Crediton Congregational Church

Seeking God, Serving people, Sharing hope

Crediton Congregational Church

Risk Assessment Title:	Youth and Children	Reference:	CCC7
Original Author:	Nick Barton	Date of Assessment:	01/06/2026
Checked By:	Eleanor Herbert	Next Review Date:	01/06/2027

Analysing the risk

To help analyse risk, Crediton Congregational Church uses a matrix scoring system. Numerical scores are given to the severity and likelihood of risks and these scores are multiplied to get a rating for the risk. This means the risk rating is a measure of the likelihood that harm from a particular hazard will occur, considering the possible severity of such an occurrence.

Risk = Severity x Likelihood

For the initial risk evaluation, consider the risks identified as the worst-case scenario before any controls are applied, then evaluate the risk when control measures are implemented.

RISK MATRIX							
LIKELIHOOD (L)=	LIKELY	5	SEVERITY (S) =	MULTIPLE FATAL	5	DEGREE OF RISK (DR) = (LIKELIHOOD X SEVERITY)	RESIDUAL RISK RATING (THE LEVEL OF RISK AFTER CONTROL MEASURES HAVE BEEN INTRODUCED)
	PROBABLE	4		FATAL	4		
	POSSIBLE	3		MAJOR INJURY OR DISEASE	3		1-8 = LOW RISK
	REMOTE	2		MINOR INJURY OR DISEASE	2		9-15 = MEDIUM RISK
	IMPROBABLE	1		VERY MINOR INJURY OR DISEASE	1		16 – 25 = HIGH RISK

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			FREQUENCY (Environment and Safety)				
CONCEQUENCES	**Environment**	**Safety**	**Likely** **5** Occurs repeatedly, Event expected	**Probable** **4** Not surprising, will occur several times	**Possible** **3** Could occur at some time	**Remote** **2** Unlikely to occur, although conceivable	**Improbable** **1** So unlikely that probability is close to zero
	Catastrophic **5** National importance, major breach of legislation	**Multiple Fatal** **5** More than one fatality	25	20	15	10	5
	Very Serious **4** Significant effects, serious breach of legislation	**Fatal** **4** One fatality	20	16	12	8	4
	Major **3** Significant effects, contained within site	**Major Injury** **3** RIDDOR notifiable, major injury or over 7 days absence	15	12	9	6	3
	Moderate **2** Effects contained mainly on site, likely to be short lived	**Minor Injury** **2** Any lost time injury with up to 3 days absence	10	8	6	4	1
	Minor **1** Small to negligible effects	**V. Minor Injury** **1** Any injury without any significant lost time	5	4	3	2	1

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Hazard	Risk	Persons at Risk	Risk Level			Control Measures	Residual Risk		
			L	S	DR		L	S	DR
Injury sustained from misuse of church furniture. Young People choosing to sit or stand on tables, or climb over them and falling.	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• No standing on tables, sitting on the back of chairs or tipping chairs backwards. • Cupboards and shelving units not to be used for any purpose other than storage.	**1**	**1**	**1**
Injury sustained from games or equipment.	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Pre-use and post-use Inspection , to be fully checked if any damage occurs. Annual PAT testing. • Supervision by Leader at all times. • Consoles and devices to be positioned against walls or in corners so that cabled areas are not easily accessible, nor necessary as walkways. • A leader is always present in any set of rooms we are using.	**1**	**1**	**1**

RISK MATRIX

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Injury sustained from other young people Chasing or running in the premises, Injury. Solid internal doors being opened with force or slammed, finger trap injury.	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Supervision • Such activities are addressed and stopped immediately. • Internal doors wedged or hooked open when both sides are in use. Fire doors must be shut • at the end of the activity. • Blinds kept up on external doors to increase visibility. • Limited running activities allowed inside, or outside on hard surfaces – only if sufficient space has been cleared, and all participants are aware of the rules, limitations and boundaries. • CCC6 Youth Trips RA.	**1**	**1**	**1**
Spilled drinks or food increase the chance of a slip and fall. Drinks and a variety of foods are consumed. Spillages.	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Bottles to be closed when not in use. • Cans and unfinished food to be moved if left unattended. • Spillages to be mopped up immediately, and packaging to be binned. • Supervision	**1**	**1**	**1**

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			L	S	DR		L	S	DR
Falling on stairs Injury	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• No young people to sit on the stairs. • No running, pushing or other activities on the stairs. • Bannisters provided on both sides. • Carpet improves grip and offers a degree of padding.	**1**	**1**	**1**
Tripping on the balcony. Injury	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Supervision. • Only walking on the balcony – no running, pushing or other activities.	**1**	**1**	**1**

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			L	S	DR		L	S	DR
Entering out-of-bounds spaces. Potential injury from unsafe objects, falling from balcony or other unassessed risks.	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Out-of-bounds areas clearly indicated by closed doors, with no lighting on the other side. • Regular briefings to young people not to enter those areas.	**1**	**1**	**1**
Misuse of games equipment (pool cues, table tennis paddles, air hockey paddles). Injury	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Equipment is not to be removed from the relevant table. • Equipment is not to be used for anything other than its intended use (no twirling pool cues, for example). • Damaged equipment to be removed immediately and either repaired or replaced.	**1**	**1**	**1**

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			L	S	DR		L	S	DR
Misuse of scissors (or other sharp items). Injury	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Supervision • Use of age-appropriate items • Clear rules (no running with sharp objects, carried with blades down, passed using handles only, or by placing on a table) • Scissors to remain on a single table where possible.	**1**	**1**	**1**
Insufficient adult supervision Increase likelihood of harm.	**Impalement/cuts;** Catastrophic bleed, Graze, Minor Bleeds **Musculo-skeletal;** Paralysis **Head Injury;** Concussion Skull fracture Hematoma	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Minimum of 3 adults supervision, with at least one male and one female leader. OFSTED recommends a ratio of 1:10, which allows for a base capacity of 30 young people, rising with more leaders. • Maximum of 60 young people in the West Wing. • Team checked four days in advance so that absences can be substituted. • Turn away young people if maximum capacity is reached.	**1**	**1**	**1**

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Allergic reaction to food or other substances.	**Anaphylactic shock** leading to asphyxiation/death.	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• Supervision • First Aid training for staff and volunteers, minimum of two. • All allergens identified • Where allergies are known, relevant foods are not included as an option to eat or in games. • No young person would be asked to eat anything without knowing what it was (unless for a specific game, in which case an option to not play can always be exercised).	**1**	**1**	**1**

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Allegations or accusations made against team members.	**Reputational, Anxiety/Stress**	**Staff, Volunteers**	**3**	**3**	**9**	• Safeguarding policies briefed. • Whenever possible, at least two leaders should be present. When only one adult is available, there should be at least two young people present.	**1**	**1**	**1**
Safeguarding information not communicated to QE team, exposing young people to additional risk of harm.	**Reputational, Anxiety/Stress**	**Staff, Volunteers, Young People**	**4**	**4**	**12**	• Safeguarding policies briefed. • Be familiar with the QE safeguarding team, and the appropriate channels of communication. • Any disclosures or other safeguarding information to be reported immediately, before leaving the site.	**1**	**1**	**1**

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			L	**S**	**DR**		**L**	**S**	**DR**
Fire, potential for smoke inhalation, burns or death.	**Burns, asphyxiation.**	**Staff, Volunteers, Young People**	**3**	**3**	**9**	• CCC fire risk assessment. • Fire exits kept clear and clearly identified. • In the event of fire, internal doors to have wedges removed so that the doors can be closed to prevent spread of fire. • No smoking, matches or lighters allowed at any projects. • If candles are used as part of an activity, they must be supervised, with an extinguisher available	**1**	**1**	**1**

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Acknowledgement

I acknowledge this risk assessment presented to me in this document. I am aware of the risks associated with these activity's. I am aware of the consequences of my actions if I fail to follow the procedures set in place.

Name	Signature	Role	Date

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