

Risk Assessment

Risk Assessment for the activity of	Brothers' Volunteering Presentation		Date	25/10/2024
Unit/Faculty/Directorate	University of Southampton Islamic Society	Assessor		Aqib Quraishi
Line Manager/Supervisor	Mohammed Saqib Shohel	Signed off		Mohammed Saqib Shohel

PART A

(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			Control measures (use the risk hierarchy)	Residual			Further controls (use the risk hierarchy)
			Likelihood	Impact	Score		Likelihood	Impact	Score	
Looking at a screen for an extended period of time.	Eye strain. Fatigue.	All attendees viewing the screen.	3	1	3	Take frequent breaks in between screen usage.	3	1	3	

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			Likelihood	Impact	Score		Likelihood	Impact	Score	
Seating for an extended period of time.	Bad posture. Strained nerves and muscles.	Seated attendees.	3	1	3	Take frequent breaks to stand up and stretch.	3	1	3	
Inadequate meeting space – overcrowding, not inclusive to all members.	Physical injury. Distress. Exclusion.	Event organisers and attendees.	1	3	3	-Committee check on room pre-booking, checks on space, lighting, access, tech available. -Ensure space meets needs of members, e.g. considering location and accessibility of space. -Committee to consult members on needs and make reasonable adjustments where possible.	1	3	3	-Seek medical attention if problem arises. -Liaise with SUSU reception/activities team on available spaces for meetings. -Postpone meetings where space cannot be found. -Look at remote meeting options for members.

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Presentation slides – PowerPoint which involves the use of electrical equipment such as computers and whiteboards.	Risk of eye strain. Injury. Electric shock.	Event organisers and attendees.	2	4	8	-Ensure regular breaks (ideally at 20-minute intervals). -Ensure screen is set to avoid any glare, is at approximate eye-level for the majority, where possible. -Ensure no liquids are placed near electrical equipment. -Ensure all leads (if any) are secured with table/mats etc.	1	4	4	-Request support and advice from SUSU IT/tech teams, e.g. via activities team. -For external venues, pre-check equipment and last PAT testing dates. -Seek medical attention as required.

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Medical emergency.	Members may sustain injury/become unwell. Pre-existing medical conditions, sickness, distress.	Event organisers and attendees. Staff on sight.	3	5	15	-Advise participant to bring their personal medication. -Members/committee to carry out first aid if necessary and <u>only if</u> qualified and confident to do so. -Contact emergency services as required (111/999). -Contact SUSU reception/venue staff for first aid support.	2	5	10	-Incidents are to be reported as soon as possible ensuring the duty manager/health and safety officer have been informed. -Follow SUSU incident report policy linked below. https://www.susu.org/groups/admin/howto/protectonaccident

<p>Insufficient fire safety awareness.</p>	<p>If the fire alarm is triggered, people may be panicked and unsure of where to go. Crushing, Bruises, falls, burns and smoke inhalation. Reduced space in buildings and external walkways, obstructed fire exits. Build-up of flammable material, e.g. waste, cardboard boxes etc.</p>	<p>Event organisers and all attended. Staff on sight.</p>	<p>2</p>	<p>5</p>	<p>10</p>	<p>-Ensure members know where the nearest fire exits are, and the meeting place can be outside if needed. -Build-up of rubbish to be avoided. Personal belongings should be kept to a minimum. Excess waste build-up is to be removed promptly and deposited in the designated areas.</p>	<p>1</p>	<p>5</p>	<p>5</p>	<p>-All incidents are to be reported as soon as possible ensuring the duty manager/health and safety officer have been informed. -Call the emergency services and university security: -Emergency contact number for campus security: -Tel: +44 (0)23 8059 3311 (Ext:3311)</p>
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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	Brief attendees: inform committee and participants via social platforms about SUSU policies and guidelines.	Relevant committee member - President to ensure is completed.	22/10/2024	Continuous.	
2	Ensure all control measures are implemented.	President/Vice President.	22/10/2024	22/10/2024	
3	Ensure the adequate first aid support is available on site in case of emergency.	President/Vice President.	22/10/2024	22/10/2024	
Responsible manager’s signature: Aqib Quraishi				Responsible manager’s signature: Muhammed Saqib Shohel	

University of Southampton Health & Safety Risk Assessment

Version: 2.3/2017

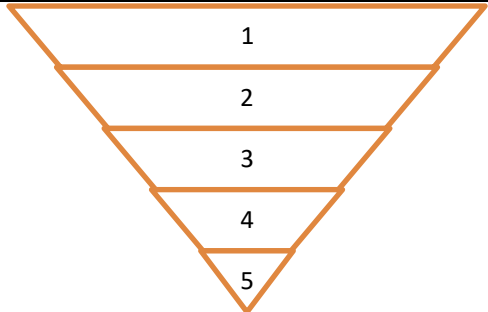
Print name: Nabila Choudhury

Date:
22/10/2024

Print name: Muhammed Saqib Shohel

Date
22/10/2024

Assessment Guidance

1. Eliminate	Remove the hazard wherever possible which negates the need for further controls	If this is not possible then explain why	
2. Substitute	Replace the hazard with one less hazardous	If not possible then explain why	
3. Physical controls	Examples: enclosure, fume cupboard, glove box	Likely to still require admin controls as well	
4. Admin controls	Examples: training, supervision, signage		
5. Personal protection	Examples: respirators, safety specs, gloves	Last resort as it only protects the individual	

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				

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.

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.

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

