

Risk Assessment

Risk Assessment for the activity of	Karate-do Shotokai practice		Date	28/06/2021
Unit/Faculty/Directorate	SUSU	Assessor		Morgan Shippides (SUKDS Vice President)
Line Manager/Supervisor	N/A	Signed off		

PART A										
(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			Control measures (use the risk hierarchy)	Residual			Further controls (use the risk hierarchy)
			L i k e l i h o o d	I m p a c t	S c o r e		L i k e l i h o o d	I m p a c t	S c o r e	
Spread of Covid-19 from surfaces in practice room	Covid-19 infection resulting in anything from single, mild infection to ICU admission.	Users, those nearby, households of participants	4	5	20	Without stopping all practices this can't be eliminated or substituted. Prior to use the committee and instructors will have the responsibility to clean the windows and	1	5	5	

University of Southampton Health & Safety Risk Assessment

Version: 2.3/2017

						handles, doors and handles, and any lightswitches applicable to the practice space using an anti-viral cleaner that can kill enveloped viruses (cleaning materials manufactured to BS EN 1276: 1997 will be suitable). Students in sessions will be directed to leave bags in designated and cleaned spaces.				
Spread of Covid-19 from breathing	Covid-19 infection resulting in anything from single, mild infection to ICU admission.	Users, those nearby, households of participants	4	5	20	The number of attendees will be limited to allow for appropriate spacing and any additional requirements relating to this from the EKF (NGB) guidance will be followed: https://www.englishkaratefederation.com/news/covid-update-2	1	5	5	
Injuries from contact sport	Bruising and minor cuts, to broken bones and head injuries	Participants	4	4	16	Any close pair work or contact practice will only happen when both the government and EKF allow for it, when this happens and we are working in pairs, everyone is encouraged to work at a distance suitable to their skill level. Contact should only be made when the participants have sufficient confidence and skill.	1	3	3	

University of Southampton Health & Safety Risk Assessment

Version: 2.3/2017

						All practices are observed by experienced instructors to ensure safe practice is carried out.				
Slippery or uneven surface	Slips can result in fall injuries to individuals	Participants	2	3	6	Indoor spaces are swept by the committee to ensure no slipping between feet and the flooring. For outdoor practices on the common, if the ground is wet or slippery the practice shall be rearranged to an indoor practice taking place via Teams in participant's own homes.	1	3	3	
Practice outdoors	Slippery floors, rain, cold weather, sunburn, dehydration	Participants	3	3	9	If there has been any inclement weather, practice will be rearranged to be via Teams from homes. Users contacted in advance to remind them to bring suitable water and suncover/sunscreen if weather is expected to be sunny All outdoor practices allow >2m spacing between participants.	3	1	3	
Sharing group equipment	Germs (particularly covid) passed between users	Participants	4	5	20	Only practice weapons (bokken, bo, jo, or shinnai) will be shared if ever. These are solid, varnished wood construction and can be	1	4	4	

University of Southampton Health & Safety Risk Assessment

Version: 2.3/2017

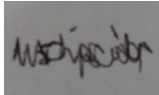
						easily cleaned with suitable alcohol anti-viral wipes before and after use				
Arriving and leaving	Being exposed to COVID-19 in B42	Participants	4	5	20	Users must follow existing University rules on moving around buildings, including following 1-way systems in place and wearing face coverings in indoor spaces. This is both for arriving at and leaving practices.	1	5	5	
Spread between users following exposure	The spread of COVID-19 between users who have been exposed elsewhere	Participants	4	5	20	participants will be expected to provide evidence of a negative test from the 48 hours previous to the session. Participants will not be allowed to practice if they present any covid symptoms	1	5	5	

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

Responsible manager's signature:



Print name: Morgan Shippides

Date: 2/9/21

Responsible manager's signature:



Print name: Dulhan Jayalath

Date:
03/09/2021

University of Southampton Health & Safety Risk Assessment

Version: 2.3/2017

Assessment Guidance

1. Eliminate	Remove the hazard wherever possible which negates the need for further controls	If this is not possible then explain why	
2. Substitute	Replace the hazard with one less hazardous	If not possible then explain why	
3. Physical controls	Examples: enclosure, fume cupboard, glove box	Likely to still require admin controls as well	
4. Admin controls	Examples: training, supervision, signage		
5. Personal protection	Examples: respirators, safety specs, gloves	Last resort as it only protects the individual	

L I K E L I H O O D	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					

Impact		Health & Safety
1	Trivial - insignificant	Very minor injuries e.g. slight bruising

University of Southampton Health & Safety Risk Assessment

Version: 2.3/2017

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

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

Identify the impact and likelihood using the tables above.

Identify the risk rating by multiplying the Impact by the likelihood using the coloured matrix.

If the risk is amber or red – identify control measures to reduce the risk to as low as is reasonably practicable.

If the residual risk is green, additional controls are not necessary.

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.

If the residual risk is red **do not continue with the activity** until additional controls have been implemented and the risk is reduced.

Control measures should follow the risk hierarchy, where appropriate as per the pyramid above.

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.

University of Southampton Health & Safety Risk Assessment

Version: 2.3/2017