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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Meet and greet** | **Date** | **15/10/21** |
| **Unit/Faculty/Directorate** | **Muslim Medics Southampton** | **Assessor** | **Mohammad Shah** |
| **Line Manager/Supervisor** | ***Mohammad Shah*** | **Signed off** | ***Mohammad Shah*** |

| ***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** |
| COVID-19 | Someone with the virus (who may not know they have it) could pass it to other people at the event. This could then lead to further spreading to the general public if other people come into close contact. | Potential of harming everyone at event and/or other members of the public if the virus spreads | **3** | **5** | **15** | Given that the majority of over-18s have now been vaccinated at least with their first dose, the impact of COVID-19 has decreased significantly; whilst people can still catch/spread it, it is now much less likely to cause harm compared to not being vaccinated. We will however still make it clear prior to the event that if anyone is ill at all that they should **not** attend. We will also encourage all attendees to get tested for COVID prior to the event. As per government guidelines, we will not force everyone to wear a mask nor stand socially distanced, however we will highly encourage this as well advising everyone to be wary of close contact. We have purposefully booked a large venue to allow for more room, but we will also moderate the number of people who attend the event and enforce stricter distancing in areas where it gets too crowded. | **1** | **3** | **3** |  |
| Allergic reaction to provided food | Someone might have an allergic reaction to the food we give. The impact varies depending on the type of reaction, but generally the individual could be harmed.  | Person who is allergic | **2** | **4** | **8** | We will ask attendees to let us know if they are allergic to anything so that we can then advise them about if they can eat the food we provide. We will ask the food providers to inform us of all the ingredients in their food such that we can confidently do this.  | **1** | **4** | **4** |  |
| COVID cleanliness | If someone were to have COVID and spread their germs in the room, future users may end up getting infected. | Future users of the room | **3** | **3** | **9** | We will ask attendees to sanitise often and encourage them to wear face masks (as per earlier risk identification). Following our use of the room, we will wipe down our seats/desk areas with anti-bacterial wipes. | **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: Mohammad Shah, Education lead | Responsible manager’s signature: Muhsin Zaiq |
| Print name: Mohammad Shah | Date: 29/09/21 | Print name: Muhsin Zaiq | Date:29/09/21 |

**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 |