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| **Risk Assessment** |
| **Risk assessment for the activity of:** | Men’s Lacrosse  | **Date** | 29/08/2020 |
| **Club or Society**  | Southampton University Men’s Lacrosse | **Assessor**  |  |
| **President or Student’s Union staff member** | Joseph Whitaker Schaefer | **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** |
| Balls thrown to face | Damage to teeth, nose, concussion, eye damage | User | **3** | **3** | **9** | Helmets and mouth guards have to be worn by all in training and matches once on the pitch | **3** | **1** | **3** |  |
| Slips, trips and falls  | Sprains, strains and grazes to the knees, ankles or wrists  | User  | **3** | **2** | **6** | Appropriate footwear to be worn for the correct conditions | **2** | **2** | **4** |  |
| Physical Contact, Trips, falls caused by objects on ground | Sprains, strains and grazes to the knees, ankles or wrists | User  | **2** | **2** | **4** | Those in charge of particular session (referees/captains) will ensure safe play and check the surface prior to play for foreign objects that may be hazardous (water bottles/jumpers/equipment etc). First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | **1** | **2** | **2** |  |

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| Struck by Lightening  | Death, Serious injury  | Goalkeeper | 1 | 5 | 5 | Fixture or training cancelled and rearranged  | 1 | 5 | 5 |  |
| Headshots to goalkeeper  |  Concussion, broken nose or jaw, damage to teeth, eye damage | Goalkeeper | 4 | 4 | 16 | Goalie must be wearing an appropriate specification full head helmet before entering goal circle – helmet to be checked for defects before every use. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 4 | 1 | 4 |  |
|  Neck shots to goalkeeper |  Concussion, broken nose or jaw, damage to teeth, eye damage, windpipe damage  | Goalkeeper | 4 | 4 | 16 | Goalie must be wearing an appropriate specification full head helmet before entering goal circle – helmet to be checked for defects before every use. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 4 | 1 | 4 |  |
|  Upper body shots | Cracked ribs, winding, severe bruising, broken fingers |  Goalkeeper | 4 | 4 | 16 |  Goalie must be wearing chest/shoulder pads & padded gloves before entering goal circle – to be checked for defects before every use. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 4 | 1 | 4 |  |
|  Genital shots |  Extreme pain, irreversible damage to genitalia |  User | 3 | 4 | 12 | All players must be wearing a box before entering into training or game. Players to be warned they MUST follow England Lacrosse guidance (cup compulsory) First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 3 | 1 | 3 |  |
|  Lower body shots |  Severe bruising |  Goalkeeper  | 3 | 3 | 9 | Use of thigh & shin pads by goalie encouraged although not compulsory – pads to be checked for defects before every use. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 3 | 1 | 3 |  |
|  Falls due to bad pitch condition |  Any player - Sprains to ankles/knees/wrists etc, grazes |  User  | 3 | 2 | 6 | Wide Lane have responsibility to check & maintain pitches, the club will be informed in advance if pitches are unplayable.Those in charge of particular session (referees/captains) will also perform their own assessment of pitches upon arrival and will stop the session if pitches are unsatisfactory. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 2 | 2 | 4 |  |
| Lack of Knowledge/Skill | chronic injury due to poor technique or training discipline,  | User  | 4 | 4 | 16 | Captains must ensure a full warm up/down performed before/after every session focusing on shoulders and legs as these are where the most common straining injuries occur in lacrosse. Captains must monitor players to ensure they are not over exerting themselves or using incorrect technique which could lead to injury. All drills must be tailored to the skill levels of those participating. | 2 | 4 | 8 |  |
| stray sticks accidentally hitting face |  Broken nose, damage to teeth, black eyes, concussion | User  | 3 | 3 | 9 | Use of a helmet and a gum shield is compulsory. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 3 | 1 | 3 |  |
|  Being hit by sticks |  Cracked ribs, Small broken bones: Fingers, wrists, nose, teeth etc | User  | 5 | 3 | 15 | Proper playing equipment worn. Overly aggressive players will be removed from field of play if warnings are not heeded. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 5 | 1 | 5 |  |
|  Collisions between players | Sprains, concussions, broken bones | User  | 4 | 3 | 12 |  Playing equipment to be worn. Accidental collisions between players are a possibility, little can be done to decrease the chances of this. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 4 | 2 | 8 |  |
|  Sharp stick butts |  Cuts and lacerations  | User  | 2 | 4 | 8 | All stick butts must have an end cap fitted. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 2 | 1 | 2 |  |
| Cold and/or wet weather | Chilblains, Hypothermia  | User  | 2 | 3 | 6 | Encourage appropriate clothing for the conditions, thermals, waterproofs, gloves etc. If weather too extreme play will be called off. If a player shows symptoms, they must be taken somewhere warm & dry, inform first aid at Wide Lane. | 2 | 1 | 2 |  |
| Hot/Sunny weather | Sunburn, Heat exhaustion/Heatstroke, Dehydration | User  | 2 | 3 | 6 | Encourage sunscreen use. Make sure players have regular drinks breaks (Drinking water available at Wide Lane, for away fixtures players must bring their own water in case facilities aren’t present) and don’t over exert themselves. If a player shows symptoms they should be taken somewhere cool & in shade to recover & rehydrate, Wide Lane first aid should be informed. | 2 | 2 | 4 |  |
| Exhaustion | Any Player – Nausea/vomiting, fainting, muscle strains, low blood sugar |  | 2 | 3 | 6 | Captains should monitor their players to ensure they do not over exert themselves, taking weather conditions into account. A sugary drink should be available at all sessions (vending machines are at Wide Lane, captains should bring a drink for away matches). First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 1 | 3 | 3 |  |
| Road traffic incident/ struck by vehicle | Anything from minor injuries, cuts, bruises, whiplash etc to major such as broken bones, loss of limb, death etc | Passenger, driver, nearby pedestrian  | 3 | 5 | 15 | Anyone driving the minibus must be over the age of 21, have held a valid driving license for at least 3 years and have completed the SUSU minibus test. All passengers must wear seatbelts, playing equipment must be stored safely, passengers must not distract the driver. | 2 | 5 | 10 |  |
| Road traffic incident/ struck by vehicle | Anything from minor injuries, cuts, bruises, whiplash etc to major such as broken bones, loss of limb, death etc | Passenger, driver, nearby pedestrian | 3 | 5 | 15 | All drivers must hold a valid driving license. They must be insured to drive the car and the car must be taxed and fully roadworthy. All passengers must wear seatbelts & not distract the driver. All playing equipment must be stored safely | 2 | 5 | 10 |  |
| Pre-existing medical conditions | Any known pre-existing medical condition that could cause a problem when playing eg asthma, diabetes, heart problems, epilepsy etc | User | 2 | 5 | 10 | All players are asked to inform the club of any existing medical condition(s) they suffer from so that the committee are aware and can organise relevant plans of action that will be put into place should an incident relating to said medical condition(s) occur. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. | 1 | 5 | 5 |  |
| Injuries to players, 3rd parties, Damage to property caused by Lacrosse matches | Property/ any person near match location - Various | User | 2 | 4 | 8 | All members participating in official ELA fixtures must be members of the ELA. Members are covered by the ELA’s public liability insurance. | 2 | 4 | 8 |  |
| Viral/ Bacterial infection (including Covid-19) | A player / member of the society could develop symptoms or coronavirus as a result of close proximity. | User; those in the vicinity; members of the public. | 3 | 3 | 9 | Any member of the society who may have symptoms or thinks that they have symptoms will not be allowed to attend training sessions. Or anyone they have been exposed to. Follow government and SUSU guidelines regarding activity e.g. socially distanced and having a maximum of 30 participants to be involved in the game – this includes players, officials, coaches and any medical staff. Participants will refrain from shouting or spitting during games. No hugging. Track and trace to be used by attendees of training and enforced by the Captain. | 1 | 2 | 2 | Make members of the society aware of the risk and the guidelines in place. Adapt to the England lacrosse guidelines and adhere to the new rules. Ensure access to hand washing and sanitizing stations. No kit sharing.  |

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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** |
| 1 | Ensure all England lacrosse, Government and SUSU guidelines and rules are being followed regarding Covid-19. | Joseph Schaefer | 01/10/2020 |  |  |
| Responsible committee member signature: Shape  Description automatically generated with medium confidence | Responsible manager signature:  |
| Print name: Joseph Whitaker Schaefer  | Date: 19/08/2020 | 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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| 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 |

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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.