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| **Risk Assessment** | | | | |
| **Risk Assessment for the activity of** | **Football** | | **Date** | **27/09/22** |
| **Unit/Faculty/Directorate** | **Medicine** | **Assessor** | **Hafsa Ahmad (president of Southampton Ladies Medics Football Club)** | |
| **Line Manager/Supervisor** |  | **Signed off** |  | |

| ***PART A*** | | | | | | | | | | |
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| **(1) Risk identification** | | | **(2) Risk assessment** | | | | **(3) Risk management** | | | |
| **Hazard** | **Potential Consequences** | **Who might be harmed**  **(user; those nearby; those in the vicinity; members of the public)** | **Inherent** | | |  | **Residual** | | | **Further controls (use the risk hierarchy)** |
| **Likelihood** | **Impact** | **Score** | **Control measures (use the risk hierarchy)** | **Likelihood** | **Impact** | **Score** |
| Injuries due to loss of balance | Players- risk of sprains, strains, fractures or head injuries | Players | **3** | **3** | **9** | Facilities maintained and checked by Southampton sport and well-being. | **2** | **3** | **6** | Skill level of drills appropriate for skill levels of players. Suitable footwear to be worn by all players. Adjust drills and consider postponing matches/training if weather conditions are unsafe. |
| Injuries due to intended collision with other players/equipment | Players- sprains, strains, bruising, fractures or head injury | Players | **3** | **4** | **12** | Game refereed by competent referees to ensure contact remains within the rules of the game. Playing facility and equipment checked before use. | **2** | **4** | **8** | Training to be supervised by competent health and safety trained club personnel. Adequate training and clear instructions given before contact drills. Regulation equipment to be worn during matches: skin pads and regulation studs must be worn. |
| Lack of knowledge/skill | Players (especially novices) at risk of chronic injuries if poor technique practiced | Players | **3** | **3** | **9** | Drills are appropriate for the skillset of the players | **1** | **3** | **6** | Committee to monitor condition of players, ensure appropriate warm up and cool down and adequate training for player’s practising poor technique. |
| Exhaustion/ dehydration | Players at risk of hypoglycaemia, nausea, fainting and/or vomiting | Players | **2** | **3** | **6** | Regular breaks will be taken during training to recover and water breaks will be encouraged during this time as well. Anyone feeling unwell should let a member of committee or staff know and immediately stop training. | **1** | **3** | **3** | Committee to supervise proactively and monitor players in all training sessions. Adverse weather conditions to be considered with respect to workload and intensity. Regular drink/recovery breaks throughout sessions. |
| Environmental conditions such as fog, hard ground, flooding, snow and hail Hypo/hyperthermia Stroke | People at risk of sprains, strains, fractures and head injury. Minor to major burns, dizziness, loss of consciousness and dehydration. Hypo/hyperthermia | Players  Spectators | **2** | **2** | **4** | Certain drills and training sessions will be avoided in the event of adverse weather conditions. Sessions to be cancelled if risks are too high. Committee strongly encourage and remind players to bring water and sunscreen when hot/sunny. | **1** | **2** | **2** | Adverse weather conditions to be considered with respect to workload and intensity. Clubs to consider avoiding over strenuous drills when organising training if temperatures are high. |
| Equipment set up/take down | People at risk of strains, sprains, entrapment and crushing injuries | Players  Spectators | **3** | **3** | **9** | Playing facility and equipment checked before use or committee can consult with the sports staff. | **1** | **1** | **3** | Club to be briefed on manual handling techniques by competent persons and handling heavy equipment will be limited to those who have received training. |

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| ***PART B – Action Plan*** | | | | | | | |
| **Risk Assessment Action Plan** | | | | | | | |
| **Part no.** | **Action to be taken, incl. Cost** | **By whom** | **Target date** | | **Review date** | **Outcome at review date** | |
| 1-4 | New committee members to learn training and match protocols as told in position handovers | Committee members | 30/09/22 | | 12/01/23 | Committee members to run training and matches at standards outlined in this document | |
| 5 | Committee members being experienced footballers and aware of dangers of environmental conditions and understand when cancelling training/matches is appropriate | Committee members | 30/09/22 | | 12/01/23 | Committee members to run training and matches at standards outlined in this document | |
| 6 | All members to be briefed on manual handling | Club president | 30/09/22 | | 12/01/23 | All members to understand the dangers of manual handling and setting up equipment | |
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| Responsible manager’s signature: | | | | | Responsible manager’s signature: | | |
| Print name: HAFSA AHMAD | | | | Date:27/09/22 | Print name: | | Date |

**Assessment Guidance**

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| 1. Eliminate | Remove the hazard wherever possible which negates the need for further controls | If this is not possible then explain why |  |
| 1. Substitute | Replace the hazard with one less hazardous | If not possible then explain why |
| 1. Physical controls | Examples: enclosure, fume cupboard, glove box | Likely to still require admin controls as well |
| 1. Admin controls | Examples: training, supervision, signage |  |
| 1. Personal protection | Examples: respirators, safety specs, gloves | Last resort as it only protects the individual |

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| **LIKELIHOOD** | 5 | 5 | 10 | 15 | 20 | 25 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |
|  | | 1 | 2 | 3 | 4 | 5 |
| **IMPACT** | | | | |

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| Impact | | Health & Safety |
| 1 | Trivial - insignificant | Very minor injuries e.g. slight bruising |
| 2 | Minor | Injuries or illness e.g. small cut or abrasion which require basic first aid treatment even in self-administered. |
| 3 | Moderate | Injuries or illness e.g. strain or sprain requiring first aid or medical support. |
| 4 | Major | Injuries or illness e.g. broken bone requiring medical support >24 hours and time off work >4 weeks. |
| 5 | Severe – extremely significant | Fatality or multiple serious injuries or illness requiring hospital admission or significant time off work. |

Risk process

1. Identify the impact and likelihood using the tables above.
2. Identify the risk rating by multiplying the Impact by the likelihood using the coloured matrix.
3. If the risk is amber or red – identify control measures to reduce the risk to as low as is reasonably practicable.
4. If the residual risk is green, additional controls are not necessary.
5. If the residual risk is amber the activity can continue but you must identify and implement further controls to reduce the risk to as low as reasonably practicable.
6. If the residual risk is red do not continue with the activity until additional controls have been implemented and the risk is reduced.
7. Control measures should follow the risk hierarchy, where appropriate as per the pyramid above.
8. The cost of implementing control measures can be taken into account but should be proportional to the risk i.e. a control to reduce low risk may not need to be carried out if the cost is high but a control to manage high risk means that even at high cost the control would be necessary.

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| Likelihood | |
| 1 | Rare e.g. 1 in 100,000 chance or higher |
| 2 | Unlikely e.g. 1 in 10,000 chance or higher |
| 3 | Possible e.g. 1 in 1,000 chance or higher |
| 4 | Likely e.g. 1 in 100 chance or higher |
| 5 | Very Likely e.g. 1 in 10 chance or higher |