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| **Risk Assessment** |
| **Risk Assessment for the activity of** | **Obstetrics and Gynaecology Society – AGM****Proposed date and time of event: 8th May 2024****Location(s) of event(s): Online/Teams meeting** | **Date** | **02/05/2024** |
| **Group name** | **The Activities Team and NDDSoc**  | **Assessor** | **Michelle John** |
| **Supervisor** | **Michelle John** | **Signed off** | **SUSU Activities Team** |

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| ***PART A***  |
| **(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** |  |
| **Meetings & Socials** |
| Security/privacy issues related to use of video or voice call software | Data protection breach | All participants | **3** | **2** | **6** | * Create passwords to access recording/stream
* Participants asked not to pass password on to others
* Avoid publishing passwords on social media or public forums
 | **1** | **2** | **2** | * Virtual meeting host to remove uninvited participants from meeting if necessary
 |
| Unauthorised recording of sessions | Data protection breach | All participants | **2** | **3** | **6** | * Switch off in-software recording
* Ask participants not to record session and state that a recording will be provided if the speaker agrees
 | **1** | **2** | **3** | * Immediately make participants aware if any attendee begins recording without prior agreement
* If seen, the attendee will be asked to stop, and if refuses, will be removed from the activity
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| Remote access to devices | Data protection breach | All participants | **2** | **3** | **6** | * Activity host to switch off device access in account settings
* Participants to be reminded not to give access to or request access from the activity host
 | **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** |
| 1 | Ask all participants/attendees to be respectful i.e. not share personal information or record sessions | President | On the day of each event |  |  |
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| Responsible committee member signature: Michelle John | Responsible committee member signature: Somaya Ghaderi |
| Print name: Michelle John | Date: 02/05/2024 | Print name: Somaya Ghaderi  | Date: 02/05/2024 |

**Assessment Guidance**

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| * Eliminate
 | Remove the hazard wherever possible which negates the need for further controls | If this is not possible then explain why |  |
| * Substitute
 | Replace the hazard with one less hazardous | If not possible then explain why |
| * Physical controls
 | Examples: enclosure, fume cupboard, glove box | Likely to still require admin controls as well |
| * Admin controls
 | Examples: training, supervision, signage |  |
| * Personal protection
 | Examples: respirators, safety specs, gloves | Last resort as it only protects the individual |
| **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.  |

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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 |