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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Sisters’ Volunteering Presentation** | **Date** | **25/10/2024** |
| **Unit/Faculty/Directorate** | **University of Southampton Islamic Society** | **Assessor** | **Nabila Choudhury** |
| **Line Manager/Supervisor** | **Mohammed Saqib****Shohel** | **Signed off** | **Mohammed Saqib****Shohel** |

| ***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** |
| Looking at a screen for an extended period of time. | Eye strain. Fatigue. | All attendees viewing the screen. | **3** | **1** | **3** | Take frequent breaks in between screen usage. | **3** | **1** | **3** |  |
| Seating for an extended period of time. | Bad posture. Strained nerves and muscles.  | Seated attendees. | **3** | **1** | **3** | Take frequent breaks to stand up and stretch. | **3** | **1** | **3** |  |
| Inadequate meeting space – overcrowding, not inclusive to all members. | Physical injury. Distress. Exclusion. | Event organisers and attendees. | **1** | **3** | **3** | -Committee check on room pre-booking, checks on space, lighting, access, tech available.-Ensure space meets needs of members, e.g. considering location and accessibility of space.-Committee to consult members on needs and make reasonable adjustments where possible. | **1** | **3** | **3** | -Seek medical attention if problem arises.-Liaise with SUSU reception/activities team on available spaces for meetings.-Postpone meetings where space cannot be found.-Look at remote meeting options for members. |
| Presentation slides – PowerPoint which involves the use of electrical equipment such as computers and whiteboards. | Risk of eye strain. Injury. Electric shock. | Event organisers and attendees. | **2** | **4** | **8** | -Ensure regular breaks (ideally at 20-minute intervals).-Ensure screen is set to avoid any glare, is at approximate eye-level for the majority, where possible.-Ensure no liquids are placed near electrical equipment.-Ensure all leads (if any) are secured with table/mats etc. | **1** | **4** | **4** | -Request support and advice from SUSU IT/tech teams, e.g. via activities team.-For external venues, pre-check equipment and last PAT testing dates.-Seek medical attention as required. |
| Medical emergency. | Members may sustain injury/become unwell. Pre-existing medical conditions, sickness, distress. | Event organisers and attendees. Staff on sight. | **3** | **5** | **15** | -Advise participant to bring their personal medication.-Members/committee to carry out first aid if necessary and only if qualified and confident to do so.-Contact emergency services as required (111/999).-Contact SUSU reception/venue staff for first aid support. | **2** | **5** | **10** | -Incidents are to be reported as soon as possible ensuring the duty manager/health and safety officer have been informed.-Follow SUSU incident report policy linked below.<https://www.susu.org/groups/admin/howto/protectionaccident>  |
| Insufficient fire safety awareness. | If the fire alarm is triggered, people may be panicked and unsure of where to go. Crushing, Bruises, falls, burns and smoke inhalation. Reduced space in buildings and external walkways, obstructed fire exits. Build-up of flammable material, e.g. waste, carboard boxes etc. | Event organisers and all attended. Staff on sight. | **2** | **5** | **10** | **-**Ensure members know where the nearest fire exits are, and the meeting place can be outside if needed.-Build-up of rubbish to be avoided. Personal belongings should be kept to a minimum. Excess waste build-up is to be removed promptly and deposited in the designated areas. | **1** | **5** | **5** | -All incidents are to be reported as soon as possible ensuring the duty manager/health and safety officer have been informed.-Call the emergency services and university security:-Emergency contact number for campus security:-Tel: +44 (0)23 8059 3311 (Ext:3311) |

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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 | Brief attendees: inform committee and participants via social platforms about SUSU policies and guidelines. | Relevant committee member - President to ensure is completed. | 21/10/2024 | Continuous. |  |
| 2 | Ensure all control measures are implemented. | President/Vice President. | 21/10/2024 | 21/10/2024 |  |
| 3 | Ensure the adequate first aid support is available on site in case of emergency. | President/Vice President. | 21/10/2024 | 21/10/2024 |  |
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| Responsible manager’s signature: Nabila Choudhury | Responsible manager’s signature: Muhammed Saqib Shohel |
| Print name: Nabila Choudhury | Date: 21/10/2024 | Print name: Muhammed Saqib Shohel | Date 21/10/2024 |

**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 |