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| **Risk Assessment** | | | | |
| **Risk Assessment for the activity of** | **RAG Roundups**  *Rag’s weekly meetings- we discuss all things charity and normally play a few “party games”. We normally head to Stag’s Karaoke after!* | | **Date** | **Thursdays- Weekly** |
| **Unit/Faculty/Directorate** | **Southampton RAG** | **Assessor** | **Hayley Shepherd** | |
| **Line Manager/Supervisor** | ***Zoe Chapple (President)*** | **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** |
| Slips trips and falls | Physical injury | RAG committee and volunteers | **1** | **4** | **4** | * All boxes and equipment to be stored under tables. * Floors to be kept clear and dry, and visual checks to be maintained throughout the event by organizers. * Tables and chairs to be moved aside/tucked in when not in use | **1** | **4** | **4** | Seek medical advice from reception if accident occurs. |
| Covid-19 | Spreading of the virus | RAG committee and volunteers | **3** | **5** | **15** | * Frequently cleaning and disinfecting objects and surfaces that are touched regularly, e.g. chairs, tables, and computer stations. * Providing hand sanitiser to everyone upon entry. * Encourage regular LFT testing and face mask usage. * Refusal of entry to those displaying Covid-19 symptoms (high temp, continuous cough, and loss of taste/smell). | **1** | **5** | **5** | If advised that a if a committee member or volunteer has developed Covid-19 and that they were recently in contact with another member, RAG will contact SUSU Activities Team and will encourage the person to contact Public Health England to discuss the case, identify people who have been in contact with them and will take advice on any actions or precautions that should be taken. <https://www.publichealth.hscni.net/> |
| Antisocial behaviour | Volunteers become over excited or emotional and disturb the other attendees.  Bullying or harassment. | RAG committee and volunteers | **2** | **2** | **4** | * Rag committee to be vigilant and stop any anti-social behaviour. * Committee members to be welfare trained to help anyone affected by others behaviour. * Expect respect policy * Participants to be reminded to be respectful of others * Activity host to have read SUSU’s Expect Respect Policy | **1** | **2** | **2** | * If a student’s behaviour becomes unacceptable then they will be asked to leave the roundup. * Notify and seek support from UoS security as needed. * Refer to SUSU expect respect policy and use reporting tools |
| Filling out forms and signing up to events | Data protection breach | RAG committee and volunteers | **2** | **3** | **6** | * Use of Microsoft forms so only UoS students can sign up using their own student email. * Form responses to only be accessed by RAG president and relevant committee members. | **1** | **2** | **2** | * If any data protection breach occurs, SUSU and anyone who filled out the form must be notified immediately. |
| Sensitive topics | Due to the nature of the society, some volunteers or committee may become overwhelmed with emotion when discussing certain charities. | RAG committee and volunteers | **3** | **3** | **9** | * Welfare-trained committee members to be on-hand at all times. * Direct to university support services. * Make people aware that they can leave the room at any time. | **2** | **1** | **2** | * A Facebook event will be released prior to every roundup that will describe the topics of the roundup. Trigger warnings will be displayed so that volunteers can choose not to attend. |
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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 participants sanitise their hands before entry and report any positive tests to the SUSU activities team. | Zoe Chapple | | 30/09/2021 | 31/10/2021 |  | |
| 2 | Ensure a sufficient number of committee are welfare trained. Let others be trained if they wish. | Zoe Chapple Corin Holloway Rebecca Harris | | 30/09/2021 | 31/10/2021 |  | |
| 3 | Creation of a Facebook event prior to every roundup to describe the nature of the roundup. | Zoe Chapple Rebecca Harris | | 30/09/2021 | 31/10/2021 |  | |
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| Responsible manager’s signature: Zoe Chapple | | | | | Responsible manager’s signature: Rebecca Harris | | |
| Print name: Zoe Chapple | | | Date: 29/09/2021 | | Print name: Rebecca Harris | | Date: 29/09/2021 |

**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 |