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| **Risk Assessment** |
| **Risk Assessment for the activity of:** | **Southampton University Taekwondo (SUTKD) Generic and Training***Planning meetings, Social, Fundraising, Demonstrations, Awareness Stall/stand* | **Date** | **25/09/2020** |
| **Unit/Faculty/Directorate** | **SUSU [SUTKD]** | **Assessor** | **Myles Kearsley** |
| **Line Manager/Supervisor** | ***President (Isra Ilyas)*** | **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** |
| COVID-19 Precautions |
| Lack of social distancing leading to infection of COVID-19 in the new members  | Infection of COVID due to the density of members in the Cube.  | Members and people, they come into contact with public on the way home and members of their household  | **4** | **3** | **12** | 2m social distancing maintained when possible to eliminate this risk. Physical controls would also include training back to back and side to side to avoid being face to face with other members. An admin control can involve a review of the class size and membership to a session can be controlled to prevent an over admittance.  | **2** | **2** | **4** | If possible, keep a distance of 10ft by 10ft for every member during a session as this is the government guideline for social distancing when carrying out exercise when indoors.  |
| Infection before and after session | Infection during transit to session. Infection in the communal areas such as the changing rooms, reception and lockers. Using doors while entering and leaving the premises.  | Members, students also in the premises and public also using public transport | **3** | **3** | **9** | Risks in transit can be eliminated if members avoid public transport where possible. Masks can also only come off once in training, in the Cube.Members arrive already dressed, eliminating need for changing rooms. Stay 2m from receptionists. Also, wipe down any lockers that are used. Doors that are not fire doors remain closed. Any doors that require buzzers to open should be opened with foot or knee if possible.  | **2** | **2** | **4** |  |
| Infection during session | Proximity during training could break social distancing. Touching infected surfaces. | Members. | **5** | **4** | **20** | BT advises physical controls in the form of maintaining social distancing as follows.BT advises that social distancing of 10ft by 10ft per person is needed for warm-up and cool-down. They also advise that basic techniques and poomsae have a 2m social distance per member.Free sparring and full contact are not permitted as they require a break in social distancing. 1-3 step sparring and practicing techniques are allowed, given that members maintain distance.Break and pad kicking is disallowed as it requires a break in distancing. N.B. BT allows social distance to be broken if members are of the same household. Ventilation systems to be used during training. For eliminating infection from surfaces have areas wiped down.  | **2** | **2** | **4** |  |
| Infected equipment | Equipment, including pads and gear is infected.Floors and mats are infected | Members and other users of the Cube in later sessions | **4** | **3** | **12** | Members bring their own equipment where possible. Where this is not possible there must be a thorough clean of equipment. Floor area should be wiped down. Training should end 15 minutes early so there is time to clean before the next session.  | **2** | **2** | **4** |  |
| Spectators  | Spectators could increase the risk of infection as an unnecessary increase in people in the Cube.  | Members and spectators | **2** | **3** | **6** | Exclude all spectators.  | **1** | **1** | **1** |  |
| New members unaware of new virus controls  | Members can become lost in new layout and how to get to the Cube. This could increase time entering the premises resulting in increasing the risk of infection. | Members and other users of the SU building | **3** | **2** | **6** | Pre- session communication about how the sessions will work. Signage and tape on the ground directing members of the one-way system (if there is one established by SUSU). Different entrances to ensure natural use of a one-way system.  | **1** | **1** | **1** |  |
| Venue size affects social distancing  | If the Cube is not used correctly, this could lead to a lack of social distancing.  | Members and instructors. | **4** | **4** | **16** | With the space in the Cube, we have the room for 20 members in a session. This enables all members to have approximately 3m and the instructor to have a 2m corridor at the front and a 1m on the perimeter to check technique.Committee members will stand on the same line as the instructors. This means that they will not count towards the members cap. This means a cap on just new members is essential at 20.  | **2** | **2** | **4** |  |
| Members arriving with contaminated hands | Infection through contact with surfaces. | Members | **2** | **3** | **6** | Hand sanitiser is used on entry (60% alcohol). | **1** | **1** | **1** |  |
| Members’ own bags and pads  | Could be another place for the additional transfer of the virus.  | Members | **3** | **3** | **9** | Wipe down equipment before coming to club or at the start of the session or ensure that no one else uses it in the club.  | **1** | **1** | **1** |  |
| Waste disposal | Waste is mismanaged and leads to a contamination. | Members and instructors | **3** | **3** | **9** | Separate bins for potentially infected material. They need to be disposed of at the end of each session. | **1** | **1** | **1** |  |
| Use of toilets increases the risk of infection | Contact with infected surfaces in toilet before returning to the Cube.  | Members. | **2** | **3** | **6** | Hand sanitiser used every time entering the Cube. | **1** | **1** | **1** |  |
| Members have underlying health conditions | An at-risk member contracts COVID-19. | Members  | **3** | **5** | **15** | Communication to members that there will always be the risk of COVID-19 due to the nature of training.Providing PPE or recommending that at-risk members bring own mask and gloves if they wish.  | **1** | **5** | **10** | Disallow at risk members entry and advise that they do not join training.  |
| Lack of PPE | Members may not have PPE and may require it. | Members | **2** | **2** | **4** | Advising members that PPE may not always be available from SUSU or the club and they should have their own masks.  | **2** | **1** | **2** |  |
| Members leaving  | Members leaving could increase risk of infection as all members could gather to get possessions and socialise at the end of a session.  Additionally, members could have contaminated their hands while in the session.  | Members and instructors | **3** | **3** | **9** | Members should leave immediately to decrease the time spent closer together socialising and gathering equipment at the end of the session.Members have to sanitise their hands at the end of each session.  | **2** | **2** | **4** |  |
| Instructor test and trace  | Lack of a test and trace meaning that there is less control if there is an outbreak. | Members and public | **3** | **4** | **12** | Implementation of a test and trace system. Keeping a list of names and telephone numbers of freshers and new members.Ensuring all new members just present for taster sessions also submit this information.Book directly with SUSU to attend and use of an app to monitor this.Names must be collected from the sign up with SUSU and checked as new members enter so that we do not allow anyone in that is not accounted for. If they do not return in 21 days, then we delete the phone number collected.  | **2** | **2** | **4** |  |
| Post session review  | Monitor sessions and evaluate the success of control measures implemented.  | Members (supposing measures are inadequate) |  |  |  | Work to improve the implementation with members and H&S.Repeat this review until either the risk of COVID-19 diminishes or until control measures are fully implemented successfully. Changes include the addition of the spillage entry at the bottom of the training activities section.Most significant change from the last risk assessment is the addition of measure to mitigate the risk of Covid-19.  |  |  |  |  |

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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 | Individual risk assessments for individual events with higher risk levels and anything not covered by generic assessment. This includes:* Trips and Tours
* Fundraising events e.g. Bake Sales
* External Speaker Events
 | Relevant committee members – president to ensure complete. |  |  |  |
| 2 | Committee to read and share SUSU Expect Respect Policy  | Relevant committee members – president to ensure complete. |  |  |  |
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| Responsible manager’s signature: isra ilyas | Responsible manager’s signature: Myles Kearsley |
| Print name: ISRA ILYAS | Date: 29.09.2020 | Print name: MYLES KEARSLEY | Date: 29.09.2020 |

**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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| 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 |

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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.