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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Social Gathering** | **Date** | **29.09.2021** |
| **Club / Society / Group** | **BRUNEIAN SOUTHAMPTON SOCIETY** | **Assessor *(Name, Role and position to qualify sign off of document e.g. Coach)*** | **Regional Director South East Asia**  |
| **Committee member (name and role)** | ***Iffah Batrisyia Asmawi, Vice President*** | **Signed off** | ***Donna Haynes***  |

**COVID-19 Notice**

**This risk assessment must be read in conjunction with the club or society’s COVID-19 Risk Assessment on their SUSU page. Should any information in this risk assessment conflict with the measures listed in the COVID risk assessment, then the COVID risk assessment takes precedence over this document.**

| ***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** |
| Gathering together in small areas | * Virus transmission between members
 | * Society members, those in the vicinity and all members of the public
 | **4** | **5** | **20** | * **Enforce social distancing guidelines**
* **Only allow vaccinated members to attend**
* **Must show proof of negative lateral flow test for Covid**
* **Ensure that all members participating are wearing masks**
* **Only host socials in open areas with good ventilation**
* **Limit number of participants (ask to RSVP)**
 | **2** | **2** | **4** | Ensure everyone is properly washing their hands and are sanitising well |
| Sick members | * Virus transmission between members
* Spread of diseases
 | * Society members, those in the vicinity and all members of the public
 | **4** | **4** | **16** | * **Temperature and wellness checks before allowing entry to social**
* **Ensure they are wearing masks and are properly social distancing**
 | **2** | **2** | **4** |  - Ensure no physical contact with sick member- throw away contaminated items with gloves- Ask and urge sick members to leave the social and return to their accomodation |
| Spread of virus from member that contracted COVID-19 Virus | * Virus transmission between members
 | Society members, those in the vicinity and all members of the public | **3** | **4** | **12** | * **Take note of all attending parties of any socials**
* **Urge all members to record all their contacts in the last two weeks since contraction**
* **Urge all members that have met with infected member to social distance in their homes**
* **Report to NHS**
 | **2** | **3** | **6** | * Refrain from hosting any physical social gatherings
* All events or gatherings to be made online instead
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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. | Appointment of safety officers - Free | Society Committee members |  | On the day |  |
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| Responsible manager’s signature:  | Responsible manager’s signature: |
| Print name: Iffah Batrisyia Asmawi | Date: 29.09.2021 | Print name: Muhammad Hipni | 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 |