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| **Risk Assessment No:**  **RA/ Sports Academy 01**  **Issue Number: 01** | **Campus Name: Cauldon**  **Department/Work Area: Sports Academy**  **Activity: Sports Hall** | **Assessment Team Names Scott Bailey / Sharon Salmon/Craig Brough/Belinda Talbot/Callum Downs**  **Assessment Date: 20/11/20** |

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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** | **Manual Handling Injuries** | | **Severity** | **3** |
| **Personnel/property at Risk?** | Sports Academy Staff, Work Placements | | | |
| **Cause** | **Existing Control Measures** | | | **Likelihood** |
| **Muscular/skeletal injuries** | Anyone moving equipment must have manual handling training | | | **2** |
| **Football posts** | These to remain on the wall unless being used, if taken off the wall they must be put back, it requires 2 people to move these safely. When in use sandbags must be used to secure so that they don’t fall over. | | |
| **Netball/badminton/volleyball posts** | To be set up for use and taken down after. 2 people required to volleyball main posts. | | |
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| 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 Salmon  Signature:  Date: | Lead Assessors Name: Scott Bailey  Signature:  Date: |

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| **Risk Assessment No:**  **RA/Sports Academy 02**  **Issue Number: 01** | **Campus Name: Cauldon**  **Department/Work Area: Sports Academy**  **Activity: Sports Hall** | **Assessment Team Names**  **Scott Bailey / Sharon Salmon/Craig Brough/Belinda Talbot/Callum Downs**  **Assessment Date: 20/11/20** |

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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** | **Covid 19** | | **Severity** | **5** |
| **Personnel/property at Risk?** | Sports Academy staff, sports hall users, students, work placements, external customers | | | |
| **Cause** | **Existing Control Measures** | | | **Likelihood** |
| **Sports hall floor** | Floor cleaned daily with industrial machine | | | **2** |
| **Lack of ventilation** | Sports hall fire doors to be opened to allow in fresh air if needed but must be closed by group using hall before leaving area. | | |
| **Handling of equipment** | All equipment handled must be cleaned after use. | | |
| **Sporting activities** | All team sports and other activities must be risk assessed by tutor or external group organiser for Covid and guidelines for appropriate sports bodies followed. | | |
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| 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 Salmon  Signature:  Date: | Lead Assessors Name: Scott Bailey  Signature:  Date: |

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| **Risk Assessment No:**  **RA/ Sports Academy 03**  **Issue Number: 01** | **Campus Name: Cauldon**  **Department/Work Area: Sports Academy**  **Activity: Sports Hall** | **Assessment Team Names**  **Scott Bailey / Sharon Salmon/Craig Brough/Belinda Talbot/Callum Downs**  **Assessment Date: 20/11/20** |

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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** | **Sports activities** | | **Severity** | **4** |
| **Personnel/property at Risk?** | Sports Academy staff | | | |
| **Cause** | **Existing Control Measures** | | | **Likelihood** |
| **Incorrect clothing/footwear** | Tutors/external group organisers responsible for ensuring appropriate clothing is worn for activity. No outdoor shoes to be worn in hall. | | | **2** |
| **1st aid incidents** | All 1st aid incidents must be reported to sports academy staff who are 1st aid trained, 3-999 to be called in medical emergency by sports academy staff. Incidents recorded via correct college process | | |
| **Injuries** | Activities taking place in sports hall to be risk assessed by tutors/external group organisers. Equipment used only for its correct purpose. | | |
| **Medical Conditions** | Medical clearance given by tutors/external group organisers and refer if appropriat | | |
| **External users** | External users fill in lettings form and read guidelines. External users are responsible for the Health and Safety of the people taking part in their sessions. | | |
| **Inappropriate behaviour** | Tutors/external group organisers responsible for monitoring the behaviour of their group in the hall and viewing area, any student displaying inappropriate behaviour must be asked to leave. | | |
| 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 Salmon  Signature:  Date: | Lead Assessors Name: Scott Bailey  Signature:  Date: |

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| **Risk Assessment No:**  **RA/ Sports Academy 04**  **Issue Number: 01** | **Campus Name: Cauldon**  **Department/Work Area: Sports Academy**  **Activity: Sports Hall** | **Assessment Team Names**  **Scott Bailey / Sharon Salmon/Craig Brough/Belinda Talbot/Callum Downs**  **Assessment Date: 20/11/20** |

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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** | **Safeguarding** | | **Severity** | **3** |
| **Personnel/property at Risk?** | Students/vulnerable adults | | | |
| **Cause** | **Existing Control Measures** | | | **Likelihood** |
| **Unauthorised access** | Group organisers/tutors/external users responsible for taking registers of all people taking part in their session or viewing their session, this also conforms with fire regulations. Swipe system in operation for all door access within Sports Academy. | | | **2** |
| **Identity of users** | During main college opening hours visitors must sign in at reception and get a visitor badge. All gym customers have gym ID. All students and staff must wear ID badges  External group activity organiser to sign in  Sports Academy staff to challenge anyone without ID. | | |
| **Lack of training** | All College staff have done Safeguarding and WRAP training. | | |  |
| 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 Salmon  Signature:  Date: | Lead Assessors Name: Scott Bailey  Signature:  Date: |

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| **Risk Assessment No:**  **RA/ Sports Academy 05**  **Issue Number: 01** | **Campus Name: Cauldon**  **Department/Work Area: Sports Academy**  **Activity: Sports Hall** | **Assessment Team Names**  **Scott Bailey / Sharon Salmon/Craig Brough/Belinda Talbot/Callum Downs**  **Assessment Date: 20/11/20** |

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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** | **Environment** | | **Severity** | **4** |
| **Personnel/property at Risk?** | Sports Staff, Students, Learners, Customers, Visitors, Contractors | | | |
| **Cause** | **Existing Control Measures** | | | **Likelihood** |
| **Slips, trips, falls** | Tutors or group leaders must ensure no obstacles are left on the floor in the playing area. Any equipment taken into the sports hall from the store areas must be put back after session. Hall cleaned daily. | | | **2** |
| **Theft** | Lockers provided for people to put away bags and valuables | | |
| **Temperature** | No temperature controls in sports hall and so organisers must ensure adequate warm up if performed if cold, if too hot fire doors can be opened. | | |
| **Spillages** | All spillages or excess moisture on the floor to be cleaned up immediately. | | |  |
| **Lighting** | The sports hall is adequately lit with lights that can be dimmed if needed for a particular sport, light control at exit for sports hall. | | |  |
| 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 Salmon  Signature:  Date: | Lead Assessors Name: Scott Bailey  Signature:  Date: |