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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 | |
| 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 |