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| **Risk Assessment** | | | | |
| **Risk Assessment for the activity of** | **Enactus Southampton Project Improvide Care Home Visits** | | **Date** | **21/04/23** |
| **Unit/Faculty/Directorate** | **[SUSU] Enactus Southampton** | **Assessor** | **Vinesh Bhupal** | |
| **Line Manager/Supervisor** | ***Leo Seus and Gracie Horton*** | **Signed off** | ***Team Innovation Project Leader*** | |

| ***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** |
| **Visiting Care Homes** | | | | | | | | | | |
| Slips, trips and falls | Physical injury | Event organisers and attendees | **3** | **4** | **12** | * All boxes and equipment to be stored away from any resident living space. * Don’t force residents to stand and always make sure they are able to walk securely before taking them out of chair. * Floors to be kept clear and dry, and visual checks to be maintained throughout the meeting by organizers. * Extra vigilance will be paid to make sure that any spilled food products/objects are cleaned up quickly and efficiently in the area. * Report any trip hazards to care home manager and staff asap. If cannot be removed mark off with hazard signs | **1** | **4** | **4** | * Seek medical attention from Care Home staff and manager. * Contact emergency services if needed * All incidents are to be reported on the as soon as possible ensuring the duty manager/health and safety officer have been informed. Follow [SUSU incident report policy](https://www.susu.org/groups/admin/howto/protectionaccident) |
| Setting up of Equipment. E.g. Table and chairs | Bruising or broken bones from tripping over table and chairs. | Volunteers and organisers | 2 | 3 | 6 | * Make volunteers aware of the potential risks, follow manual handling guidelines * Ensure that 2 people carry tables. * Work in teams when handling other large and bulky items. * Make sure anyone with any pre-existing conditions isn’t doing any unnecessary lifting and they are comfortable | 1 | 3 | 3 | * Seek assistance if in need of extra help from care home staff * Seek medical attention from staff if in need * Contact emergency services if needed * All incidents are to be reported on the as soon as possible ensuring the duty manager/health and safety officer have been informed. Follow [SUSU incident report policy](https://www.susu.org/groups/admin/howto/protectionaccident) |
| Inadequate meeting space for number of residents involved. | Physical injury, mental distress, exclusion | Event organisers and attendees | 1 | 3 | 3 | * Check with manager that space will be big enough for amount of residents planning on taking part. * Consult with manager about the needs of certain residents regarding space. * Split residents into two groups and have different activities going on simultaneously to improve involvement. | 1 | 3 | 3 | * Seek medical attention if problem arises * Liaise with care home manager about spacing. * Postpone activity where space inadequate. * WIDE training |
| Activities involving electrical equipment e.g. laptops/ computers | Risk of injury, electric shock | Volunteers, Residents | 2 | 4 | 8 | * Ensure no liquids are placed near electrical equipment * Ensure all leads are secured with cable ties/mats etc | 1 | 4 | 4 | * Request support and advice from SUSU IT/Tech teams e.g. via activities team * For external venues pre-check equipment and last PAT testing dates * Seek medical attention as required |
| Activity afternoon themes | Props/costumes or content causing injury or offence | Participants  Members of the public | **2** | **2** | **4** | * Choose a theme unlikely to cause offence. Any participant wearing items deemed offensive asked to remove these. * Ensure that all activities are checked by the care home manager before undertaking them. * Society to follow and share with members Code of conduct/SUSU [Expect Respect policy](https://www.susu.org/downloads/SUSU-Expect-Respect-Policy.pdf) | **1** | **2** | **2** | * SUSU [Expect Respect policy](https://www.susu.org/downloads/SUSU-Expect-Respect-Policy.pdf) to be followed * Committee WIDE training |
| Inappropriate conduct towards care home residents | Residents sustain mental or physical distress from taking part in activity. | Residents of Care homes | **2** | **5** | **10** | * All volunteers are to DBS checked before visiting care home. * All volunteers are going to be briefed on appropriate behaviour when visiting care home. * Society to follow and share with members Code of conduct/SUSU [Expect Respect policy](https://www.susu.org/downloads/SUSU-Expect-Respect-Policy.pdf) | **1** | **4** | **4** | * Committee WIDE training * SUSU [Expect Respect policy](https://www.susu.org/downloads/SUSU-Expect-Respect-Policy.pdf) to be followed * DBS Checks to be offered to all volunteers. |
| Medical emergency | Members may sustain injury /become unwell  pre-existing medical conditions  Sickness  Distress | Members | **3** | **5** | **15** | * Advise volunteers; to bring their personal medication * Contact care home staff immediately * Call 111/999 if appropriate. | **2** | **3** | **6** | * At least one person of the volunteering team should have sufficient First Aid training to aid in case of emergency. * Incidents are to be reported on the as soon as possible ensuring the duty manager/health and safety officer have been informed. * Follow [SUSU incident report policy](https://www.susu.org/groups/admin/howto/protectionaccident) |
| Insufficient Fire Safety awareness | If a fire alarm is triggered during afternoon activity, volunteers may not know where to go,  may induce more panic in residents. | Members | **2** | **10** | **5** | * ensure that volunteers know where the nearest fire exist are and the meeting place is outside, should it be needed * Build-up of rubbish is to be kept to a minimum. Excess build up is to be removed promptly and deposited in the designated areas. | **1** | **4** | **4** | * All incidents are to be reported as soon as possible ensuring the duty manager/health and safety officer have been informed. |
| Events involving Food | * Allergies * Food poisoning * Choking | All | 3 | 5 | 15 | * Care home manager should inform volunteers of any allergens of residents and so foods to avoid * Homemade items to be avoided by those with allergies and should be made by those with appropriate food hygiene training (Level 2 +) * Only order/buy food at establishments with appropriate food hygiene rating * Food to only be provided/eaten when other activities are stopped * Follow good food hygiene practices- no handling food when ill, tie back hair, wash hands and equipment regularly using warm water and cleaning products, refrigerate necessary products * All nutritional information should be documented and available to all care home staff and residents to check for allergens. | 1 | 4 | 4 | SUSU food hygiene level 2 course available for completion- requests made to activities team  Call for first aid/emergency services a required  Call for assistance from care home staff  Report incidents via SUSU incident report procedure |
| COVID 19 | * COVID 19 outbreak within the home due to resident(s) and/or staff contracting virus from volunteers. | Care home residents and staff | 3 | 3 | 9 | * Volunteers must always wear PPE face masks when in the vicinity of residents, only taken off with permission of manager/staff * Volunteers must sanitise hands before entry, provided by member of team. * Volunteers must opt-out of visit if they are feeling unwell or have had a positive lateral flow test in 48 hours prior to visit. * Avoid unnecessary contact with staff and residents during visits, only when this is necessary for activities to take place. | 2 | 3 | 6 | * Team leaders to read latest government [guidance and support](https://www.gov.uk/coronavirus) * Team leaders should look out for symptoms of COVID 19 and advice if they feel team member has contracted the disease. * Lateral Flow tests should be made available to all team members to use before visits occurring. |

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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 | Team Members to read and share SUSU Expect Respect Policy | Relevant volunteers– project leader to ensure complete. | 4th May 2023 | | 16th May 2023 |  | |
| 2 | Team Members to undergo DBS checks individually | Relevant volunteers– project leader to ensure complete. | 1st June 2023 | | 6th June 2023 |  | |
| 3 | Team Leaders to create list of allergen information of foods before each visit. | Vinesh Bhupal  Harry Nickells | 26TH April 2023 | | 1st May 2023 |  | |
| 4 | Pack of lateral flow tests to be purchased and made available before first visit | Vinesh Bhupal Harry Nickells | 26th April 2023 | | 1st May 2023 |  | |
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| Responsible manager’s signature: Harry Nickells | | | | | Responsible manager’s signature: Gian-Marco Caramelli | | |
| Print name: Harry Nickells Date: 21/04/2023 | | | |  | Print name: Gian-Marco Caramelli | | Date 21/04/23 |

**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 |