

**THE PEAK CENTRE BUILDINGS, GROUNDS and ACTIVITIES RISK ASSESSMENTS**  
**To be reviewed annually. Reviewed Jan 2017 by Sarah Tennant. Next review Dec 2017**

**Risk Population** examples include : **Everyone, Staff, Group(including instructors), Individuals within group, etc.**

**Risk Severity** is classified in the following range : **Minimal – Low – Medium – High**

**Risk Likelihood** is classified in the following range : **Improbable – Possible – Probable – Highly Likely**

<b>HAZARD</b>	<b>Population</b>	<b>Severity</b>	<b>Likelihood</b>	<b>Existing control measures</b>
<b>FIRE</b>				
Occupants trapped in the building or injured whilst exiting in the event of fire.	Everyone	Minimal	Possible	Fire evacuation training for each new group Evacuation briefing only for groups where all or the majority have done an evacuation here in the past or for adult groups if appropriate. Special evacuation plan required from groups with disabled members. Staff vigilance to prevent concealment of fire exit signs and extinguishers. Annual maintenance of fire extinguishers by contracted firm Six monthly checks and maintenance of emergency lights and detectors by contracted firm Reduce risk of ignition by <ol style="list-style-type: none"> <li>1) No-smoking indoors rule.</li> <li>2) Safe working practices whilst using heat or spark producing equipment.</li> <li>3) Storage of inflammable substances in low-risk areas.</li> <li>4) See “Electrical”</li> </ol> Implementation of a Fire Risk Assessment (2011 – reviewed May 2016)
Fire or explosion from leaking gas	Everyone	Minimal	Possible	Annual service of all gas appliances by contracted firm Staff vigilance and use where necessary of leak detecting equipment. Appropriate isolating valves, clearly labelled.
Drying room	Everyone	Minimal	Possible	Annual major service to boiler in September and minor service in March by C. Fisher
<b>ELECTRICAL</b>				
Electrocution & cause of fire	Everyone	Minimal	Possible	PAT testing annually by C Fisher. 5 year electrical testing (last completed 2016) by contracted firm Clearly labelled isolating switches. Staff vigilance to spot defects.
<b>TRIPS AND SLIPS</b>				
	Everyone	Low	Probable	Staff vigilance to deal with loose floor coverings. Staff vigilance to remove obstacles, trip hazards and spills. Provision of warning signs for wet and slippery floors. User groups expected to use common sense in clearing up spills. Provision of handrails where the benefit outweighs additional risk

				Provision and maintenance of adequate lighting.
<b>FALLS FROM HEIGHT</b>				
	Everyone	Low	Probable	All work at height will be properly planned and carried out in a manner which is so far as is reasonably practicable safe by personnel who are competent or who are being supervised by someone competent. Working at Height Regulations applied All ladders and equipment used for working at height to be inspected for fitness for purpose annually in January by C. Fisher.
<b>STORAGE AND HAZARDOUS SUBSTANCES</b>				
Injury from items falling from shelves	Everyone	Low	Probable	Provision of step ladders for access.
Injury from hazardous substances	Everyone	Minimal	Possible	Hazardous substances all clearly labelled and stored securely in a lockable cupboard in locked outside store. Staff trained where appropriate. COSHH sheets available in the workshop and file in foyer for visitors. Rubber gloves and eye protection provided
<b>MACHINERY AND EQUIPMENT</b>				
Cutting and abrasive injuries	Everyone	Low	Probable	Equipment and machinery properly maintained. Staff trained or experienced in their use. Ear, eye, hand and head protection provided. Access to potentially dangerous equipment restricted to staff Access to dangerous work areas restricted by barriers and warning notices where appropriate.
Cuts from Craft Room implements	Everyone	Low	Probable	Access to craft room supervised by group leaders and/or Peak Centre staff.
Burns from glue gun/scalds from kettle	Everyone	Low	Probable	Access to craft room supervised by group leaders and/or Peak Centre staff.
Eye and ear injury & RSI	Staff	Low	Possible	Staff trained and PPE provided
Manual handling	Staff	Low	Probable	Staff trained to lift safely and use mechanical lifting equipment where appropriate
Injury associated with computer operation	Staff	Low	Possible	Annual workstation assessments and prompt response to problems identified.
<b>KITCHENS</b>				
Bacterial infection	Groups Caterer	Medium	Probable	Basic food hygiene summary displayed & given to groups Covered waste bins Provision of colour coded chopping boards Disposable paper hygiene dispenser and refills Anti-bac kitchen spray provided Recording of food temperatures Provision & calibration of fridge & freezer thermometers Provision & Calibration of food thermometers with basic instructions. Maintenance and cleanliness of appropriate equipment and surfaces Scheduling of 6-8 weekly 'deep clean' in both kitchens Periodic spot checks on outside caterers & periodic inspection by Food Hygiene inspector.

Scalds and burns	Groups	Medium	Possible	Kitchen First Aid kit / Burns kit supplied and maintained by monthly check.(Chris Fisher) Protective gloves provided. Warning on water boiler.
Cutting injury	Groups caterers	Medium	Probable	Sharp knives kept in a block
<b>BUILDINGS GENERAL</b>				
Transmission of infection or disease	Everyone	Medium	Improbable	Instructions to groups on basic food hygiene requirements Household cleaning by departing groups with follow up by Peak Centre staff. Use of colour coded mops for toilet and other areas. Bed linen change for each new group. Extra cleaning and disinfecting carried out by Peak Centre staff.
<b>WATER SYSTEMS</b>				
Legionella infection	Everyone	Minimal	Improbable	Temperature of water in tanks in excess of 60C. Valves fitted to maintain hot water at output – around 45C. Bi-annual safety checks carried out and recorded.
<b>GROUNDS</b>				
Injury from barbed wire	Everyone	Low	Possible	Monthly inspection and maintenance.
Scratching and penetrative injury from broken tree branches	Everyone	Low	Probable	Monthly inspection and tree maintenance.
Drowning in pond	Groups	Low	Improbable	1.2m high fencing and gates kept shut
Collision with goal posts, benches etc	Everyone	Low	Probable	Sharp protrusions removed and posts painted white

### THE PEAK CENTRE ARCHERY RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017

HAZARD	Population	Severity	Likelihood	Existing control measures
Piercing injury to archer or member of public straying on to range	Groups	Minimal	Possible	Maximum number of archers and proper control and vigilance by instructor/s All sessions instructed by holders of current Archery GB Award. Safety notices on all points of access to range. Range set out for maximum safety Available first aid kit and access to telephone. Indoor sessions: doors locked and spectators on gallery.
Injury from walking onto an arrow embedded in ground/target	Groups	Minimal	Possible	Collection and withdrawal from target procedure as taught by Archery GB
Injury from arrow that breaks when bow released	Groups	Minimal	Improbable	Properly maintained arrows to avoid bent ones. All arrows long enough to avoid overdrawing.
Injury to arm from bowstring	Groups	Minimal	Improbable	Proper instruction and use of braces
Emotional distress	Groups	Low	Improbable	Staff who are aware of emotional health issues.

## PEAK CENTRE OUTDOOR CLIMBING AND ABSEILING RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017

HAZARD	Population	Severity	Likelihood	Existing control measures
Fall whilst roped	Groups	Minimal	Possible	Sessions run by instructors with SPA and valid First Aid All equipment suitable for the purpose and inspected monthly and maintained. Proper fitting and checking of correctly sized harnesses and wearing of helmets Use of pre tied knots and locksafe karabiners. Properly rigged climbs/abseils Where possible the use of top belays to reduce potential slack in rope. Proper training of assistant belayers. All novice belayers backed up with properly instructed backups. Belayers with and demonstrable competence to operate without backup only after they can clearly be seen to be able to operate safely.
Fall whilst bouldering	Groups	Low	Possible	Clear instructions as to where and how high boulderers may climb. Use of appropriate "spotters".
Limb or extremity becoming stuck or climber "freezes"	Groups	Minimal	Possible	Instructor remains "free" to climb up or abseil down to assist.
Fall whilst at top of crag	Groups	Minimal	Possible	Instruction to stand clear before unclipping from rope. Spectators instructed on appropriate behaviour and stance. Backup belayers to be belayed to crag.
Fall whilst descending via descent route	Groups	Minimal	Possible	All climbers "walked through" the descent route. Only crags with safe descent routes used with top belays. Climbers unable to descend safely to be accompanied.
Being fallen upon by a climber	Groups	Minimal	Possible	Clear instructions to those waiting to climb or spectating to stand clear. Wearing of helmets
Being struck by falling objects	Groups	Minimal	Possible	Wearing of helmets. Warning about loose rocks/stones and dropping equipment. Helmets to be worn from arrival at car park.
Soft tissue injury through unaccustomed activity	Groups	Minimal	Possible	Assessment of individual ability and appropriate response to information regarding medical conditions revealed in Consent forms.
Injury from personal jewellery	Groups	Minimal	Improbable	Instructor to require removal, or where not possible, taping over.
Emotional distress	Groups	Low	Possible	Staff aware of emotional health issues.
<b>Site Specific – Bridge 75</b>				Comply with Peak District NPA regulations regarding Bridge 75 Hold PDNPA Bridge 75 Abseiling Licence. All staff trained at Bridge 75
Fall from bridge	Groups	Severe	Low	Briefing not to stand on low wall whilst watching others, briefed on dangers of opposite wall
Participants becoming entangled in ropes	Groups	Minimal	Possible	Clear instructions given to stand away (2 metres) from the ropes/ equipment

### THE PEAK CENTRE CLIMBING WALL RISK ASSESSMENT JAN 2017 TO BE REVIEWED DEC 2017

HAZARD	Population	Severity	Likelihood	Existing control measures
Fall whilst roped	Groups	Minimal	Possible	All equipment suitable for the purpose and inspected monthly and maintained. Sessions run by instructors with SPA, Climbing Wall Award or in-house assessed. Proper fitting and checking of correctly sized harnesses Use of pre tied knots and locksafe karabiners. Use of crash mats. All belayers trained and supervised. Novice belayers backed up with properly instructed backups. Belayers with demonstrable competence to operate without backup.
Fall whilst bouldering	Groups	Low	Possible	Clear instructions as to where and how high boulderers may climb. Use of "spotters" where appropriate & Use of crash mats
Being fallen upon	Groups	Low	Possible	Instructions to those waiting to climb or spectating to stand clear of crash mats
Soft tissue injury through unaccustomed activity	Groups	Minimal	Possible	Operate in a warm environment Run warm up activity
Injury from personal jewellery	Groups	Minimal	Improbable	Instructor to require removal, or where not possible, taping over.
Emotional distress	Groups	Low	Possible	Staff who are aware of emotional health issues.

### THE PEAK CENTRE ROWLANDCOTE MOOR ORIENTEERING RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017

HAZARD	Population	Severity	Likelihood	Existing control measures
Hazards listed below	Groups			Supervision by instructor who is 'In House' trained or above, holding a 1 <sup>st</sup> aid certificate.
Slip or fall on steep or slippery ground	Groups	Low	Probable	Orienteers equipped with suitable footwear, Course markers set out to avoid areas of greater risk
Danger of asthmatic attack	Groups	Minimal	Possible	Instructor checks that known asthmatics have inhalers.
Falls or medical emergencies	Groups	Low	Possible	Centre emergency pack & radio communication to base. Instructor to check known medical conditions from consent forms before activity.
Getting lost and straying on to Kinder plateau	Groups	Minimal	Possible	Instructor details course marshals and makes sure all orienteers on that side of the course are not out of sight long enough for this to happen. Instructor to consider including adults in younger age teams PMR radios used to maintain communication. Air horn carried by instructor to gain the attention of orienteers. Orienteers work in groups.
Injury / cuts	Groups	Low	Improbable	Clear briefing about terrain and hazards – dry stone walls / barbed wire etc
Emotional distress	Groups	Low	Possible	Staff who are aware of emotional health issues.

**PEAK CENTRE TEAM BUILDING & MINI ORIENTEERING EXERCISES RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017**

<b>HAZARD</b>	<b>Population</b>	<b>Severity</b>	<b>Likelihood</b>	<b>Existing control measures</b>
Falling from and tripping over or colliding with equipment	Groups	Low	Possible	Groups and leaders briefed on hazards. All equipment suitable for the purpose and sharp edges removed or protected. Crash mats or similar provided where required. Protective clothing and/or helmets where required.
Cuts, scrapes & eye injuries from branches, barbed wire etc	Groups	Low	Possible	Care exercised in design of exercises. Trees regularly pruned to avoid sharp protruding branches Clear briefing to ensure awareness of hazards and ways to prevent accidents
Emotional distress	Groups	Low	Improbable	Staff who are aware of emotional health issues.

**PEAK CENTRE WALKING COVERED BY THE AALS REGULATIONS RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017**

<b>HAZARD</b>	<b>Population</b>	<b>Severity</b>	<b>Likelihood</b>	<b>Existing control measures</b>
Exposure	Groups	Minimal	Possible	Instructors to hold MLTB, HMLA or above and a current First Aid certificate accompanied by sufficient additional supporting adults as required by Peak Centre Guidelines. Instructors to check adequate clothing and footwear for the walk and the weather. Group to have Peak Centre first aid kit, "Blizzard" bag and group survival tent.
Injury from falls or trips	Groups	Low	Possible	Appropriate choice of route and first aid.
Asthmatic attack	Groups	Low	Possible	Instructors informed by consent forms of any asthmatics to check they have inhalers.
Falls or medical emergencies	Groups	Low	Possible	Centre safety pack & mobile phone. Instructor to check known medical conditions from consent forms before activity.
Member of party becoming separated and lost	Groups	Minimal	Possible	Adult leaders designated to follow up the last walkers in the group. Vigilance on the part of the leader.
Injury from rolling, sliding	Groups	Low	Possible	Appropriate choice of site. Briefing and supervision.
Blisters and resulting infection	Groups	Low	Improbable	Appropriate footwear, first aid and instructor vigilance.
Emotional distress	Groups	Low	Possible	Staff who are aware of emotional health issues.

**PEAK CENTRE WALKING NOT COVERED BY AALS REGULATIONS RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017**

<b>HAZARD</b>	<b>Population</b>	<b>Severity</b>	<b>Likelihood</b>	<b>Existing control measures</b>
Exposure	Groups	Low	Possible	Walks led by instructors who have either been in-house trained or hold MLTB HMLA or above and who hold a current First Aid certificate. Instructors to check adequate clothing and footwear for the walk and the weather. Group to have Peak Centre emergency rucksacks containing first aid kit, "Blizzard" bag and group survival tent.
Injury from falls or trips	Groups	Low	Possible	Appropriate choice of route and first aid kit and first aid trained instructor.
Asthmatic attack	Groups	Low	Possible	First aid qualified instructors informed by consent forms of any asthmatics to check they have inhalers.
Falls or medical emergencies	Groups	Low	Possible	Instructor to check known medical conditions from consent forms before activity. Centre safety pack.
Member of party becoming separated and lost	Groups	Minimal	Possible	Adult leaders designated to follow up the last walkers in the group. Vigilance on the part of the leader.
Injury from rolling, sliding	Groups	Low	Possible	Appropriate choice of site. Briefing and supervision.
Blisters and resulting infection	Groups	Low	Improbable	Appropriate footwear, first aid and instructor vigilance.
Emotional distress	Groups	Low	Improbable	Staff who are aware of emotional health issues.

**THE PEAK CENTRE WOOL SPINNING WORKSHOP RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017**

<b>HAZARD</b>	<b>Population</b>	<b>Severity</b>	<b>Likelihood</b>	<b>Existing control measures</b>
Infestation from wool	Groups/staff	Minimal	Improbable	

**THE PEAK CENTRE FENCING RISK ASSESSMENT Jan 2017 to be reviewed DEC 2017**

<b>HAZARD</b>	<b>Population</b>	<b>Severity</b>	<b>Likelihood</b>	<b>Existing control measures</b>
Injury from weapon	Groups	Minimal	Possible	Sessions supervised by appropriately qualified instructors. Protective clothing. Holder of current First Aid certificate on site.
Asthmatic attack	Groups	Low	Possible	Instructors informed by consent forms of any asthmatics to check they have inhalers.
Other medical emergencies	Groups	Low	Possible	Instructor to check known medical conditions from consent forms before activity.
Soft tissue damage	Groups	Low	Possible	Sessions held in warm environment
Emotional distress	Groups	Low	Improbable	Staff who are aware of emotional health issues.

## THE PEAK CENTRE CIRCUS SKILLS RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017

HAZARD	Population	Severity	Likelihood	Existing control measures
Injury from flying objects eg diabolos	Groups	Low	Probable	No sharp edges, ends. Properly supervised sessions.
Injury from collision of bodies	Groups	Low	Probable	Properly supervised sessions.
Injuries from falls or stumbles	Groups	Low	Probable	Suitable equipment. Properly supervised sessions.
Emotional distress	Groups	Low	Improbable	Staff who are aware of emotional health issues.

## PEAK CENTRE "IN HOUSE" EVENTS JAN 2017 to be reviewed DEC 2017

HAZARD	Population	Severity	Likelihood	Control Measures
Malicious use of contact details or images	Groups	Minimal	Possible	Parental consent required for under 18s for use of images on Website / in advertising. Individual's consent for over 18s. Otherwise images not to identify individuals.
Lack of awareness of pre-existing medical condition or dietary requirements	Groups	Minimal	Possible	Consent form and application form details transferred to "Event List" and made available to adult leaders Named leader in overall charge of monitoring / issuing medicine.
Food poisoning	Groups	Minimal	Possible	Caterer to have Basic Food Hygiene certificate and perform basic checks Peak Centre to provide necessary equipment
Scalds or burns	Groups	Minimal	Possible	Caterer and leaders to restrict access to kitchen to those unable to work safely through lack of experience/maturity Supervision of camp fire area by adult leaders
Young person absconding	Groups	Minimal	Possible	Age/maturity appropriate rules for going off site. Signing in / out sheet for adult "in-house" groups.
Failure to respond appropriately to injuries or medical emergencies	Groups	Low	Improbable	Always have first aider available. Always have vehicle and sober driver available. Always have access to first aid kit
Alcohol poisoning or hazardous behaviour as a result of drunkenness	Groups	Low	Possible	Have clear rules about consumption of alcohol that are age and context appropriate. No individual supplies of alcohol No unsupervised visits to pubs for groups
Abuse	Groups	Low	Improbable	Standard vetting of all adult leaders Appropriate restriction of access to the building from outside Monitoring of exclusive relationships between young people Appropriate supervision of the premises, particularly at night
Harm during transport to/from activities	Groups	Minimal	Improbable	Where possible, always travel in convoy. Where possible always utilise adult leaders as drivers.
Young person not being picked up at the end of an event	Groups	Low	Possible	Leaders to make age/maturity appropriate arrangements



**THE PEAK CENTRE BUSHCRAFT RISK ASSESSMENT JAN 2017 to be reviewed DEC 2017**

<b>HAZARD</b>	<b>Population</b>	<b>Severity</b>	<b>Likelihood</b>	<b>Existing control measures</b>
General	Groups	Minimal	Possible	Suitably experienced instructor, with valid First Aid Clear briefings and supervision All accidents, near misses are recorded, and appropriate action taken Area kept free from trip hazards and low branches as practicably possible
Extreme Weather <ul style="list-style-type: none"> <li>• Sunburn</li> <li>• Hypothermia</li> <li>• Hyperthermia</li> </ul>	Groups	Low	Possible	Instructor to check weather forecast prior to session & observe conditions throughout If necessary stop activity and move to safety. Change plans as necessary Ensure participants have suitable & adequate clothing plus access to warm/cold drinks Remind groups about sun protection Group shelter available
Participants	Groups	Minimal	Possible	Participants asked to share relevant previous & existing medical issues Visiting group leaders asked re any other issues (eg behavioural) Groups sizes and staff ratios / supervision amended as required
Shelter building <ul style="list-style-type: none"> <li>• Lifting injury</li> <li>• Scratches &amp; cuts</li> </ul>	Groups	Low	Possible	Clear briefing and guidance on collecting and carrying materials Safe manual handling Highlight risk to face and eyes Use gloves as appropriate
Fires <ul style="list-style-type: none"> <li>• Burns</li> </ul>	Groups	Low	Possible	Easy access to water for extinguishing the fire Burns kit easily accessible Sensible fire location Appropriate fire size Briefing regarding behaviour, seating, placing wood on the fire Trip hazards removed
Fire lighting	Groups	Low	Possible	Clear briefing on equipment and methods used Long hair tied back Instructor to closely supervise <b>all</b> fire lighting and manage follow up supervision by additional staff
Cooking	Groups	Low	Possible	Brief groups on the temperature of foodstuffs – eg Marshmallows Provide an alternative for vegetarians Close supervision at all times

**THE PEAK CENTRE BUILDINGS AND GROUNDS RISK ASSESSMENT**  
To be reviewed annually. Reviewed Jan 2017 by Sarah Tennant. Next review Dec 2017

**Signed by:** \_\_\_\_\_ **Chair of Directors / H&S Director**

\_\_\_\_\_ **Sarah Tennant**

\_\_\_\_\_ **Chris Fisher**

\_\_\_\_\_ **Don Tennant**

\_\_\_\_\_ **Julie Lomas**

\_\_\_\_\_ **Cathy Spingys**

**Regular freelance Instructors:**

\_\_\_\_\_ **Stuart Westfield**

\_\_\_\_\_ **Caroline McCann**

\_\_\_\_\_ **Kim Hayward**

\_\_\_\_\_ **Gordon Riley**

\_\_\_\_\_ **Trudi Patient**

\_\_\_\_\_ **Stuart Marshall (Marshall's Fencing)**