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| **Risk Assessment** |
| **Risk Assessment for the activity of** | Ladies Lacrosse | **Date** | 25/07/2020 |
| **Club or Society** | University of Southampton Ladies Lacrosse | **Assessor** | Olivia Towner |
| **President or Students’ Union staff member** | Olivia Towner | **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 | User | **3** | **3** | **9** | Mouth guards have to be worn by all in training and matches once on the pitch | **3** | **1** | **3** |  |
| Butt of Crosse stick to the body. | Cuts, bruises | User | **3** | **2** | **6** | Players are not introduced to “on body defence” or skills that would induce this hazard until they have developed their stick skills and shown the appropriate control required to practice the skill safely.  | **2** | **2** | **4** |  |
| Slips, trips and falls | Sprained or twisted ankles/wrists, grazed knees, pulled muscle. | User | **3** | **2** | **6** | Appropriate footwear with suitable grip should be worn at all times when training and in matches. | **1** | **2** | **2** | Insure pitches are clear from debris and obstacles (balls/ water bottles) before training and matches. |
| Goalie - shot to chest | Broken collar bones or ribs. | User | **4** | **4** | **16** | Only a fully padded up goalie may enter the goal circle. They must be wearing a chest pad that is to be checked at the beginning of every training session and before every match. | **4** | **1** | **4** |  |
| Goalie - shot to head | Possible concussion | User | **4** | **4** | **16** | Only a fully padded goalie may enter the goal circle during both training and matches. Goalies must be wearing a helmet when they enter the goal circle as well and a chin guard. The helmet is to be checked before every training session and match.  | **3** | **1** | **3** |  |
| Goalie - shot to neck | Damaged windpipe from shots ricocheting off chest pads | User | **1** | **4** | **4** | Throat guards must be attached to all goalie helmets and are to be checked before every training session and match. Goalies are not permitted to enter the goalie circle until guards are properly fitted. | **1** | **3** | **3** |  |
| Goalie – shots to legs | Broken legs/ shins/ knees | User | **3** | **4** | **12** | Shin pads with knee protection and padded shorts must be worn by goalies when in the goal circle. Shin pads are to be checked before every training session and match. | **3** | **1** | **3** |  |
| Thunderstorm danger from the use of metal sticks | Electrocution | User and Those in the vicinity  | **1** | **5** | **5** | All play will be postponed until the weather has passed. | **NA** | **NA** | **NA** |  |
| Road Accident | Cuts, bruises, major injuries, Death | Those in the vehicle, other road users | **2** | **5** | **10** | Minibuses will only be driven by those able to hold a minibus licence through the SU. If cars are used to transport, all drivers are required to follow the highway code and be fully insured on their respective vehicles. | **2** | **5** | **10** |  |
| Dehydration/ Overexertion  | Fatigue, fainting, headaches | User  | **3** | **3** | **9** | Players are advised to drink water throughout training, with breaks given every 15 minutes, while games are played in two 30min halves, with two time-out periods (splitting games into 4 quarters) with rolling substitutions of tired players for rest and rehydration. | **1** | **3** | **3** |  |
| Illegal checks to the body or face | Broken/ fractured bones | User | **3** | **4** | **12** | At the beginning of each semester each team will receive a health and safety briefing covering the rules of legal checking and ensuring every player understands the dangers of illegal checks. In training, a player or coach will umpire training matches. In matches a fully qualified umpire will umpire every game | **2** | **4** | **8** |  |
| Caught Jewellery | Jewellery or body piercings could be struck by the ball. Jewellery can also become tangled or contact other players while in training. | User | **3** | **2** | **6** | Players will not be allowed to play or train with jewellery (with the exemption of medical bracelets), or visible body piercings they must be removed beforehand, this will eliminate the hazard. | **1** | **2** | **2** |  |
| Existing medical conditions | Training activities could affect those with previous medical conditions, reactivating a previous injury or intensifying an existing condition. | User | **3** | **5** | **15** | Players are required to tell us of any serious medical conditions, and if necessary, wear medical bracelets while playing. Coaches will adapt training for those with existing conditions. | **2** | **5** | **10** |  |
| 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.  | **1** | **2** | **2** | Make members of the society aware of the risk and the guidelines in place so that they can be enforced efficiently. The rules to the game will be adapted in line with England Lacrosse guidelines. This includes the game will start and restart with one team having possession of the ball – the face-off and draw are viewed as high risk for droplet transmission  There will be no pre-game or in-game equipment checks by officials as no one should handle anyone else’s equipmentEnsure that players have access to hand sanitizer in addition to not sharing any equipment such as sticks, or water bottles. Only practice in permitted outdoor spaces. Committee will work in accordance with SUSU to make sure all safety measures are in place. Also, we will follow the England Lacrosse code of behaviour at all times. |

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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. | Olivia Towner | 01/10/2020 |  |  |
| Responsible committee member signature: Olivia Towner | Responsible manager signature: Barry Towner (Qualified Health and Safety manager and IOSH trained) |
| Print name: OLIVIA TOWNER | Date: 25/07/2020 | Print name: BARRY TOWNER | Date: 25/07/2020 |

**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 |