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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Southampton Medics Cricket Club (Panthers)** | **Date** | **03/04/2021** |
| **Unit/Faculty/Directorate** | **SUSU (MedSoc)** | **Assessor** |  |
| **Line Manager/Supervisor** | ***Matt Burgess - President*** | **Signed off** |  |

| ***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** |
| Players being hit by Cricket balls | Bruising, broken bones, concussion/head injury. | Players (particularly those batting), those in the close vicinity. | **3** | **4** | **12** | **Batters to use protective equipment when batting. Use of a helmet mandatory when batting and keeping wicket. Bowlers and spectators not participating to keep a safe distance and to stay aware of stray balls.** | **2** | **2** | **4** | Players showing symptoms of a concussion after being struck on the helmet (dizziness, confusion, nausea/vomiting etc) to immediately stop playing and seek medical attention. |
| Slips, trips, falls | Bruising, strains and sprains, soft tissue injury. | All Players | **2** | **3** | **6** | **Matches to be delayed or postponed if pitch too wet for play, players to wear spiked shoes for outdoor matches, sawdust to be applied to bowling run ups to provide additional grip.****Indoor spillages to be mopped up before further play. Playing areas, particularly bowling run-ups, to be free of objects.** | **1** | **3** | **3** |  |
| Transmission of Coronavirus via objects. | Respiratory disease due to Covid-19. Potentially serious symptoms and long-term complications. | All players, particularly those from vulnerable groups. | **2** | **5** | **10** | **Hand sanitiser to be available at sessions and matches. Use mandatory before and after every session.****More incrediball (soft ball) training sessions, meaning protective equipment not needed.****During hard ball sessions, equipment in direct contact with players (such as gloves, helmets and boxes) to not be shared. Purchase of additional kit in annual budget to facilitate this. Players will be encouraged to bring their own kit where possible. Players to be given one ball per session to prevent sharing.****All equipment to be cleaned with antiseptic wipes between use.****Players to be reminded of importance of not touching their face during sessions.****Sessions to be conducted in line with ECB guidelines (**[Recreational\_Cricket\_COVID\_Guidance\_in\_England\_Step-2\_12\_April.pdf (ecb.co.uk)](https://resources.ecb.co.uk/ecb/document/2021/04/09/907a4c6a-460e-4f82-b807-4d48b2a6e890/Recreational_Cricket_COVID_Guidance_in_England_Step-2_12_April.pdf)). | **1** | **5** | **5** |  |
| Transmission of Coronavirus via airborne droplets and particles. | Respiratory illness due to Covid-19. Potentially serious symptoms and long-term complications. | All players, particularly those from vulnerable groups. | **2** | **5** | **10** | **Players to observe 2-metre social distancing at all times. All sessions to be conducted outside.**  | **1** | **5** | **5** | Players to wear masks if necessary to be within 2 metres of another (eg: if needed to provide first aid etc). |
| Lack of communication of club’s Covid-19 precautions and non-compliance with common guidelines | Coronavirus transmission and Covid-19 disease as above. | All members, particularly those from vulnerable groups. | **4** | **5** | **20** | **Risk assessment and ECB guidelines for recreational Cricket to be shared and available to download in the club’s Facebook group, via email and on the Group’s Hub.****All club members to be reminded of the need to follow common government guidelines, including one-way systems around campus.****All members to be reminded that they should not attend sessions if they are suffering from any Covid-19 symptoms, have tested positive for Covid-19, or have been in close contact with someone who has symptoms or has tested positive.****Members to engage with contact-tracing system and order tests if a fellow club-member has displayed Covid-19 symptoms or tested positive.****Players required to book onto sessions via the University’s Sport and Wellbeing App.****Players to follow university travel guidelines (**<https://www.southampton.ac.uk/coronavirus/faq/student-travel.page>) **Members should not return to campus unless necessary, in line with government guidelines. If this is necessary, members are expected to engage with the weekly saliva testing programme and to return two consecutive negative saliva tests before coming to sessions.** | **2** | **5** | **5** | **Members to engage with contact-tracing system and order tests if a fellow club-member has displayed Covid-19 symptoms or tested positive.** **Suspension of club activities until necessary. Relevant information on testing and contact-tracing to be provided.** |
| Covid-19 and associated ‘lockdown’ restrictions. | Mental health concerns | All members, especially vulnerable groups | **3** | **5** | **15** | **Club welfare rep to offer support and direct members to relevant support services where necessary, WIDE training to be completed by president and welfare rep.** | **2** | **4** | 8 | Making members regularly aware of mental health support if further support is required. |
| Travelling to games/training sessions | Transmission of Covid-19 in cars/on pubic transport. | Players, members of pubic in contact with players | **2** | **5** | **10** | **Cars should not be shared in order to get to training sessions, unless shared by members of same household. Where possible, members should avoid public transport (buses, trains etc). Travel by foot/bicycle/car (alone or with other household members) recommended as safest option.****Matches to be kept local in order to facilitate safer travel.** | **1** | **5** | **5** |  |
| Administering First Aid. | Risk to injured/ill person of not receiving adequate first aid. Risk of Covid-19 transmission to person administering first aid due to being in close contact. | Injured member, member administering first aid. Those in contact with members. | **2** | **5** | **10** | **Members to wear face coverings when within 2m of each other. Person administering first aid to wear gloves and use clean equipment (either sterile packaging or wiped down with sterile wipes) when giving first aid. First aid to be given in line with BLS training (all medical students receive BLS training in their first year).** | **1** | **5** | **5** |  |

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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** |
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| Responsible manager’s signature: | Responsible manager’s signature: |
| Print name: | Date: | 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 |