

**RISK ASSESSMENT FINDINGS**

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| **Department/Service** |  |
| **Date** |  |
| **Assessor** |  |
| **Approved By** |  |
| **Review Date** |  |

**Relevant Legislation:**

The Management of Health and Safety at Work Regulations 1999

**RISK ASSESSMENT RECORD**

**ACTIVITY and/or ENVIRONMENT TO BE ASSESSED: Medical Emergency - Epilepsy management**

**DATE:**

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| --- | --- | --- | --- | --- |
| **KEY (People at risk)** | **Likelihood (L)** | **Severity (S)** | **Risk Calculation** | **Risk Rating** |
| E = Employee YP = Young PersonsP = Public C = ContractorsV = VisitorsEM = Expectant Mothers | 1. Very Low (rare/very unlikely)2. Low (unlikely)3. Medium (could occur/possible)4. High (likely to occur/probable)5. Very High (near certain to occur)  | 1. Insignificant (nuisance/discomfort)2. Minor (no lost time)3. Moderate (time loss)4. Significant (serious/incapacity to work)5. Major (Death) |  Likelihood x Severity=Rating | **1- 6** **LOW RISK** Monitor * 1. **MEDIUM RISK** Monitor, review & reduce risk where possible

**14-25** **HIGH RISK** Further Action Required |

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| **1.Hazards Identified and potential harm it could cause** | **2. People****At Risk** | **3.Controls in Place** | **4.Risk Rating** | **5. Further Action Required/ Recommendations** | **6.Target Date for Completion** |
| **L** | **S** | **Score** | **Risk** |

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| Caused by disturbances in brain activityDependant on severity of condition seizures / fits may vary from:Resembling day dreaming to severe convulsionsDuring the ‘fit’ a person may be vulnerable to injury |  | * Ensure there are an adequate number of first aiders in the workplace
* Discuss condition and severity with the person/parents of pupil
* Are there any ‘triggers’ that may cause a fit in the workplace
* Are there any medical restrictions placed on the person e.g. not able to drive, operate specific machinery etc.
* Ensure first aiders are confident to assist with first aid during a fit or is further training required
* What procedures are arranged with the person for first aid e.g. call 999 every time/if fit lasts more than 5 minutes etc.
* Ensure first aid guidance for epileptic fit management is followed as per training
 |  |  |  |  | Are there any reasonable adjustments that need to be made to the persons workplace/job/curriculum etc. to ensure compliance with the Equality Act 2010 |  |
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