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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **MMA Fight Night on the 6th May**  | **Date** | **25/04/2022** |
| **Unit/Faculty/Directorate** |  | **Assessor** |  |
| **Line Manager/Supervisor** |  | **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** |
| Mentality  | Could cause people to be distressed. If a fighter is distressed this could lead to injuries.  | * Club/Soc Members
* Fighters
* Vulnerable groups – Elderly, Pregnant members, those with existing underlying health conditions
* Anyone else who physically comes in contact with you in relation to your activity
 | **2** | **5** | **10** | * Committee members will promote mental health & wellbeing awareness to members and will offer whatever support through training such as WIDE
* Ensure fighters are comfortable with fighting and are not suffering from debilitating pressure or anxiety.
 | **1** | **4** | **4** | Ensure spectators are aware of aggression that will be on display, and very miniscule chance of observed injury. |
| Injuries  | Fighters could become injured to any part of their body. Spectators may be disturbed if they witness an injury.  | Fighters participating in combat, and possibly spectators becoming uncomfortable should an accident occur | **3** | **4** | **12** | * Paramedics and first aiders on hand in the area.
* Professional referee will be overlooking the fight, and will call it off at any sign of injury or unwillingness to fight or defend oneself.
* 16 Oz gloves, shin guards and mouthguards along with groin cups will be mandatory to participate.
* Headguards available.
 | **2** | **3** | **6** | * Fighters will be thoroughly briefed before so all know what strikes are allowed in the ring, preventing injury from illegal strikes.
* Everyone should be made aware of what is happening throughout the event.
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| Ring hygiene and safety | Injury or illness to people in the ring.  | * Any person in the ring, from the referee, to cornermen, to fighters.
* Spectators
 | **1** | **4** | **4** | * Only 2 cornermen allowed to limit capacity
* Ring will be standard 22x22 ft ring in compliance with safety expectations and padded to prevent injury should falls occur.
* Referees and volunteers will be expected to wear masks at all times, fighters will be exempt from this.

Ring will be cleaned in-between each fight. | **1** | **2** | **2** | Ensure spectators are aware that they are not allowed to enter the ring under any circumstances. |
| Health and Safety  | Unknown illness or injury that the fighters have being made worse.  | Fighters participating in the fight night. | **2** | **4** | **8** | * Fighters will undergo medical checks before and after the fight.
* Pre- medical checks will ensure fighter is physically and mentally able to participate with no glaring or obstructive injuries.
* Post medical fights will ensure there is no serious or grave injuries dealt to the fighter during the course of the fight.
* Any glaring issues may prevent fighter from fighting, or will result in more serious medical attention being called to the fighter post fight.
 | **1** | **2** | **2** | * Prevent fighters with injuries that are obstructive or have a potential to increase in severity from participating.
* High levels of injuries in post-fight checks may lead to rule changes in the fight.
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| Alcohol  | Injury, Illness  | * Club/Soc Members
* Fighters
* Vulnerable groups – Elderly, Pregnant members, those with existing underlying health conditions
* Anyone else who physically comes in contact with you in relation to your activity
 | **2** | **4** | **8** | * Ensure that no fighters, officials or helpers are served alcohol before the fights have finished.
* Bar staff should not serve anyone who is too drunk.
* Keep all drinks away from the ring
 | **2** | **2** | **4** | * Security will be keeping an eye on people to ensure that no one causes an incident..
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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 paramedics and first aiders on hand at all times  | MMA committee | 6/05/22 | 5/05/22 |  |
| 2 | Fighters will be made to have all appropriate gear, mouth guards etc | MMA Committee | 6/05/22 | 5/05/22 |  |
| 3 | Hand gel and wipes provided at entrance | MMA committee | 6/05/22 | 5/05/22 |  |
| 4  | Ensure appropriate security coverage.  | MMA Committee | 6/05/22 | 5/05/22 |  |
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| Responsible manager’s signature: Lucy Steadman | Responsible manager’s signature: |
| Print name: LUCY STEADMAN | Date:27/04/22 | 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 |