



Risk Assessment for Play Therapy

(based on APAC model risk assessment – reviewed August 2026)

Organisation:	DSLs:	First Aiders:	Emergency procedures:	Dates:

Hazard	Who may be affected	Control measures Holistic Certificate of Insurance: HIS94212	Any further action	Risk factor
<i>Injury caused by slips, trips, falls or collision with objects in the room</i>	Child Therapist	-Kit and activities are set out to minimise risks. -Children are always supervised by the therapist. -Any floor spills are wiped up immediately. -Therapist will continually assess the safety of the child's chosen style of play within the space provided and wherever possible provide boundaries for safety as required e.g. energetic play	-First Aid provided by organisation if required. -Therapist renews annual insurance for public liability and personal indemnity	Low
<i>Injury caused by PT equipment e.g. glue, paint, scissors, trapped finger</i>	Child Therapist	-Children are always supervised by the therapist. -Equipment checked weekly for damage and any broken objects that pose a risk will be removed from kit. -Children's safety scissors used with children below aged 9.	-Masking tape available for emergency covering of sharp edges. -First Aid provided by organisation if required.	Medium

		-Kit will be adapted as required to meet individual risk or mobility needs. -Therapist will continually assess the safety of the child's chosen style of play within the space provided and wherever possible provide boundaries for safety as required	-Therapist renews annual insurance for public liability and personal indemnity	
<i>Risk of choking or suffocation</i>	Child	-Children are always supervised by the therapist. -Equipment checked weekly for damage and any broken objects that pose a risk will be removed from kit. -All equipment is boxed away and safely stored when not in use. -Kit will be adapted as required to meet individual developmental needs. -Milton used on surfaces between sessions or on anything that a client may have put in their mouth.	-First Aid provided by organisation if required.	Medium
<i>Injury caused by fire</i>	Child Therapist	-No candles or naked flames will be used in therapy sessions. -Therapist and client will follow organisation's emergency procedures and these are made clear by the organisation. -Therapist will safely evacuate client/s at sound of alarm or when alerted to a fire. -Therapist remains vigilant and reports any concerns to organisation without delay e.g. faulty electricals. -PAT test electrical equipment.	-Organisation will have clear emergency procedures and share these with the therapist.	Medium
<i>Risk of burns or scalds</i>	Child Therapist	-Hot water taps will be set at a suitable temperature by organisation. -Therapist will supervise any use of taps.	-First aid provided by organisation as required.	Medium
<i>Risk of electric shock</i>	Child Therapist	-Therapist always supervises children. -PAT test electrical equipment.	-Organisation provide socket covers if required.	Medium

		-Water will be kept well away from electrical equipment or sockets.		
<i>Risk of allergic reaction e.g. food, plastics, paints</i>	Child	-Therapist gains information about allergies and medical needs from parents and school. -All materials are child friendly and non-toxic paint is used.	-No nuts. -Non-latex surgical gloves available for children with allergies or sensitive skin.	Medium
<i>Risk associated with working 1:1</i>	Client Therapist	-Thorough identification of client needs and risk in referrer and parent interviews prior to commencing PT. -Complete individual risk assessment if required. -Therapist will respond to any inappropriate, sexualised, or dangerous behaviour (including physical assault) in a calm manner stating the boundaries and moving away from client if necessary. Therapist will always see behaviour as a communication of need and not a client being troublesome. Any dangerous behaviour or safeguarding disclosure would stop the session and the organisation's Safeguarding and Child Protection procedures would be followed, and DSLs alerted without delay.	-If needed identify back up procedure/team who can be called on if client is dysregulated and dangerous.	Low
<i>Risk of child leaving session early or not returning to class</i>	Child	-Thorough identification of client needs and risk in referrer and parent interviews prior to commencing PT. -Complete individual risk assessment if required. -Therapist to escort child back to class or agreed appropriate safe space handing over to a member of the organisation/class team. -Therapist to offer reassurance, walk at distance to ensure child is safe, and alert identified staff if not returning to class.	-Therapist to identify agreed procedure for individual clients and staff members who should be notified.	

<i>Risk of child absconding or trying to escape school premises</i>	Child	-Thorough identification of client needs and risk in referrer and parent interviews prior to commencing PT. -Complete individual risk assessment if required. TA or member of staff to meet client at PT room. -Ensure client makes their way to therapy room through a secure route.	-Therapist to identify agreed procedure for individual clients and staff members who should be notified.	Low
<i>Risk of confidentiality of session being breached e.g. interruption</i>	Child	-Ensure room has suitable audio and visual privacy. -Do not disturb sign displayed on all external doors to therapy room. -Therapist to communicate to placement that sessions are confidential and not to be interrupted unless it is an emergency. -Therapist to ask staff not to quiz child on return from their session or ask, 'Did you have fun?' or similar – the session is confidential and should be treated as such. The child can choose whether to share details. -The child's therapy box will not be opened by staff or other pupils and will be stored safely and securely between sessions.	-Therapist to communicate confidentiality needs to all staff involved with child, or request organisation to do so.	Medium
<i>Risk of confidentiality being breached e.g. safeguarding concerns</i>	Child	-Therapist to update safeguarding training on an annual basis and show certificate of completion to organisation (DSL training completed Sept 24 – due Sept 2027). -Therapist has up-to-date enhanced DBS -Therapist to keep personal mobile phone in cupboard or separate room during sessions. -Should a safeguarding concern be raised, the therapist will refer immediately to the organisation's DSLs and a record will be kept by both the organisation and the therapist.	-Therapist to be familiar with organisation's safeguarding and child protection procedures prior to starting sessions. -Therapist to identify all organisation's DSLs.	Low

<i>Risks relating to client's medical needs</i>	Child	-Thorough identification of client medical needs and risks in referrer and parent interviews prior to commencing PT. -Complete individual risk assessment identifying risks and all reasonable adjustments made to always ensure the safety of the child. -Medication/medical supplies taken to PT room if required.	-Therapist to ensure they are aware of all medical conditions and that medication is always available. -First aid provided by organisation as required.	Dependent upon client
<i>Risk of data breach or loss</i>	Child Child's family/carers Therapist	-Therapist is registered with ICO to ensure GDPR compliance (ZC195944) & renewed annually. -Therapist's MacBook is password protected. -All documents are password protected. -All documents emailed are password protected. -All clients are anonymised in any assignments or on Fortuna. -Therapist will ensure any confidential paper documents are locked in a fire-safe filing cabinet.	-GDPR policy available to all. -Complaints policy available to all. -MacBook has appropriate protection.	Low

GROUP RISK ASSESSMENT - additional considerations				
Hazard	Who may be affected	Control measures	Any further action	Risk factor
<i>Poor preparation</i>	All	Holistic Certificate of Insurance: HIS94212 Ensure appropriate SDQ scores only (11-16) and only 1 year in age between children in group. Ensure thorough interviews (referrer and parent/s) and discussion of client medical and emotional needs. Meet individually with each child and parent for discussion of referral reasons, expectations, confidentiality and consent.	Ensure therapist is clear of school's safeguarding and child protection policies and procedures. Back up adult in room next door. Telephone available in room if possible.	Low

		Create a group plan. Share risk assessment with organisation. Therapist to ensure that boundaries and confidentiality within the space are agreed upon and reinforced each session. Therapist to ensure that should there be an injury to a child during group sessions, the session is ended in a calm and appropriate manner. The therapist will respond to any inappropriate behaviour, sexualised behaviour or physical assault with a calm manner, using empathy and clear boundaries, moving further away from the client(s) if required or gently guiding the client(s) (or their limbs) away from the therapist and other clients as required.		
<i>Child is injured</i>	All	Therapist to ensure that should there be an injury to a child during group sessions, the session is ended in a calm and appropriate manner. Paediatric first aid requested from organisation's staff.	Process as group	Low
<i>Child is ill</i>	Group	If child expresses that they feel unwell, therapist will stop group and call for someone to collect child from room and call parents. Resume session. If child is sick or loses consciousness, I will stop session, call for help from organisation and adult in next door room. Ask adult next door to take other children from group, await staff to arrive for support, reassure child and follow paediatric first aid training.	Cleaning room/kit	Low
<i>Child leaves the room</i>	Group	Therapist to ensure a thorough handover of each client's presenting needs/risks prior to commencing therapy sessions, from teachers, parents/carers or others as appropriate.	Process within group Ask if child who has left room wishes to leave group permanently.	Low

		If the client's presenting needs/risks differ from those usually expected an individual risk assessment will be completed prior to commencing therapy. In the case of a client leaving a group session early the therapist will stop the session, watch them at a distance and offer verbal support, request support from adult next door and call for support. If child is going out of sight, take group to room next door with adult or with me to keep child in sight. Once child who has left is with another adult I will resume or end session as appropriate.		
<i>Child discloses during group session</i>	Group	Stop session calmly. Return children to classroom/s with verbal reassurance that situation is being dealt with by appropriate adults. Accompany child who has made disclosure to DSL. Follow school's CP procedures.	Ask school to speak to parents and children from group to explain, support and request confidentiality. Also see therapist's Safeguarding & CP policy.	Low