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| **Risk Assessment No:** **RA/ Sports Academy 01****Issue Number: 01** | **Campus Name: Cauldon** **Department/Work Area: Sports Academy****Activity: Changing Rooms** | **Assessment Team Names** **Scott Bailey / Sharon Salmon, Belinda Talbot, Craig Brough, Callum Downs****Assessment Date: 12/01/21** |

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| **Additional Assessments** |  | **Manual Handling** | No | **Work Equipment** | No | **COSHH** | No |

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| **DSE** | No | **Young Person** | No | **Confined spaces** | No | **Lone Worker** |  No |

Hazard Severity: 5 = Very High 4 = High 3 = Moderate 2 = Slight 1 = Nil

Likelihood: 5 = Very Likely 4 = Likely 3 = Quite Possible 2 = Possible 1 = Not Likely

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| **Hazard** | **Infectious disease Covid 19** | **Severity** | **5** |
| **Personnel/property at Risk?** | Staff, Work, visitors, students |
| **Cause** | **Existing Control Measures** | **Likelihood** |
| **Lack of training** | All staff to read college risk assessment procedure for Covid 19 |  **2** |
| **Inadequate cleaning** | All changing area cleaned thoroughly each day with checks and spot check cleaning done at regular intervals throughout day |
| **Clothes and bags left in changing area** | All customers informed that all personal belongings should be in lockers, showers and changing area should only be used if absolutely necessary, where possible customers should shower and change at home. Masks to be worn in this areas. |
| **Close contact** |  Signs displayed saying keep 2 metres distance, every other shower and toilet out of use |
| Hazard Severity x Likelihood of Occurrence =  | **Total Risk Rating** | **10** |

For a total risk rating of 12 of over, immediate action must be taken to reduce the residual risk to an acceptable level i.e. below 12

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| **Immediate Action Required to Reduce Risks** | **Hazard Severity** | **Likelihood reduced to** | **RRR** | **Responsibility** | **Date** |
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| Dept Manager /Head of Learning Name: Sharon SalmonSignature: Date:  | Lead Assessors Name: Scott Bailey/Sharon SalmonSignature: Date:  |

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| **Risk Assessment No:** **RA/Sports Academy 02****Issue Number: 01** | **Campus Name: Cauldon** **Department/Work Area: Sports Academy****Activity: Changing Rooms** | **Assessment Team Names** **Scott Bailey / Sharon Salmon Belinda Talbot, Craig Brough, Callum Downs****Assessment Date: 12/01/21** |

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| **Additional Assessments** |  | **Manual Handling** | No | **Work Equipment** | No | **COSHH** | No |

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| **DSE** | **Yes** | **Young Person** | No | **Confined spaces** | No | **Lone Worker** | No |

Hazard Severity: 5 = Very High 4 = High 3 = Moderate 2 = Slight 1 = Nil

Likelihood: 5 = Very Likely 4 = Likely 3 = Quite Possible 2 = Possible 1 = Not Likely

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| **Hazard** | **Wet areas** | **Severity** | **4** |
| **Personnel/property at Risk?** | Staff, visitors, students |
| **Cause** | **Existing Control Measures** | **Likelihood** |
| **Slips** |  Excess water to be mopped up and caution signs displayed.Dry up spills/conditioners etc ASAP.College cleaning staff check changing rooms at regular intervals during the day.Non slip flooring in shower area and changing area | **2** |
| **Infections** | Changing rooms cleaned with anti-bacterial cleaning agents every day by college cleaning staff.Excessive body fluid spills, cleaning staff to bring specialist spill kit to get up. |
| **Water quality** | Estates to purify the tanksAnnual inspection and testing. |  |
| **Water born disease** | College cleaning staff to run showers as part of their cleaning regime to prevent build-up of stagnant water. |  |
| Hazard Severity x Likelihood of Occurrence =  | **Total Risk Rating** | **8** |

For a total risk rating of 12 of over, immediate action must be taken to reduce the residual risk to an acceptable level i.e. below 12

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| **Immediate Action Required to Reduce Risks** | **Hazard Severity** | **Likelihood reduced to** | **RRR** | **Responsibility** | **Date** |
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| Dept Manager /Head of Learning Name: Sharon SalmonSignature: Date:  | Lead Assessors Name: Scott BaileySignature: Date:  |

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| **Risk Assessment No:** **R****Issue Number: 01** | **Campus Name: Cauldon****Department/Work Area: Sports Academy****Activity:** |

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| **Risk Assessment No:** **RA/Sports Academy 03****Issue Number: 01** | **Campus Name: Cauldon****Department/Work Area: Sports Academy****Activity: Changing rooms** | **Assessment team names:** **Scott Bailey, Sharon Salmon, Belinda Talbot, Craig Brough, Callum Downs****Assessment date: 12/01/21** |

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| **Additional Assessments** |  | **Manual Handling** |  No | **Work Equipment** | No | **COSHH** |  No |

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| **DSE** | No | **Young Person** |  No | **Confined spaces** | No | **Lone Worker** |  Yes |

Hazard Severity: 5 = Very High 4 = High 3 = Moderate 2 = Slight 1 = Nil

Likelihood: 5 = Very Likely 4 = Likely 3 = Quite Possible 2 = Possible 1 = Not Likely

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| **Hazard** | **Violence, assault** | **Severity** | **3** |
| **Personnel/property at Risk?** | Staff, students, visitors |
| **Cause** | **Existing Control Measures** | **Likelihood** |
| **Poor working environment** | CCTV is in operation in corridor and receptions areas  | **2** |
| **Pre-planned attacks** | All Sports Academy users must provide ID when signing up for facility useGym staff to monitor changing rooms during quiet periods and when large groups in changing roomsFree locker use provided for valuables |
| **Lack of deterrent** | Signs up in the gym stating that no physical or verbal abuse will not be tolerated. Emergency call 3-999 to reception to get BSO if needed or to call police |
| **Un-controlled access** | Entry to the sports academy reception and corridor is controlled by swipe access. No one allowed entry unless using the facility |
| Hazard Severity x Likelihood of Occurrence =  | **Total Risk Rating** | **6** |

For a total risk rating of 12 of over, immediate action must be taken to reduce the residual risk to an acceptable level i.e. below 12

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| **Immediate Action Required to Reduce Risks** | **Hazard Severity** | **Likelihood reduced to** | **RRR** | **Responsibility** | **Date** |
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| Dept Manager /Head of Learning Name: Sharon SalmonSignature: Date:  | Lead Assessors Name: Scott BaileySignature: Date:  |

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| **Additional Assessments** |  | **Manual Handling** | No | **Work Equipment** |  No | **COSHH** | Yes |

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| **DSE** |  No | **Young Person** |  No | **Confined spaces** | No | **Lone Worker** |  No |

Hazard Severity: 5 = Very High 4 = High 3 = Moderate 2 = Slight 1 = Nil

Likelihood: 5 = Very Likely 4 = Likely 3 = Quite Possible 2 = Possible 1 = Not Likely

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| **Hazard** | **Poisoning/Allergic reactions** | **Severity** | **5** |
| **Personnel/property at Risk?** |  Staff, visitors, students |
| **Cause** | **Existing Control Measures** | **Likelihood** |
| **Chemical cleaning agents** | Refer to COSHH guidelines displayed on cleaning cupboard door if using chemicals.Chemical hazard labels displayed on chemicals.Cupboard door has swipe card access.Only college cleaning staff to use chemicals for majority of cleaning.Call college cleaning staff wherever possible for any out of the ordinary/large cleaning jobs during the day.Sports Centre staff 1st aid trained and 1st aid kit at receptionOnly staff COSH trained to used chemical products | **1** |
| Hazard Severity x Likelihood of Occurrence =  | **Total Risk Rating** | **5** |

For a total risk rating of 12 of over, immediate action must be taken to reduce the residual risk to an acceptable level i.e. below 12

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| **Immediate Action Required to Reduce Risks** | **Hazard Severity** | **Likelihood reduced to** | **RRR** | **Responsibility** | **Date** |
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| Dept Manager /Head of Learning Name: Sharon SalmonSignature: Date:  | Lead Assessors Name: Scott BaileySignature: Date:  |

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| **Risk Assessment No:** **RA/ Sports Academy 04****Issue Number: 01** | **Campus Name: Cauldon** **Department/Work Area: Sports Academy****Activity: Changing rooms** | **Assessment Team Names** **Scott Bailey / Sharon Salmon, Belinda Talbot, Craig Brough, Callum Downs****Assessment Date: 12/01/21** |