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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Lacrosse Training and Matches** | **Date** | **23/06/22** |
| **Unit/Faculty/Directorate** | **Falcons Medics Mixed Lacrosse** | **Assessor** | **Limni Conway**  |
| **Line Manager/Supervisor** |  | **Signed off** |  |

Please see the link below to the Universities Covid Guidance.

<https://www.southampton.ac.uk/coronavirus.page>

| ***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** |
| Shooting | Injury to players, by-standers being hit by the ball. Major concern is a fast/ hard shot that hits an individual in the head. | Players, coaches, officials, spectators | 3 | 24 if head injury | 612 | 1. Position goal on marked pitches with adequate/ safe run off distance to minimise risk to by-standers. 2. Stop practice if anyone walks behind the goal. 3. Compulsory to wear mouth guards 4. Players to collect balls once, all balls have been shot, to reduce risk of accidental injury. 5. Only those in the activity should be in the practice area. Coach to identify key instructions of when the activity starts/ finishes. 6. Technique to be taught in progressive steps to reinforce ‘shooting space’ and appropriate/ safe shots aligned to rules of the game. 7. All coaches to be aware of concussion protocols. | 1 | 24 | 24 |  |
| Groundballs | Injury to players through collisions or checks. This may include cuts, broken bones, and head injuries (major consequence) Players may also role their ankles over the ball. | Players, coaches, officials, spectators | 3 | 24 if head injury | 612 | 1. Only those in the activity should be in the practice area. Coach to identify key instructions of when the activity starts/ finishes. 2. Coaches should manage the activity set up to provide game realistic running angles to manage acceptable and ‘legal’ body contact. 3. Coaches should manage the use of sticks – call a foul if there is an illegal check 4. Technique to be taught in progressive steps to reinforce effective technique aligned to rules of the game. 5. Any stray balls should be removed from the practice area. 6. All coaches to be aware of concussion protocols. | 1 | 24 | 24 |  |
| Defending/Checks | Injury to players through collisions, checks or heavy body contact. This may include cuts, broken bones, and head injuries (major consequence) Players may also role their ankles over the ball. | Players, coaches, officials, spectators | 3 | 24 if head injury | 612 | 1. Only those in the activity should be in the practice area. Coach to identify key instructions of when the activity starts/ finishes. 2. Coaches should manage the activity set to provide game realistic running angles to manage acceptable and ‘legal’ body contact. 3. Technique to be taught in progressive steps to reinforce effective technique aligned to rules of the game. 4. Coaches should manage the use of checks – call a foul if there is an illegal slash check 5. Any stray balls should be removed from the practice area. 6. All coaches to be aware of concussion protocols. | 1 | 24 | 24 |  |
| Start - Draw | Injury to players through collisions, checks or heavy body contact. This may include cuts, broken bones, and head injuries (major consequence) | Players, coaches, officials, spectators | 3 | 24 if head injury | 612 | 1. Only those in the activity should be in the practice area. Coach to identify key instructions of when the activity starts/ finishes. 2. Technique to be taught in progressive steps to reinforce effective technique aligned to rules of the game.  | 1 | 24 | 24 |  |
| Goalkeeping | Injury to players, by-standers being hit by the ball. Major concern is a fast/ hard shot that hits an individual in the head. | Players, coaches, officials, spectators | 3 | 24 if head injury | 612 | 1. Position goal on marked pitches with adequate/ safe run off distance to minimise risk to by-standers. 2. Stop practice if anyone walks behind the goal. 3. It is compulsory for Goalkeepers to wear protective helmets, throat guards, chest pads, gloves and abdominal guards.4. Start ‘shooting’ as a passing routine to allow GK to see the ball and advise of any distraction's behind ‘shooter’ 5. GK’s to be rotated as not to sustain continued shots to the body and allow for break and feedback. 6. Technique to be taught in progressive steps to reinforce footwork and stepping to the ball. 7. All coaches to be aware of concussion protocols | 1 | 24 | 24 |  |
| Warm up & cool down | Risk of injury to players if not warmed up properly | Players, coaches, officials,  | **3** | **2** | **6** | 1. Coaches to ensure an appropriate warm up and cool down is provided for everyone playing | **1** | **2** | **2** |  |
| Medical implications | Exercise induced medical conditions | Players, coaches, officials, spectators | **2** | **2** | **4** | 1. Coaches to ensure that all players have appropriate level of fitness to participate or schedule rest breaks and to prevent injury or exhaustion 2. Coach to make sure all medication is easily accessible | **1** | **2** | **2** |  |
| Injury to players from balls and from sticks | Risk of being hit in the face or head with a ball. Risk of being hit with a stick by a dangerous or illegal check | Players, coaches, officials, spectators | 3 | 24 if head injury | 612 | 1. Coaches to advise participants choice to wear mouth guards. | 1 | 24 | 24 |  |
| Impact injuries | Risk of concussion, neck injuries or broken bones from impact of collisions and heavy body contact | Players, coaches, officials, spectators | 3 | 24 if head injury5 if neck injury | 61215 | 1. Coaches and Officials to reminded players of the rules 2. Coaches and Officials to maintain and advise players of dangerous play/ actions. 3. Fouls to be awarded for inappropriate play. 4. Appropriate kit & protection to be won i.e. mouth guard etc. 5. Coaches/ Officials/ first aider to be aware of concussion protocols 6. Neck injuries are very rare but can occur and can lead to a permanent loss of mobility | 1 | 245 | 24**5** |  |
| Weather | Injury to players and spectators from cold, heat or wet weather | Players, coaches, officials, spectators | **3** | **2** | **6** | 1. Appropriate sports clothing to be worn by everyone in hot or cold weather conditions. 2. Players advised to bring their own refillable water bottle 3. Rain – in the event of heavy rain/ storm training maybe postponed 4. Lightning – play must stop if lightning is present, all players must drop sticks on the ground | **1** | **1** | **1** |  |

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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 | Buy better goalie equipment to improve protection. (£500) | Kit Secretary | Dec 2022 | Dec 2023 | Replace and manage new equipment |
| 2 | Hire outside Coach to improve skills and safety of participants. (Up to £35 per session) | Captain | October 2022 | Jan 2023 | Improved safety awareness and improved skills of participants |
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| Responsible manager’s signature: Limni Conway  | Responsible manager’s signature: |
| Print name: Limni Conway | Date: 23/06/22 | 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 |