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**Safeguarding Risk Assessment**

**Derbyshire County FA**

This Risk Assessment is to be used in conjunction with the ‘Including and safeguarding deaf and disabled children resource’. If you have any questions or concerns regarding this Risk Assessment please contact the Event Lead or the County Designated Safeguarding Officer Jenny Blewitt:-

[safeguarding@derbyshirefa.com](mailto:safeguarding@derbyshirefa.com)

Or telephone 01332 361422

**Introduction**

This risk assessment tool has been developed in line with CPSU (Child Protection in Sport Unit) guidance.

It is intended to support Derbyshire FA making safeguarding risk assessments where they are providing or commissioning activities for children and young people and adults at risk and/or where facilities are being hired by outside organisations.

It is intended to help Derbyshire CFA ensure that the safety and welfare of children and young people is the paramount consideration within the planning and delivery of activities specifically for under-18s or adults in disability football.

**Ownership**

Where activities are run directly by the DCFA they will ensure that the risk assessment is completed and reviewed.

Where facilities are being hired or delivery partners are being used the risk assessment should be jointly owned with safeguarding responsibilities being identified as part of any contract of hire or Service Level Agreement (SLA).

It is essential that all risk assessments are reviewed post events to learn from experience and adapt for future events.

*For the avoidance of doubt, DCFA (or third party) should consider all relevant factors when carrying out a risk assessment and the factors listed below are non-exhaustive and will not apply to every situation in which a risk assessment is required.*

*The DCFA (or third party) should therefore consider whether each of the factors listed below is relevant in any given situation and whether any additional factors are relevant.*

# General information

|  |  |
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| **Date of Assessment** | (MUST BE SUBMITTED TO DSO 14 DAYS BEFORE THE EVENT) |
| **Date of event** |  |
| **Venue Location** | Name of Venue: Address: |
| **Lead Delivery/Event Organisation** | Name: Address: |
| **Lead Organisation contact** | Name:  Email address: Telephone number: |
| **Venue point of contact Safeguarding/ Access/Contract (for example)** | Name:  Contact information:  How information to be displayed at event: |
| **County FA DSO Contact (include name, email and contact number)** | Name:  Contact information: |
| **Location (GPS co-ordinates)** |  |

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| **Defibrillator location**  NB: Information on this can be found via **heartsafe.org.uk** | Location:  Code:  Battery Replacement Date: |
| **Identify location of any access barrier keys** |  |
| **Emergency vehicle access** |  |
| **Air Ambulance landing location** |  |
| **Where unaffiliated/outside agencies such as schools, colleges, uniformed organisations, are hiring facilities which organisation’s safeguarding policy and procedures will be followed in the event of a concern arising** | Name:  Contact information: |
| **In the event of under- and over-18s disabled players participating in an event there must be clear reference to both safeguarding children and safeguarding adult policies and procedures.** | Policies attached: Yes |
| **Where there is a contract for services or SLA in place does this specify or reference the necessary/minimum safeguarding arrangements** | Name:  Contact information: |
| **Distribution list** |  |

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| **POLICIES TO BE REFERENCED** | | |
| **Safeguarding – young people. May not be applicable to the participants but may be needed for spectators etc.** |  |  |
| **Safeguarding – Adults at Risk. May not be applicable**  **to the participants but may be needed for spectators etc.** |  |  |
| **Social media/photography** |  |  |
| **Anti-bullying** |  |  |
| **Any additional reporting policy e.g. education provider or if discriminatory reference to Kick It Out** |  |  |
| **DOCUMENTS TO BE COMPLETED** | | |
| **Codes of Conduct** |  |  |
| **Contract Agreement** |  |  |
| **Medical Emergency Action Plan (MEAP)** |  |  |
| **IS PARENT/CARER CONSENT REQUIRED?** | **PERSON UNDER 18** | **ADULT WITH A DISABILITY**  (Assume adults can self-consent, unless you have reason to believe they cannot) |
| **To attend event** |  |  |
| **For child/children/person to be filmed and photographed** |  |  |
| **Consent to be contacted via social media/to access information via social media/be visible via social media** |  |  |
| **For child/children/person to stay away in overnight accommodation as part of a football event/activity** |  |  |
| **For child/children/person to travel overseas as part of a football event/activity (if applicable)** |  |  |

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# Consent:

consent will be required from parents/carers of under-18s. CFAs may decide after conducting a risk assessment that certain activities can be self-consenting for 16/17-year-olds.

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| **AREA OF CONCERN OR AREAS TO CONSIDER** | **RISK TO YOUNG PEOPLE AND/OR ADULTS WITH A DISABILITY** | **RISK RAG RATING** | **SOLUTION/MITIGATION** | **SOLUTION/ MITIGATION RAG RATING** | **REVIEW POST- ACTIVITY AND BY WHOM** |
| **Consent to attend the event** |  |  | Pre:  During: |  |  |
| **Photography/film consent** for child/children/person to be filmed and photographed |  |  | Pre:  During: |  |  |
| **Social media**  Consent to be contacted via social media/to access  information via social media/ be visible via social media |  |  | Pre:  During |  |  |
| **Consent re: overnight accommodation**  for child/children/person to stay away in overnight  accommodation as part of a football event/activity |  |  | Pre:  During: |  |  |
| **Consent for overseas travel** for child/children/person to travel overseas as part of a football event/activity  (if applicable) |  |  | Pre:  During: |  |  |

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# Suitability of staff and volunteers

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| **Signed Code of Conduct for staff and volunteers** |  |  |  |  |  |
| Suitability of staff:   * DBS * Safeguarding education (children) * Safeguarding education (adults at risk) * Any additional safeguarding training * Disability awareness * Other training, e.g. relevant cultural awareness |  |  |  |  |  |
| Staffing ratios |  |  |  |  |  |
| Under-18 referees appointed |  |  |  |  |  |
| Young Leaders/Youth Council involvement |  |  | Pre:  During: |  |  |

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| **Areas which may need additional planning/ safeguards**   * Deaf teams Signers/ fire alarms * Blind team safe access * Wheelchair access * Pan-disability (case by case depending on those attending). Consider enhanced safeguards e.g. safety of venue, ratio of helpers, accessible toilets * Communication challenges if English is not Spoken by participants; no interpreter |  |  | Pre:  During: |  |  |

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# Site

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| **Travel arrangements**  Bus stops, trams, trains etc. |  |  | Pre:  During: |  |  |
| **Drop off and pick up points** |  |  | Pre:  During: |  |  |
| **Information provided to participants on nearby public transport links** |  |  | Pre:  During: |  |  |
| **Car parking**  Disability parking bays |  |  | Pre:  During: |  |  |
| **Changing rooms and showers** |  |  | Pre:  During: |  |  |

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| **Toilet facilities including access and location** |  |  | Pre:  During: |  |  |
| **Wi-Fi access** |  |  | Pre:  During: |  |  |
| **Other considerations:** Venue/site boundaries General site patrol |  |  | Pre:  During: |  |  |
| **Overnight accommodation** |  |  | Pre:  During: |  |  |
| **Playing area**  (Goal posts, surface, pitch markings, RESPECT barriers) |  |  | Pre:  During: |  |  |

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| **Playing area** |  |  | Pre: |  |  |
| (Suitability for disability |  |
| format e.g. Powerchair |  |
| access and evacuation) | During: |
| **Facilities**   * Classroom * Electrical equipment * Wi-Fi access * General site patrol |  |  | Pre:  During: |  |  |
| **Spectator areas**  Appropriate space for wheelchairs and mobility aids |  |  | Pre:  During: |  |  |
| **Public accessibility** |  |  | Pre: |  |  |
| * Wheelchair access |  |
| * Car parking |  |
| * Disabled parking * Clear access and exit routes on paths | During: |
| * Open park access |  |

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# Reporting Incidents

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| Arrangements for referral of concerns and managing allegations |  |  | Pre:  During: |  |  |

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# Medical

Please refer to medical training and note that if a current Medical Emergency Action Plan (MEAP) has been written for the event or venue this section of the safeguarding risk assessment tool may not be necessary. If this is the case, you may choose to record this.

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| **Management of allergies**  Nuts/bees/anaphylactic shock |  |  | Pre: During: |  |  |
| **Relevant medical information in respect of participants including storage and access**  Adults with a disability should be encouraged to provide relevant information |  |  | Pre:  During: |  |  |
| **Relevant emergency contact information for participants** |  |  | Pre: During: |  |  |
| **First aid and medical Information**   * Qualified First Aiders * Treatment Room * Closest A&E to the venue * Local medical centres/First Aid arrangements |  |  | Pre:  During: |  |  |
| **Severe weather provision** |  |  | Pre: During: |  |  |

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| **Emergency evacuation procedures**   * Fire evacuation plan * Contingency plan other emergencies |  |  | Pre:  During: |  |  |
| **Dietary Information**  e.g. allergies/cultural issues |  |  | Pre:  During: |  |  |

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# Other

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| **Relevant insurance is in place**   * Public liability cover * Personal accident cover   **Car insurance Travel insurance Other as required** |  |  | Pre:  During: |  |  |
| **Supplementary communication**  E.g. BSL signers  **Provision for non-English speakers** |  |  | Pre:  During: |  |  |
| **Other** |  |  | Pre:  During: |  |  |

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# Risk Assessment approved

|  |  |  |  |
| --- | --- | --- | --- |
| **RISK ASSESSMENT SIGN OFF** | **FULL NAME** | **SIGNATURE** | **DATE** |
| **Risk Assessment completed by:** |  |  |  |
| **Designated Safeguarding Officer/ Senior Safeguarding Lead:** |  |  |  |

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# List of events/activities approved to take place at the venue

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EVENT/ACTIVITY** | **DATE OF EVENT/ ACTIVITY** | **LEAD LFA CONTACT** | **EVENT/ACTIVITY SAFEGUARDING LEAD** | **LEAD DELIVERY ORGANISATION**  (CFA, FA, club, league, private hire, etc.) | **DELIVERY ORGANISATION’S LEAD CONTACT(S)**  (if not CFA) |
|  |  | **Name:**  **Contact information:** | **Name:**  **Contact information:** |  | **Name:**  **Contact information:** |
|  |  | **Name:**  **Contact information:** | **Name:**  **Contact information:** |  | **Name:**  **Contact information:** |
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# Review

It is good practice to review risk assessments after events/activities to learn from experience and adapt accordingly

|  |  |  |  |
| --- | --- | --- | --- |
| **MONTH/ YEAR** | **REVIEW TYPE** | **REVIEW** | **FURTHER ACTION REQUIRED** |
| **Date** | **On-site review** |  |  |
| **Date** | **Feedback from venue Venue Contact name:**  **Venue Contact details:** |  |  |
| **Date** | **Feedback from venue Venue Contact name:**  **Venue Contact details:** |  |  |
| **Date** | **Feedback from venue Venue Contact name:**  **Venue Contact details:** |  |  |

Additional Comments

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