Mixed Lacrosse Risk Assessment (Updated as of 18th August 2018 from previous version)

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| Work/Activity: |
| Mixed Lacrosse Training/Matches (Wide Lane)Mixed lacrosse is a non-contact team sport played on the grass grids or rubber crumb. The game involves 2 teams on pitch throwing a solid rubber ball between plastic/carbon composite/metal sticks with the purpose being to get the ball in the other team’s goal. Training involves running various drills and playing matches on the grass grids. Games take place on Sundays on the Rubber crumb. |
| Department/Club: Mixed Lacrosse Club | Assessor(s):Chris Lovett | Contact: mixedlax@soton.ac.ukcjsl1g16@soton.ac.uk  |
| Guidance/standards/Reference documents:  | Competence requirements: |
| * <http://www.hse.gov.uk/Risk/faq.htm>
* English Lacrosse Association (herein ELA) public liability insurance <http://englacrosse.s3.amazonaws.com/media/2012/08/Public-Liability-Insurance-2014-151.pdf> applies to all members registered with ELA
* Note: Almost all the health & safety advice given by the ELA pertains to the contact forms of the game and is not relevant to mixed lacrosse
 | Role:  | Skills, experience or qualifications |
| Club President – Overall health and safety officerTeam Captains (x6) – Responsible for making sure players are taught, during training, how to play the game safelyUmpires – Responsible for health and safety during matches | 2 years’ experience playing mixed lacrosse. Qualified Lifeguard for 4 years All have at least one year’s experience playing mixed lacrosseReasonable effort must be made to ensure at least two umpires are present at each competitive fixture. At least one umpire should have a (minimum) level 1 Ladies Lacrosse refereeing certificate from the ELA |
| Risk assessments linked: |
| Wide Lane Sports Grounds risk assessmentHealth and Safety Executive (HSE) guide to manual handling <http://www.hse.gov.uk/pubns/indg143.pdf>  |

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| Task | Hazards | Who might be harmed and how | Current control measures | Current risk /25 | Additional control measures | Action by whom? | Residual risk/25 | check SA/DM |
| Running/Changing direction |  Trips, falls |  Outfield players – Sprains ankles/knees/wrists etc, grazes |  Encourage appropriate footwear for weather conditions and playing surface. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. Every training/match will have a first aid bag |  3 |   | Chris Lovett |   |   |
| General Play | Trips, falls caused by objects on ground | Outfield players – Sprains ankles/knees/wrists etc, grazes | Those in charge of particular session (referees/captains) will 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. Every training/match will have a first aid bag | 1 |  | Chris Lovett |  |  |
|  General Play |  Thunderstorms |  Any player – Lightning Strike |  All play postponed, move everyone inside until weather passed/ cancel session altogether |  3 |   | Chris Lovett |   |   |
|  Shooting at Goalie  |  Headshots |  Goalie – Concussion, broken nose or jaw, damage to teeth, eye damage | 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. Every training/match will have a first aid bag |  4 |   | Chris Lovett |   |   |
| Shooting at Goalie |  Neck shots |  Goalie – Collapsed windpipe |  Goalie must be wearing a neck guard, separate from or integrated with helmet, before entering goal circle – guard 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. Every training/match will have a first aid bag |  3 |   | Chris Lovett |   |   |
| Shooting at Goalie |  Upper body shots |  Goalie – Cracked ribs, winding, severe bruising, broken fingers |  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. Every training/match will have a first aid bag | 2 |   | Chris Lovett |   |   |
|  Shooting at Goalie |  Genital shots |  Goalie – Extreme pain, irreversible damage to genitalia |  Goalie must be wearing a box 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. Every training/match will have a first aid bag |  2 |   |  Chris Lovett |   |   |
| Shooting at Goalie |  Lower body shots | Goalie - Severe bruising |  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. Every training/match will have a first aid bag |  4 |   |  Chris Lovett |   |   |
| General Play |  Falls due to bad pitch condition |  Any player - Sprains to ankles/knees/wrists etc, grazes |  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. Every training/match will have a first aid bag |  1 |   |  Chris Lovett |   |   |
| General Play | Lack of Knowledge/Skill | Any player, particularly beginners -chronic injury due to poor technique or training discipline,  | 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. | 3 |  | Chris Lovett |  |  |
| Shooting |  Shots to head, neck, upper body, genitals & lower body |  Outfield players, particularly beginners – Concussion, broken nose or jaw, damage to teeth, eye damage, collapsed windpipe, cracked ribs, winding, severe bruising, broken fingers, extreme pain, irreversible damage to genitalia |  Strict rules enforced – no player is to stand directly between goal and the player who has the ball when further than 1 meter away from ball carrier, no player is to shoot if there is a player directly between them and the goal – players found to be shooting dangerously to be removed from the field of play/training. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. Every training/match will have a first aid bag |  4 |   |  Chris Lovett |   |   |
| General Play |  Ball hitting head/face from bad pass, stray sticks accidentally hitting face |  Outfield players – Broken nose, damage to teeth, black eyes, concussion |  Use of a gum shield to be encouraged although not compulsory, passing should be performed in a controlled manner, dangerous propelling of the ball will not be tolerated. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. Every training/match will have a first aid bag |  4 |   |  Chris Lovett |   |   |
| General Play |  Being hit by sticks |  Outfield players – Cracked ribs, Small broken bones: Fingers, wrists, nose, teeth etc |  Mixed lacrosse is non contact, no tackling is permitted, 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. Every training/match will have a first aid bag |  2 |   |  Chris Lovett |   |   |
| General Play |  Collisions between players |  Any player – Sprains, concussions, broken bones |  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. Every training/match will have a first aid bag |  3 |   |  Chris Lovett |   |   |
| General play |  Sharp stick butts |  Any player - cuts |  All stick butts must have a rubber end cap fitted. First aiders are on site at Wide Lane (either ground staff or St John’s Ambulance) if needed. Every training/match will have a first aid bag |  1 |   |  Chris Lovett |   |   |
| General Play | Cold and/or wet weather | Any player – Chilblains, Hypothermia  | 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 |  | Chris Lovett |  |  |
| General Play | Hot/Sunny weather | Any player – Sunburn, Heat exhaustion/Heatstroke, Dehydration | 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 |  | Chris Lovett |  |  |
| General Play | Exhaustion | Any Player – Nausea/vomiting, fainting, muscle strains, low blood sugar | 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. | 2 |  | Chris Lovett |  |  |
| Away game transport: SUSU mini-buses | Road traffic accident | Any minibus passenger/driver – Anything from minor injuries, cuts, bruises, whiplash etc to major such as broken bones, loss of limb, death etc | 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. | 4 |  | Chris Lovett |  |  |
| Away game transport: Player owned cars | Road traffic accident | Any car passenger/driver – Anything from minor injuries, cuts, bruises, whiplash etc to major such as broken bones, loss of limb, death etc | 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 | 4 |  | Chris Lovett |  |  |
| General Play | Pre-existing medical conditions | Any player – Any known pre-existing medical condition that could cause a problem when playing eg asthma, diabetes, heart problems, epilepsy etc | 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. | 3 |  | Chris Lovett |  |  |
| ELA match fixtures | Injuries to players, 3rd parties, Damage to property caused by Lacrosse matches | Property/ any person near match location - Various | All members participating in official ELA fixtures must be members of the ELA. Members are covered by the ELA’s public liability insurance. | 2 |  | Chris Lovett |  |  |
| Use of indoor facilities at Wide Lane | Fire | Anyone using facilities – Smoke & fire related injuries | Fire safety covered by Wide Lane risk assessment | 3 |  | Chris Lovett |  |  |
| Moving & Setting up Goals | Manual Handling | Any player - sprains/strains, entrapment and crushing injuries | Club President & Captains must have read the HSE manual handling guide linked at the top of this risk assessment. They will then ensure that anyone moving the goals practices correct technique to avoid injury. | 2 |  | Chris Lovett |  |  |

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| Reviewed By: | Comments: |
| Responsible person (SA/DM):  | Date: |  |
| SUSU H&S manager (where applicable): | 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 |