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| **Risk Assessment** | | | | |
| **Risk Assessment for the activity of** | **Southampton Medics Cricket Club (Panthers)** | | **Date** | **22/03/2023** |
| **Unit/Faculty/Directorate** | **SUSU (MedSoc)** | **Assessor** | **Sukhdev Sraw** | |
| **Line Manager/Supervisor** | ***Steffan Rowlands - 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 covid19 | 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.**  **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 between use.** | **1** | **5** | **5** |  |
| Injury due to inappropriate attire | Cuts and bruises to self. Cuts and bruises to others. Injuries due to inappropriate clothing | All players | **3** | **4** | **12** | **If possible, players will take jewellery off before playing. If not, they should be appropriately covered to ensure player safety. Players will be required to wear appropriate shoes i.e. trainers, and clothing i.e. sport shorts and t-shirt** | **1** | **2** | **2** |  |
| Injury due to lack of safety equipment | Bruising, broken bones, concussion/head injury. | All players | **3** | **4** | **12** | **Batsmen will be required to wear appropriate protection (leg pads, gloves, helmet) when batting. Wicket keepers will also be required to wear protective equipment. Players without proper kit will be given appropriate kit. Players will not be allowed to play without proper protective equipment** | **2** | **2** | **4** |  |
| Injury due to excessive bowling | Damage to muscles | All players | **2** | **4** | **8** | **Players will all warm up prior to activity beginning. Bowlers – especially fast bowlers will be monitored in terms of their bowling load. If bowlers are feeling tired, they will be advised to stop/have a break. There will be regular breaks to allow for players to recover** | **1** | **3** | 3 |  |
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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: Steffan Rowlands | | | | Date: 22/03/23 | Print name: SUKHDEV SRAW | | Date 22/03/23 |

**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 |