position in School	
Have you been	
certified pregnant?	
Have you notified the	
Principal?	
Expected date of	
delivery	
(EDD)	
Date of risk	
assessment	
Are there recommendat	ions made by Doctor, Midwife and/or Consultant:-

Has the pregnant woman checked if she is immune to the rubella virus, chickenpox, measles or
Slapped Cheek disease (Parvovirus)?
• Rubella (measles) Yes No
• Chickenpox Yes No
Slapped cheek disease Yes
 Other (specify)
(For more information on diseases refer to the Health Protection Agency Guidance on
Communicable Disease and Infection Control in Schools and Nurseries or to the Safetynet
document on Infectious Control Guidance).

Have risks associated with farm or zoo visits (in particular, contact with sheep) been assessed?
Are there infection risks in tasks which may be carried out eg: clearing up body fluids or disposing of
used syringes?
Have particular risks associated with the teaching of PE been addressed?
Have risks associated with crowded corridors been addressed?
Movement and posture
- Does the job involve awkward twisting or stretching? Yes 🖪 🗋
 Does the woman have to stand for long periods of time
without a break?
- Does the woman have to sit for long periods of time
without a break?
- Are there space restrictions (eg: working behind a desk)?
- Yes 🔲 No 🗖
- If so, will these cause more restricted movement as the pregnancy develops? Yes No
If yes to any of the above, what measures can be taken to prevent problems:
Manual Handling
 Does the job involve twisting, stooping or stretching to lift objects?
- Yes 🔲 No 🔲
- Does the job involve the lifting, pushing or pulling of heavy loads?
- Yes 🗖 No 🗖
- Does the job involve rapid repetitive lifting (even of lighter objects)?
- Yes 🔲 No 🔲

- Does the job involve lifting objects that are difficult to grasp or
awkward to hold? Yes 🔲 No 🔲
If yes to any of the above, what measures can be taken to prevent problems:
Working Time
- Is the woman expected to work long hours or overtime? Yes 🔲 No 🗖
- Does the work involve very early starts or late finishes? Yes No
If yes to any of the above, what measures can be taken to prevent problems:
- Does the woman have some flexibility or choice over her
working hours? Yes 🗖 No 🗖
If not, what measures can be taken to prevent problems:
Work-related Stress
- Are there any tasks which are known to be particularly stressful, eg: dealing with potentially
irate adults or pupils with violent or aggressive behaviour?
If so, what measures can be taken to prevent problems: - Are colleagues, BOM and ISM team supportive toward the
woman? Yes 🗌 No 🗖
- Is the woman aware of what to do if she feels she is being
bullied or victimised?
concerns the woman has about her own pregnancy? Yes No No If no to any of the above, what measures can be taken to prevent or deal with issues:
Extremes of cold or heat
- Does the work involve exposure to temperatures that are
uncomfortably cold (below 16°C) or uncomfortably hot (above 27°C) Yes No No . - Is the worker exposed to cold draughts even when the average
temperature is acceptable? Yes No I If yes to any of the above, what measures can be taken to prevent problems:
- Is room temperature and ventilation effective?
- Are there arrangements for sufficient breaks and access
to hot or cold drinks? Yes 🗖 No 🗖
Welfare Issues
Is there somewhere quiet for the pregnant woman to rest? Yes \square o \square
Are new or expectant mothers provided easy access to toilets

and allowed sufficient breaks where	needed?	Yes	🗖 No	
(If necessary measures should be pu	t in place to ensure that			
new and expectant mothers co	an leave their workstations at			
short notice eg to use bathroo	om)			
Is there a clean, private area	to express milk? Yes		No	
- Is there somewhere safe to s	tore expressed milk? Yes		No	
If no to any of the above, what meas	ures can be taken:			
Signed:	_(Member of Staff)			
Signed:	_(Principal)			

Appendix 3

I can confirm that I have read the Health and Safety statement of Parteen National School and I understand my role.

Name in Block Capitals	Signature	Date

Hazards	Is the hazard present	What is the risk?	Risk rating H - high M - medium L - low	Controls (when all controls are in place will risk be reduced?)	Is this control in place?	Action / to do list/ outstanding controls	Person responsible	Signature and date when action completed
Slips, trips, falls	Yes	Injury	Low	Students and staff informed of established school code of behaviour relevant to behaviour in playground	Yes Yes		Staff supervision and pupil cooperation	
				Playground supervision roster established and implemented	Yes		will look into repairing this	
				Condition of playground inspected by supervising staff members			Staff supervision and pupil cooperation	
				Condition of exit and entrance to the playground from both buildings			Staff supervision and pupil cooperation	
	C							
Dangerous objects in playground	No, but potentially	Injury		Teacher on yard duty to check	Yes		Caretaker Teacher on duty	

APPENDIX 4 - Health and Safety Policy - Risk Assessment of Yard -

If there is one or more High Risk (H) actions needed, then the risk of injury could be high and immediate action should be taken.

Medium Risk (M) actions should be dealt with as soon as possible.

Low Risk (L) actions should be dealt with as soon as practicable.

Risk Assessment carried out by:

Term 1: Term 2:

Term 3:

Date: Date: Date: