

Risk Rating Key

**!! Very High**

**! High Risk**

**# Medium Risk**

**\* Low Risk**

**Identified Hazard** –

* Children handling hot liquids (wax and melted soap)
* Children misusing the microwave
* Too many children in/around the kitchen area
* Supervision not being maintained correctly
* Using resin

**Candle, soap & resin** Risk Assessment

Lapstone Activity Centre

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| **Risk** | **Control Measures** | **Person Responsible for taking required action** | **Timeframe for addressing action** |
| Injury to Educators or children**!**scalding causing blisters or burns  | * Safety discussion to occur prior to children taking part in activity that touches on microwave safety, handling hot liquids, kitchen safety (1 person in kitchen at a time), and consequences if safety measures are not followed (children may need to miss out)
* One person to use microwave at a time, and an educator to be present when hot liquid is being taken in and out
* Small groups of children to complete activity at a time to ensure plenty of space and closer supervision
* First aid kit to be fully stocked and readily available, including burn gels
* Microwave safe dishes to be used for the use of hot liquids
 | All educators Educator “ “Responsible personEducator  | Prior to activity During activity “ “Prior to activity During activity  |
| Microwave issues **#** Explosion while using microwave**\***Children pressing incorrect buttons and being to rough with microwaveKitchen space**\*** Children bumping into each other **\***Crowded space, children not having adequate room to complete tasks | * Direct supervision to be maintained whilst children are using the microwave with educator guiding children on what settings/buttons to press
* Microwave to be tagged and tested in-line with schedule and not to be used if not tagged and tested
* One child using the microwave at a time
* Small groups for this activity (3-4) to ensure each child has adequate space to perform the tasks required
* One child in the kitchen using the microwave at a time
* Other children not participating are asked to move away so they do not impact the safety of children handling hot liquids
* Children to take hot liquid from microwave directly to their seating space, an educator to assist if needed, based on the child’s skills and abilities
 | All educators Responsible person Educator All educators “ “Educators & Children | At all times Annually During activityDuring activity “ ““ ““ “  |
| Supervision **#**Children not following safety instructions **#**Children misusing the equipment  | * Educator to be present for assistance and supervision throughout the entirety of this activity
* Children found not to be following safety guidelines will be asked to move away and may miss out on activity
* Children are not to be left alone when hot liquid is in use
* Children’s skills and abilities will be assessed by educators and more assistance may be offered if necessary to ensure safety requirements are followed
* Children are showed how to correctly use all equipment involved
 | All educators Children Educator & Children Educator  | At all times “ ““ ““ “ |
| Resin**!** Contact with resin on skin (skin irritation)**!** Ingesting **!** Fumes become too much | * Children to wear protective equipment, such as gloves and safety goggles
* SDS sheets up to date, staff know where to access.
* Small groups at a time- max 4 children. One educator to be at activity entire time, running and facilitating
* Discussion prior to activity around safety and using materials safely.
* If materials are ingested, seek medical advice immediately and call parents
* Accessible first aid kit available
* Ensure space is well ventilated
 | EducatorsResponsible personEducators “ ““ ““ ““ “ | Prior to activity Prior to activity During activity As needed Prior to activity  |
| Completed by: Jessie McCulloch  Signature: Date: 14/11/2024 | Approved By: Sean HigginsSignature: Date: 14/11/2024 |

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| **Risk Assessment Communication Record for Candle, Soap and resin** |

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| Educator/Staff Name | I have read and understood the above mentioned Risk Assessment (please tick) | Date & Signature | Educator/Staff Name | I have read and understood the above mentioned Risk Assessment(please tick) | Date & Signature |
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