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| **Risk Assessment** | | | | |
| **Risk Assessment for the activity of** | **Futsal** | | **Date** | **25/09/22** |
| **Club or Society** | **University of Southampton Futsal Club** | **Assessor** |  | |
| **President or Students’ Union staff member** | ***Daniel Romero Saavedra*** | **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** |
| Injury | Bruises, burns, cuts, sprains and fractures. | All players participating. | **3** | **2** | **6** | Warming up and stretching before playing.  Wearing shin pads always while playing. | **2** | **2** | **4** | Make sure all members are aware of the risks. |
| Court Conditions | Injuries from unsafe surface. | All players on the court. | **2** | **3** | **6** | Check the court conditions before use. | **1** | **3** | **3** | Find new court to play on if current court unsafe. |
| Medical conditions | Participants who suffer from a medical condition. | A member with a known condition. | **2** | **4** | **8** | Making sure correct medical equipment available on demand. | **2** | **2** | **4** | Make sure the member known to play within their limits. |
| Collisions between players | Cuts, bruises and fractures. | The colliding players. | **3** | **2** | **6** | Shin pads are always worn. | **3** | **1** | **3** | Players are aware to be more cautious when tackling. |
| Collisions with objects | Cuts, bruises, fractures and more serious injuries. | Any player on the court. | **2** | **4** | **8** | All equipment is of a safe standard to use. | **2** | **3** | **6** | Replacing the equipment when required. |
| Aggression between players | Cuts, bruises, fractures and the community between team members | The players involved and the rest of the team. | **1** | **4** | **4** | All players are aware that they are responsible for how they behave. | **1** | **3** | **3** | Disciplinary action, removal from the club. |
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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 | All players are provided or own a pair of shin pads. £5 per pair of shin pads. | President | 03/10/22 | |  |  | |
| 2 | Court is checked at beginning of the year and reported if not suitable. | President | 03/10/22 | |  |  | |
| 3 | All medical conditions are made aware of. | President | 03/10/22 | |  |  | |
| 4 | Same as part no 1. | President | 03/10/22 | |  |  | |
| 5 | Goal frame and nets are checked for damage. If need of replacement goal frame: £350, net £50. | President | 03/10/22 | |  |  | |
| 6 | All players are informed how they must behave when representing the club. | President | 03/10/22 | |  |  | |
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| Responsible committee member signature: | | | | | Responsible committee member signature: | | |
| Print name: Daniel Romero Saavedra | | | | Date:25/09/22 | 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 |