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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Athletics and Cross-country training** | **Date** | **22/08/18** |
| **Club or Society** | **University of Southampton Athletics and Cross-country Club** | **Assessor** |  |
| **President or Students’ Union staff member** | ***Jon Pairman*** | **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** |
| Road running | Collisions with pedestrians, vehicles and cyclists.Fatality or multiple serious injuries or illness requiring hospital admission or significant time off work.  | Those involved in the accident. | **2** | **5** | **10** |  | **1** | **5** | **5** | Members must take extreme care when running in hazardous areas, paying attention to the roads and pavements around them, wearing high-vis clothing and ensuring their shoes are well tied. Members are also advised to not use their phones whilst running including listening to music. |
| Throwing equipment injury. | Being hit with a throwing implement.Fatality or multiple serious injuries or illness requiring hospital admission or significant time off work. | The member entering the throwing field after ignoring the warning signs at the track. | **2** | **5** | **10** |  | **1** | **5** | **5** | Members must pay extremely close attention to the activities going on at athletics tracks, to ensure they do not enter the throwing filed whilst someone is actively throwing. |
| Being cut by shoe spikes. | Accidentally self-inflicted or inflicted by a competitor.Injuries or illness e.g. small cut or abrasion which require basic first aid treatment even in self-administered.  | The member in question. | **3** | **2** | **6** |  | **2** | **2** | **4** | Members should be advised on ways to avoid falls etc that can result in cuts. |
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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 | Discussion at the start of the year (at taster group run sessions) to make members aware of the risks. | Endurance Captain | 01/10/18 |  |  |
| 2 | Discussion at the start of the year (at taster sessions) to make members aware of the risks. Also warnings prior to any club training or competition such as BUCS. | Sprint Captain, Field Captain, Endurance Captain | 03/10/18 |  |  |
| 3 | Discussion at the start of the year (at taster sessions) to make members aware of the risks of cuts due to shoe spikes. Also warnings prior to any club competition such as BUCS. | Sprint Captain, Field Captain, Endurance Captain | 13/05/19 |  |  |
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| Responsible committee member signature: | Responsible committee member signature: |
| Print name: | Date: | 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 |