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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Women’s Regionals – 2023/24** | **Date** | **09/03/2024** |
| **Unit/Faculty/Directorate** | **Ethan Pantling – Secretary** | **Assessor** | **Ethan Pantling** |
| **Individual/Coach** | **Hollie Jackson – President**  | **Signed off** | **Hollie Jackson** |
| **Line Manager/Supervisor** |  | **Signed off** |  |

**Pitches**

Leisure at Cheltenham, Tommy Taylors Lane, Cheltenham, GL50 4RN

**Nearby A&E**

Gloucester Royal Hospital,Great Western Rd, Gloucester GL1 3NN

This Risk Assessment is acting as a ‘tournament specific’ supplementary RA to the most recently uploaded General RA on SUSU at the time. The tournament is played on indoor pitches, as with pool sessions.

All club members will be instructed to read this Risk assessment before the tournament

| ***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** |
| **Travel**  |  |  |  |  |  |  |  |  |  |  |
| Travel to the tournament | Road accidents  | Members of the public. People in the car/van/minibus. | **1** | **5** | **5** | Always follow the highway code.Do not drive having consumed alcohol.Ensure regular breaks to avoid tiredness, these are also to be encouraged by persons in the vehicle and the committee.Where possible, have multiple drivers per vehicle.Leave enough time for the journey and plan the route beforehand to avoid rushing. | **1** | **5** | **5** | * Call emergency services as required 111/999
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| Boats falling off transport | Damage to vehicle and other vehicles.Road accidents.Damage to equipment. | Members of the public. People in the car.  | **2** | **3** | **6** | Ensure thorough strapping of boats and train members to do this safely.A second person (usually the driver) is then responsible for checking this before departing.Front seat passenger then checks to ensure fastenings remain secure throughout the journey.The driver to stop as soon as the fastenings loosen and it is safe to do so, to tighten them. | **1** | **3** | **3** | * Call emergency services as required 111/999
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| Accident involving car and public/attendee/official when parking or at venue. | Damage to vehicle.Injury | AttendeesOfficialsPublic | **2** | **4** | **8** | General awareness of drivers, passengers and pedestrians is required.Speed of car to be lowered considerably in such areas. | **1** | **4** | **4** | * Call emergency services as required 111/999
* Follow [SUSU incident report policy](https://www.susu.org/groups/admin/howto/protectionaccident)
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| **Tournament**  |  |  |  |  |  |  |  |  |  |  |
| Injury due to gameplay | Severe injury | Players | **4** | **5** | **20** | All players to be aware of the rules and their necessity in reducing the risk of game play.All players to abide by the rules and be supervised by the referees during gameplay to ensure the rules are followed.Removal from the tournament of players who fail to do this to a punishable (dangerous or deliberate and repeated) extent.Correct kit to be worn at all times during gameplay and on the water. | **2** | **4** | **8** | * First aid kits to be available pitch side
* Call emergency services as required 111/999
* Follow [SUSU incident report policy](https://www.susu.org/groups/admin/howto/protectionaccident)
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| Long standing injury or minor severe injuries with no open wounds. | Repetitive strain Aggravation of prior injuriesSprains/strains or similar minor injuries. | Players | **4** | **3** | **12** | Awareness of relevant prior injuries on entrance to club, and continuing injuries through the course of membership and training.Potential removal from gameplay for the remainder of the tournament, on medical suggestion or in regards to player’s wellbeing. | **2** | **3** | **6** | * Transport to close minor injuries as needed to be arranged by committee.
* First aid kits to be available pitch side.
* Call emergency services as required 111/999
* Follow [SUSU incident report policy](https://www.susu.org/groups/admin/howto/protectionaccident)
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| Open wounds | Diseases and infections | Players | **1** | **3** | **3** | Affected player to ensure the dressing and disinfecting of open wounds prior to gameplay and when appropriate. Suggesting no/limited gameplay to those with larger open wounds. | **1** | **3** | **3** | * First aid kits to be available pitch side.
* Pitches are inside and therefore the water content is also carefully monitored.
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| Water | Drowning, due to possible head injury of inability to swim sufficiently or being trapped or pinned. Similar injury/hazardous condition due to inhalation of water or lack of oxygen. | PlayersReferees Attendees | **2** | **5** | **10** | All players to be aware of the rules and their necessity in reducing the risk of game play, and to abide by them in order to prevent disabling injuries.Referees to mind their own safety pitch side foremost, and control gameplay to ensure safety of players and themselves.Attendees (non-players) to keep clear of gameplay and referees in accordance to the rules of gameplay.Approved buoyancy aids and kit to be worn on the water.Players ensured capable of swimming normally due to swim and safe capsize test on entry to the club.Players to be capable of both signalling for a ‘T-rescue’ and both giving one and receiving one as per training through the club.Players to be aware or signal if teammate or competitor is in distress.Attendees who are unable to T rescue to be identified and team members to be ready to help them to empty and get back in their boat.All members to have done a deck test and be able to leave their boat safely. | **1** | **5** | **10** | * Kit must pass scrutineer in order to adhere to regulations set by the BCU before gameplay with said kit is allowed.
* Call emergency services as required 111/999
* Follow [SUSU incident report policy](https://www.susu.org/groups/admin/howto/protectionaccident)
* Transport to close minor injuries as needed to be arranged by committee.
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| Dehydration/Lack of sufficient food. | Fainting, DizzinessHeadachesMore serious conditions | Attendees | **2** | **3** | **6** | Attendees to be informed of potential sources of food and water pitch side and prior to/on travel to the tournament.  | **1** | **3** | **3** | * Tournament is indoors and is only for one day. Attendees to bring sufficient amount of food / water.
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| Pool edges | Injury due to tripping, slipping and collisions with poolside.  | AttendeesRefereesCoachesOfficialsMarshals | **2** | **4** | **8** | Attendees to keep the walkways by the edge of the pool clear as much as possible.Obey marshal/official’s instructions to vacate them.Only referees, coaches and table to use the walkways for prolonged periods of time. | **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** |
| 01 | Submission of RA from organisers TBC | Ethan / Sam | ASAP |  |  |
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| Responsible manager’s signature: Ethan Pantling | Responsible manager’s signature:Hollie Jackson |
| Print name: **Ethan Pantling** | Date:03/03/2024 | Print name: **Hollie Jackson** | Date:03/03/2024 |

**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 |