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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Training** | **Date** | **26/11/2018** |
| **Club or Society** | **Southampton University Amateur Boxing Club** | **Assessor** |  |
| **President or Students’ Union staff member** | ***Hugo Flint – Boxing President*** | **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** |
| Skipping Rope whip | Small bruise | user | **3** | **1** | **3** |  |  |  |  |  |
| Slipping on the training room floor | Sprain or Bruise | user | **2** | **1** | **2** |  |  |  |  |  |
| Punch during sparring or pad work | Bruise  | user | **3** | **3** | **9** | **With appropriate training the consequence should be minimal. Observation by committee members of any sparring and training will minimise possible injury to members** | **1** | **3** | **3** |  |
| Exhaustion from fitness training | Short term nausea and tiredness | user | **3** | **3** | **9** | **Supervision of all fitness training will be observed by the committee and anyone looking unwell will be taken aside to regain their energy** | **1** | **3** | **3** |  |
| Wrist injury from bag work | Wrist sprain | user | **4** | **3** | **12** | **Users of the punch bags will only be allowed to use the bags when wearing hand wraps to support their wrists.** | **1** | **3** | **3** |  |
| Hard punching in competitive bout | Concussion or brain injury resulting from hit to the head | Competitors | **2** | **5** | **10** | **16oz gloves are to be worn for all weight categories in competitive bouts.** | **1** | **5** | **5** | Headguards are to be considered in white collar bouts and some licenced bouts.Medics are to be present at all competitive bouts. |
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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** |
|  | Paramedics to be ringside at any competitive event | President |  |  |  |
|  | Ambulance on standby outside the event | President |  |  |  |
|  | Competitors to wear 16oz gloves and headguards. | Captain |  |  |  |
|  | Pre and post fight medicals to be conducted in any competition | Doctor (captain to oversee) |  |  |  |
|  | Qualified referee to stop any dangerous bout from continuing to avoid injury to competitors  | Referee (captain to oversee) |  |  |  |
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|  |  |  |  |  |  |
| Responsible committee member signature: | Responsible committee member signature: |
| Print name: Hugo Flint | Date:26/11/2019 | Print name: Hugo Flint | Date 26/11/2019 |

**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 |