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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Indoor Bouldering** | **Date** | **14/11/2022** |
| **Unit/Faculty/Directorate** | **Koalas (Medics Bouldering Society)** | **Assessor (position)** | **Laura Harrison (President)** |
| **Line Manager/Supervisor** |  | **Signed off** |  |

| **NOTE: Indoor Bouldering will occur in commercial climbing centres (including, but not limited to, Bouldershack), and this risk assessment must be used in conjunction with the centre's own risk assessment. All the centre’s waivers etc. must be signed by all club members before starting the activity, and any other safety procedures required by the centre observed.*****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** |
| Dehydration | Personal Injury | Members. | **3** | **2** | **6** | Climbers must bring a water bottle, with a suitable amount of water to each centre. Water fountains are usually available at bouldering centres. | **1** | **2** | **2** | N/A |
| Overexertion | Personal Injury (Muscle, tendon, and other injuries) | Members. | **3** | **3** | **9** | Members should climb within their grade and should take regular breaks to minimise the risk of injury. | **1** | **1** | **2** | N/A |
| Falls from a height | Injury e.g. broken bones, soft tissue damage, etc | Climber, belayer, other club members or members of the public | **2** | **5** | **10** | Climbers should ensure they climb within their abilities and are competent with the skills needed to belay others before doing so. Risk is not able to be fully eliminated but climbers will be made aware of risks and safety closely monitored. Ropes and harnesses supplied by the centre will be used to reduce impact if a fall does occur. | **1** | **4** | **4** | N/A |
| Previous medical conditions | Various, depending on conditions.  | Members. | **1** | **1** | **1** | Ensure that members of bouldering party are aware of any medical conditions (through the website profiles or otherwise) and are aware of any action that may need to be taken. Climbers participate at their own risk. Note- members will complete a waiver for the centre before they begin to participate so all conditions that may pose a risk will be disclosed to ensure safety.  | **1** | **1** | **1** | N/A |
| Fire | Burns, death. | Members, those around them. | **2** | **4** | **8** | Members should follow the centre's fire safety operating procedures. It is the climber's duty to ensure that they are aware of the centre's fire procedures before the activity begins. These can be found in most centres' safety waiver. | **2** | **2** | **4** | N/A |
| Insufficient number of experienced members to supervise novice members | Personal Injury (cuts, sprains, breaks, falls concussions), injury to others (falls, cuts breaks sprains, concussions) | Members, those around them. | **2** | **2** | **4** | All climbers participating in activity must ensure that they have signed onto event. Person(s) organising the event must ensure that there is a good ratio of experienced climbers to novice climbers (At Bouldershack, 1 experienced climber can supervise 2 novices). | **1** | **1** | **1** | N/A |
| Members incorrectly signing themselves as a competent climber | Personal Injury (cuts, sprains, breaks, falls concussions), injury to others (falls, cuts breaks sprains, concussions) | Members, those around them. | **2** | **3** | **6** | Members must ensure they sign truthfully. If new members are unsure about their abilities, they should sign as a less competent member, and complete all teaching available to them. Club members who are supervising novice members are responsible for them at all times. | **2** | **2** | **4** | N/A |
| Travel to centre | Personal Injury | Members, those around them in public. | **2** | **4** | **4** | Members should ensure they travel to bouldering centre in a responsible and safe way. The society is not responsible for transporting members to the centre.  | **1** | **4** | **4** | N/A |
| COVID-19 exposure | COVID-19 (Flu-like symptoms, death in those who are at risk, transmission to those at risk, transmission to those not at risk, leading to an epidemic) | Members, members of the public. | **4** | **3** | **12** | Climbers must use hand sanitiser before/after climbs. Liquid chalk (which contains alcohol) is encouraged. If any person(s) shows symptoms of COVID-19 they must not attend the indoor meet. University guidelines to be followed: <https://www.southampton.ac.uk/coronavirus.page> | **1** | **3** | **3** | N/A |

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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** |
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| Responsible manager’s signature: | Responsible manager’s signature: Diagram  Description automatically generated with low confidence |
| Print name: Isabel Buchanan (Secretary) | Date: 14/11/2022 | Print name: Laura Harrison (President) | Date: 14/11/2022 |

**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 |