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| **Risk Assessment**  |
| **Primary purpose of working on-site**  | Building 42, Highfield Campus | **Date** | **14/10/2020** |
| **School/Faculty/Directorate** | **Southampton ISOC** | **Assessor** | **Ash Hunt** |
| **Line Manager/Supervisor** | **Usama Hussain** | **Primary site/location** | ***Building 42, Highfield Campus*** |
| **Task/activity/travel frequency** |  CW Briefing | **Task/activity/travel duration** | ***Wednesday 5pm-9pm*** |
| **Brief details/comments** |   |

***CHRIS - ADD OUTLINE EVENT***

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| **(1) Risk identification** | **(2) Risk assessment** | **(3) Risk management** |
| **Hazard** | **Potential Consequences** | **Inherent** | **Control measures (use the risk hierarchy)** | **Residual** | **Further controls (use the risk hierarchy)** |
| **Likelihood** | **Impact** | **Score** |  | **Likelihood** | **Impact** | **Score** |  |
| Controlled Numbers  | Unable to maintain appropriate social distancing Virus spreads easier in a confined space with multiple peopleAdverse Ill HealthSickness Catching the COVID – 19 virus and associated symptoms | 3 | 3 | 9 | * Meet and Greet Spaces capped to **30** students in total in attendance (**2** presenters from a Club or Society with **28** student presentees)
* Pre booked tickets in advance of attending, therefore students will only be able to attend sessions they have registered for ensuring capped numbers are adhered to.
* If a student tries to attend a session which they have not registered for they will not be permitted entry
* Regular spot checks by both Core and Support Staff throughout the day on capacity numbers in designated areas.
* Limited number of seating available to ensure easier count of area
* All seats to be laid out with 2 metre distance between each one
* Staggered sessions times to avoid crowding of students
* 15 minute windows between sessions to allow for exit of the area to further avoid congestions
* One way system operational through B42
* Clearly provide floor markings and additional signage to increase student awareness of distances required
 | 1 | 3 | 3 | * Presenters, Core and Support staff reminded in advance of totals numbers permitted per area
* Designated entry and exits points for those in attendance clearly visible to all in attendance
* For further guidance on social distance please refer to Building 42 Buildings Risk Assessment
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| Cleaning | Catching the COVID – 19 virus and associated symptomsVirus spreads easier in a confined space with multiple peopleAdverse Ill HealthSickness  | 3 | 3 | 9 | * Students in attendance will be encouraged to clean their induvial seating area following presentation with provided PPE
* Cleaning contractor (see Building 42 Buildings Risk Assessment) to carry out additional clean midway through the presentations
* Presenters to additionally remind presentees to clean down areas following the presentation
* 15 minutes window between the next presentation to allow for cleaning of individual area
 | 2 | 3 | 6 |  |
| General Hygiene | Catching the COVID – 19 virus and associated symptomsAdverse Ill HealthSickness Absence | 3 | 3 | 9 | * Appropriate cleaning materials to be provided to all presentation areas
* Those in attendance will be encouraged to use hand sanitizer on entry to the building and when exiting the designated presentation area.
* Students will be required to wear appropriate face coverings within Building 42. Students who are exempt from wearing a face covering will not be required to wear one (e.g a student with a pre existing health condition)
* For those in the building using the toilet facilities appropriate signage on how to wash hands will be clearly visible in addition to the maximum number of people allowed within these areas at anyone time (see Building 42 Buildings Risk Assessment for further guidance)
* Those seeking to attend who have shown or been in contact with a person/persons who have shown symptoms of COVID-19 will be advised not to attend these sessions and seek further medical support
 |  2 | 3 | 6 | * Presenters, Core and Support staff to continually remind students throughout the day to ensure appropriate cleaning of their area is taken
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|  |  | 3 | 3 | 9 |  | 2 | 2 | 4 |  |

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| ***PART G - Approval*** |
| **Declaration by responsible manager:** I confirm that this is a suitable & sufficient risk assessment for the activities identified above and that all residual risks can be reduced to as low as is reasonably practicable (green). |
| **Signed** |  | **Print name** |  | **Date** |  |
| **Declaration by Faculty/Directorate senior manager authorised by the Dean/COO:** I approve this assessment, confirm it is included within University insurance and accept the risks identified. |
| **Signed** |  | **Print name** |  | **Date** |  |
| **Declaration by Dean/COO:** I approve this assessment but understand some of the activities are excluded from University insurance and/or acknowledge that the residual risks remain high. |
| **Signed** |  | **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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| 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.  |

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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  |
| 2 | Unlikely  |
| 3 | Possible  |
| 4 | Likely  |
| 5 | Very Likely  |

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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| ***PART H – Action Plan*** |
| **Risk Assessment Action Plan** |
| **Part no.** | **Action to be taken, incl. Cost** | **By whom** | **Target date** | **Review date** | **Outcome at review date** |
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| Responsible manager’s signature: | Responsible manager’s signature: |
| Print name: | Date: | Print name: | Date |

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| ***PART I - Approval*** |
| **Declaration by users:** I confirm that I have read this risk assessment, understand the controls outlined herein and will report to the responsible manager any incidents that occur or any shortcomings I find in this assessment. |
| **Signed** |  | **Print name** |  | **Job Title/Student (UG/PGT/PGR/PHD)** |  | **Date** |  |
| **Signed** |  | **Print name** |  | **Job Title/Student (UG/PGT/PGR/PHD)** |  | **Date** |  |
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| ***PART I – Approval cont.*** |
| **Declaration by users:** I confirm that I have read this risk assessment, understand the controls outlined herein and will report to the responsible manager any incidents that occur or any shortcomings I find in this assessment. |
| **Signed** |  | **Print name** |  | **Job Title/Student (UG/PGT/PGR/PHD)** |  | **Date** |  |
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