# Appendix 3: Risk assessment for the delivery of intimate care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department: Education & Children’s Services** | **Pupil Risk Assessment for Intimate Care** |  |  |  |
| **Pupil:** | **Diagnosis:** | **School:** | | |
| **Risk Assessment Undertaken By** (list all contributors)**:** |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Procedure** | **Hazard / Risk** | **Person/s Affected** | **Risk level before controls are in place** | | | **Control Measures** | | | **Risk level with controls in place** | | |
| **L** | **M** | **H** | **L** | **M** | **H** |
|  |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  |  | | |  |  |  |
|  |  |  |  |  |  |  | | |  |  |  |
| **Date risk assessment completed:** | | |  | | | | **Review date:** |  | | | |