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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Cricket**  | **Date** |  |
| **Club or Society** | **Men’s Cricket** | **Assessor** |  |
| **President or Students’ Union staff member** |  | **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** |
| Injury due to collisions with other people/ equipment  | Bruises, sprains, strains, fractures, breaks | Players, umpires, coaches, spectators nearby  | **2** | **2** | **4** | Collisions happen very occasionally, competency in cricket is the main prevention. | **1** | **2** | **2** | Training is supervised by an ECB accredited coach. Appropriate drills are done for skill level and spikes are worn when playing outside.  |
| Injury due to lack of knowledge/skill | Sprains, bruises, fractures, breaks | Players, coaches | **3** | **2** | **6** | Beginners always told key safety points in the sport (watch the ball, protect fingers when catching). | **2** | **2** | **4** | Club coach at the Ageas Bowl is level 3 ECB accredited. We Proactively assess players’ readiness for matches and higher levels of training.  |
| Sun and insects while playing outside  | Sunstroke – burns and longer term skin damage. Bites can cause infection or allergic reaction. Particularly likely in an outdoor summer sport. | Players | **2** | **2** | **4** | None | **1** | **1** | **1** | Appropriate clothing worn and insect repellent and sun cream bought and used by players. |
| Injury due to excessive bowling  | Repetitive strain injuries (tendons, ligaments, joints, muscles) to back, knee, ankle, shoulder | Fast bowlers | **3** | **2** | **6** | Fast bowlers warm up and only bowl overs in line with the ECB’s under 19 fast bowling directives. | **2** | **1** | **2** | Team captains remind bowlers about these over rules and bowlers encouraged to alert captain about injury/fatigue. |
| Injury due to lack of awareness of the ball during nets | Impact injury with hard ball so bruises and potential breaks | Players  | **3** | **3** | **9** | Inexperienced players told at the start (and whenever needed) of sessions about net rules. | **2** | **2** | **4** | All players briefed about ‘net safety’ before every session and everyone reminded to look towards striking batsman. |
| Injury due to lack of good equipment | Falling over so breaks and bruises. Potential serious injury with hard ball hitting player – breaks and fractures. | Players, umpires, coaches | **3** | **2** | **6** | Sport & Wellbeing, Ageas Bowl and Wide Lane staff maintain and check facilities and equipment to ensure safety.  | **2** | **2** | **4** | All keepers standing up to the stumps and fielders standing less than 12 yards from the bat have to wear a helmet. Unsafe protective equipment not used as clearly identified as such. |
| Lack of Hygiene  | Infection and disease  | Players and coaches | **1** | **2** | **2** | Showers provided at all university sports facilities. Also showers at the Ageas Bowl. | **1** | **1** | **1** | Personal protective equipment and shared kit/shirts encouraged and kept in a sanitary state. |
| Dehydration or exhaustion  | Injury and illness following a game, especially likely in our sport being out in the heat all day. | Players | **2** | **2** | **4** | Drinks break after 25 overs of each innings as by ECB match rules. | **1** | **1** | **1** | Captains remind all players (especially fast bowlers) to rehydrate and rest during the day. |
| Players existing medical conditions and injuries | Reoccurrence of knee, back etc. injuries that are common in cricket. | Players | **2** | **2** | **4** | All players honest with how their body feels before, during and after the game. | **1** | **2** | **2** | Captains of each teams collect a medical history and past injury history. |
| Equipment issues  | All equipment (including transport) used during a match day having issues could cause serious injury. | Players and coaches | **1** | **3** | **3** | All personal and team equipment used checked before use. Importantly if a helmet (wicket keeper or batsmen) is hit by the ball, it is replaced by another one. |  |  |  | SUSU minibuses used that are checked by the union before use and driver and captain check before driving. |

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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** |
|  | New nets put into the old sports hall  | Sports & Wellbeing | 29/09/18 | 29/09/18 |  |
|  | Checking of cricket spikes at the start of the pre-season  | Team Captains | 22/04/19 | 22/04/19 |  |
|  | Sun cream to be used on all outdoor matches | Team Captains | 27/04/19 | 3/07/19 |  |
|  | All under 19 fast bowler members noted and specific age with relative over rules | Club Secretary | 1/10/18 | 1/10/18 |  |
|  | Ageas Bowl coach told all details of beginners/experience of players for relative drills | Club Captain and Club Secretary  | 3/10/18 | 3/10/18 |  |
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| Responsible committee member signature:../../../Pictures/Photos%20Library.photoslibrary/resources/media/version/22/00/fullsizeoutput_2236.jpeg | Responsible committee member signature:../../../Pictures/Photos%20Library.photoslibrary/Masters/2018/08/05/20180805-183248/WhatsApp%20Image%202018-08-05%20at%2019.29 |
| Print name: **THOMAS BARNES** | Date: 3/02/19 | Print name: **GEORGE NEWITT** | Date: 3/02/19 |

**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 |