

## SCHOOL RISK ASSESSMENT

<b>Date:</b>	<b>School:</b>
Name of person reporting a concern:	
Name of student involved in concern/incident:	
Person investigating risk:	
If there was an incident, date of incident:	
Nature of the concern/incident:	

### Risk Assessment Questions

- 1) Have there been previous incidents of a similar nature?      Yes       No

If yes, please describe:

a) **The Frequency**

Low – at least once a month

Medium – at least once a week

High – once a week to once a day

b) **The Intensity**

Low – a minor injury such as a bruise or scratch

Medium – a moderate injury such as a sprain or fracture

High – a severe injury requiring hospitalization

c) **Other information:**

- 2) Has an incident report been filed with the Health and Safety Officer?

When \_\_\_\_\_

day / month / year

3) Are there written procedures in place (e.g. as outlined in a threat assessment, a FBA-P or a safety management plan) that would mitigate or eliminate the risk? Do these need to be reviewed by the team working with the student?

4) Other factors that should be considered (e.g., cognitive, psychosocial, etc.)

**Risk Assessment**

I have conducted a risk assessment based on the concern/incident of \_\_\_\_\_ (date) in consultation with the staff member reporting the concern and other staff members who have worked with the student and/or through a file review. This assessment has considered previous experience, the environment and location of the workplace and the frequency and intensity of this and any previous incidents. At this time:

<p><b>Assessment:</b></p> <p><input type="checkbox"/> There is no risk of injury to students or staff.</p> <p><input type="checkbox"/> There is a low risk of injury to students or staff.</p> <p><input type="checkbox"/> There is risk of injury to a staff member.</p>	<p><b>Action:</b></p> <p><input type="checkbox"/> Document and file Risk Assessment in Confidential file.</p> <p><input type="checkbox"/> Document and file Risk Assessment in Confidential file.</p> <p><input type="checkbox"/> Complete/review FBA to ensure proactive strategies are in place.</p> <p><input type="checkbox"/> Complete/review FBA with Positive Behaviour Support Plan.</p> <p><input type="checkbox"/> Complete/implement Safety Management Plan.</p> <p><input type="checkbox"/> Notify school Health and Safety Committee and provide copies of above plans.</p>
---	--

**Principal completing risk assessment:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature