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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Southampton University Dodgeball Club (SUDBC) Weekly Training Sessions** | **Date** | **27.08.2018** |
| **Club or Society** | **SUDBC** | **Assessor** | **Evelina Ivanova** |
| **President or Students’ Union staff member** | ***Club President – 2018-19*** | **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** |
| Movement around the venue might cause slipping, tripping, obstruction of fire routes | Broken bones, dislocations, friction burns, concussion, bruises.  | Players, spectators. | **3** | **3** | **9** | **First aid facilities on site.****Bags, shoes, drinks and other lost items to be kept off and away from court/s in use, against a wall.****Session leader/s to check for litter etc. before, during and after the session.** | **2** | **2** | **4** |  |
| Insufficient warm up | Muscular/soft tissue damage | Players | **2** | **3** | **6** | **Ensure all players undergo a warm up before they play** | **1** | **3** | **3** |  |
| Slip/trip hazards due to playing surface, especially when playing | Broken bones, dislocations, friction burns, concussion, bruises | Players/Spectators | **3** | **4** | **12** | **First aid facilities on site****Court floors to be inspected for spillages, damages et. by session leader/s prior to session.** | **2** | **3** | **6** | Session leaders to only use masking tape or other approved sports tape to mark out court boundaries. |
| Exacerbation of pre-existing medical conditions e.g. Asthma due to exertion | Risk and consequences vary with condition in question | Players | **3** | **4** | **12** | Session leader/s to invite new and existing participants to declare any such conditions before commencing a session.Session leader/s to be aware of venue H&S/first aid protocol | **2** | **4** | **8** | Any players with medical conditions that could cause serious harm will not be allowed to participate. |
| Ankle injury whilst playing due to incorrect footwear | Soft tissue damage | Players | **2** | **2** | **4** |  |  |  |  |  |
| Aggression between participants | Bruising, scratching, other minor injuries | Players, spectators, supervisors | **1** | **2** | **2** |  |  |  |  |  |
| Collision injury between players | Broken bones, dislocations, friction burns, concussion, bruises | Players | **3** | **3** | **9** | **Games always run by competent persons****Game rules prevent teams from entering each other's half of the court****No spectators to games to be allowed onto, across or behind the courts during play****Session leader/s to be aware of venue H&S/first aid protocol** | **2** | **3** | **6** | Players taught to be more aware of surroundings and where their teammates are. |
| Impact damage from dodgeballs | Bruising, dry burns, possible concussion from head shots.Direct finger impact may lead to dislocations or broken bones | Players, spectators, supervisors | **4** | **4** | **12** | **Players taught how to catch balls safely and appropriately minimise chances of finger-related injuries from inappropriate catch attempts.****Session leader/s to constantly be on the lookout for individuals making inappropriate catches that could potentially result in injury, and advising and coaching said players on how to attempt catches appropriately.****Only balls meeting governing body specifications to be used and must be checked before sessions.** | **2** | **3** | **6** | Players encouraged to avoid point blank full power throws at opponents to reduce the risk of impact injuries.Deliberate headshots forbidden, as per game rules.Always some innate risk due to nature of the sport. |
| Incorrect use of equipment | Bruises, dislocations, dry burns | Players, spectators | **1** | **2** | **2** |  |  |  |  |  |
| Bodily fluid exposure risk/injury aggravation risk | Blood borne virus exposure, injury exacerbation | Casualties, first aiders | **2** | **4** | **8** | **Use on site first aiders and first aid facilities whenever possible.****Only trained and pre-approved first aiders to be permitted to administer first aid in a SUDBC capacity.** | **1** | **4** | **4** |  |
| Fire of other emergency at venue | Burns, lung injuries, other fire related injuries, death | All present | **1** | **5** | **5** | **Escape route/s and door/s to be made clear to any new members by session leader/s at the start of session, and kept clear for the duration of the session.****Session leader/s to be aware of venue fire alarm/emergency protocols.** | **1** | **4** | **4** |  |
| Physical injury caused by inappropriate clothing | Dry burns, bruises, exhaustion, dehydration | Players | **2** | **2** | **4** |  |  |  |  |  |
| Physical injury caused by jewellery and watches | Cuts, bruises, dislocations, broken bones, torn skin/flesh | Players | **2** | **3** | **6** | **First aid facilities on site.****Session leader/s to make sure players do not wear any jewellery, watches, wristbands, and any other sharp or unnecessary objects. Any individual wearing jewellery will be asked to remove it or be refused permission to play.** | **1** | **3** | **3** |  |
| Injuries due to loss of balance | Soft tissue damage, bruising, dislocations, fractures, head injury | Players | **3** | **3** | **9** | **First aid facilities on site.****Sessions to be run, and any smaller groups supervised, by suitably competent persons. Skill level of drills to be kept appropriate to skill levels of players, as judged b the competent person supervising.** | **2** | **2** | **4** |  |
| Exhaustion | Dehydration, hypoglycaemia, nausea, vomiting, fainting | Players | **2** | **4** | **8** | **First aid facilities on site.****Session leader/s and all other competent persons supervising the session to proactively monitor for signs of exhaustion.****Drinks to be available during session or nearest water availability to be known by session leader/s. Session leader/s to be aware of venue H&S/first aid protocol.** | **1** | **4** | **4** |  |
| New players/beginners/novices at session. | Collisions with other players, fall damage, exhaustion, dehydration | Players | **2** | **3** | **6** | **First aid facilities on site.****Sessions and drills will be run at the correct experience level for the players participating.****Session leader/s to ensure there is an acceptable ratio of coaches/experienced players to novices.** | **1** | **3** | **3** |  |

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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** |
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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 |