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**Student Activities Risk Assessment**

Use this form for any event run by a Club or Society. Please complete this form **electronically** and return it to the Student Activities Manager ([groups@susu.org](mailto:groups@susu.org)) at least **3 full weeks** prior to the event. One form should be used for **each** project/event/activity.

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| **Club/Society details** | |
| Your contact name (individual): Catherine Tappenden | |
| Your Club/Society (if applicable): SUCP (CANOE POLO) | |
| Soton email address: sucp@soton.ac.uk | Phone number: 07757357164 |

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| **About the event/activity** | |
| Event title: River Session | |
| Date(s) of event: 23/08/19 – 23/07/20 | |
| Start time: N/A | Finish time: N/A |
| Location of the activity: Southampton University Boat Hard, River Itchen | |

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| **Please describe the activity you are running** |
| The club regularly goes down to the river to practice when the pool is unavailable for extra training. These sessions are not on a fixed date, and the sessions tend to consist of either a paddle up or down the river for fitness training, or training drills for game practice. Beginners are warned that the currents can be strong and only competent strong paddlers are permitted to go on the river unless under supervision. Paddlers MUST inform the entire club of such an event and at least one paddler should have a phone easily accessible in event of an emergency. There must be at least two competent paddlers on the river (must be accepted as competent by committee), otherwise a minimum of three paddlers, of which at least one must be competent. | |

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| **RISK GRADING SYSTEM**  Identify from the list of categories listed in the column opposite which description best fits the risk you are assessing.  Now look at the column below to determine the impact or possible impact.  Reading down from the top row and across from the side row will give a risk score and a risk colour. | **INSIGNIFICANT (1)**  **No identifiable;**  **Ill Health** or **Injury** (emotional, psychological or physical)  **Property** or other damage or  **No disruption** to Service  **Finance** Less than £100 (can be resolved at department level) | **MINOR (2)**  **Not permanent (Probably be resolved in one month) ;**  **Ill Health** or **Injury** (emotional, psychological or physical)  **Property** or other damage and **continuation of service**  **Finance** Less than £1,000 but greater than £100 | **MODERATE (3)**  **Semi-permanent (likely to be resolved within one year)**  **Ill Health** or **Injury** (emotional, psychological or physical)  **Property** or other damage or  **Restricted service.**  **Local adverse publicity**  **Finance** Less than £10,000 but greater than £1,000 | **MAJOR (4)**  **Permanent (Loss of function) ;**  **Ill Health** or **Injury** (emotional, psychological or physical)  **Property** or other damage or  **Temporary** Service closure  **National adverse publicity**  **Finance** Less than £100,000 but greater than £10,000 | **CATASTROPHIC (5)**  **Death;**  **Ill Health** (emotional, psychological or physical)  **Property** or other damage or  **Extended Service closure**  **International** **adverse publicity**  **Finance** greater than £100,000 |
| **CERTAIN (5)**  This type of event will happen (and frequently) | **5** | **10** | **15** | **20** | **25** |
| **HIGH PROBABILITY (4)**  This type of event may happen (50/50 chance) | **4** | **8** | **12** | **16** | **20** |
| **POSSIBLE (3)**  This type of event may happen (occasionally) | **3** | **6** | **9** | **12** | **15** |
| **UNLIKELY (2)**  This type of event is unlikely to happen (remote chance) | **2** | **4** | **6** | **8** | **10** |
| **RARE (1)**  Cannot believe this type of event will happen (in the foreseeable future) | **1** | **2** | **3** | **4** | **5** |

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| **Hazards** | **Control Measures.**  (These can also be supported by documents such as policies and safe working practice) | Calculation of Risk (Likelihood x Severity = Overall Risk Rating) | | | **Risk Acceptable?**  Y/N |
| Likelihood | Severity | Overall Risk Rating |
| Slipping on the bank | Wear appropriate footwear and proper carrying of boats and equipment. | 3 | 2 | 6 | Y |
| Capsizing | Ensure all kayakers are competent and briefed in what to do in such an event. Paddlers must complete a capsize drill with a spraydeck before being allowed to paddle on their own. | 4 | 3 | 12 | Y |
| Being hit by a paddle or ball | Rules on contact during the sport must be obeyed. Helmets, buoyancy aids and appropriate rash-vest or t-shirts should be worn. | 3 | 2 | 6 | Y |
| Obstructions in the river | Helmets are worn at all times. Buoyancy aids worn. Briefing on what to do in such an event given by instructors. Trees and boats should be well avoided. | 3 | 3 | 9 | Y |
| Collisions of boats | Rules on contact during the sport must be obeyed. Boats must be properly padded and adjusted before use. | 5 | 2 | 10 | Y |
| Paddler unconscious in the water | Helmets, buoyancy aids and rules of the game obeyed to avoid this eventuality. Instructors always on the water and watching players, any dangerous play results in immediate expulsion from the session. | 1 | 3 | 3 | Y |
| Hypothermia (mainly during winter) | Appropriate paddling gear worn (thick cag, gloves, neoprene etc). If any paddlers are feeling cold they should leave the water under supervision and get warm and dry with supervision at all times monitoring the situation. | 2 | 4 | 8 | Y |
| Veils disease | Paddlers should have all cuts properly covered and informed of the risks and symptoms of veils disease. Paddlers should avoid swimming and capsizing in the river. | 1 | 4 | 4 | Y |
| Fatigue or dehydration | Paddlers should take water bottles with them for extended paddling trips and have spare water and food waiting ashore for after the session. Breaks will be worked into the session plan and safe areas to get out identified and made known for members to get out and stretch at. | 3 | 2 | 6 | Y |

Risk assessment reviewed by:

Reviewed by Activities Officer (Where appropriate)

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| Name | Click here to enter text. | Dated | Click here to enter text. | Next Review Date | Click here to enter text. |
| Comments/Observations Click here to enter text. | | | | | |

SUSU Health and Safety Manager

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| Name | Click here to enter text. | Dated | Click here to enter text. | Next Review Date | Click here to enter text. |
| Comments/Observations Click here to enter text. | | | | | |