**RA Amendment Form in response to Covid-19 guidance**

|  |  |
| --- | --- |
| **Name of Activity:** |  |
| **Staff Involved:** |  |
| **Year Group(s):**  |  |
| **Pupil Numbers:** |  |
| **Do you intend to modify any activities you will be running in order to reduce risks? Please provide detailed explanation of any changes** |
|  |
| **If the activity involves some travel, give details of how you aim to reduce possible risks.**  |
| **Risk Observed** | **Control Measure** | **Scale of** **Severity** | **Scale of** **Likelihood** |
|  |  |  |  |
| **If items of equipment need to be handled as part of activity, how will sharing of items of equipment be avoided, minimised or made safe?** |
| **Risk Observed** | **Control Measure** | **Scale of Severity** | **Scale of likelihood**  |
|  |  |  |  |
| **Will children come into close contact with members of the public. Give details of how you aim to reduce this and associated risks.** |
| **Risk Observed** | **Control Measure** | **Scale of Severity** | **Scale of likelihood**  |
|  |  |  |  |
| **Have you identified any other concerns relating to COVD-19? How do you intend to overcome these?** |
| **Risk Observed** | **Control Measure** | **Scale of Severity** | **Scale of likelihood**  |
|  |  |  |  |
| **If you have followed any other guidance from external Provider or National Governing Body, please give details below.** |
|  |
| **Name:** |  | **Date:** |  |

**Risk = Severity x Likelihood**

|  |  |
| --- | --- |
| **Risk Calculator****Matrix** | **Likelihood Scale** |
| Low | Medium | High |
| **Severity Scale** | Low | L | L | M |
| Medium | L | M | H |
| High | M | H | H |

**Severity Scale**

Low may cause minor injury/illness/damage – no lost time

Medium may cause lost time through injury/illness

High may cause serious or fatal injury/illness

**Likelihood Scale**

Low remote or unlikely to occur

Medium will occur in time if no preventative action is taken

High likely to occur immediately or in the near future