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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Occupational Therapy society online external speaker and online wellbeing session risk assessment** | **Date****28.09.2021** | **Last review date** |
| **Unit/Faculty/Directorate** | **SUSU**  | **Assessor** | **Committee Member completing review** **Abigail Moteane**  |
| **Line Manager/Supervisor** | **Vice President** | **Signed off** | **Sport or Activities Coordinator** |

| ***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** |
| **Meetings & Socials** |
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| Activities involving electrical equipment e.g. laptops/ computers at home | Risk of eye strain, injury, electric shock | Event organisers and attendees | 2 | 4 | 8 | * Keep external speakers to one-hour sessions only
* Remind attendees to ensure screen is set up to avoid glare, is at eye height where possible
 | 1 | 4 | 4 | * Request support and advice from SUSU IT/Tech teams e.g. via activities team

Seek medical attention as required |
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| **Fundraising Events & Cash Handling -** *For own society or Charity* |
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| **Demonstration/Strike/ Awareness Raising Activity**  |
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| Talks/debates- subjects that could be sensitive or personal to some members  | The audience feels negative emotions around the topic or becomes distressed by images or events shown/discussed. | Members  | **2** | **3** | **6** | * Prior information about event and what to expect given out so participants know what to expect.
* Members made aware they could leave the event at any time.
* Members referred to enabling/signpost to support organisations (e.g. via presentation slide, or by speakers/committee members)
* SUSU reporting tool available
 | **1** | **3** | **3** | * Organisers will, following the event, share relevant information on support/signpost- Facebook/email/newsletter
* Committee Wide Training
* Seek guidance from activities/SUSU advice centre/UoS enabling team as required
* committee WIDE training
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| **Awareness/Promotional Stand e.g. Bunfight** * \*excluding items covered above
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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 | Individual risk assessments for individual events with higher risk levels and anything not covered by generic assessment. This includes:* Trips and Tours
* Fundraising events e.g. Bake Sales
* External Speaker Events
 | Relevant committee members – president to ensure complete. | 07.10.2021 | 04.11.2021 |  |
| 2 | Committee to read and share SUSU Expect Respect Policy  | Relevant committee members – president to ensure complete. | 07.10.2021 | 04.11.2021 |  |
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| Responsible manager’s signature: page1image35341952 | Responsible manager’s signature: |
| Print name: ABIGAIL MOTEANE | Date:28.09.2021 | Print name: Nia Wilding  | Date 28/09/2021 |

**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 |