|  |  |  |  |
| --- | --- | --- | --- |
| TASK BASED RISK ASSESSMENT | | | |
| **TASK** | **UHI – GUIDED WALK and Field Visit**  25/26 March 2020 |  | |
| **Other information relevant to this task** | * Inclement weather. * Steep slopes * 60 students plus 10 staff members will be out in the field from 10 to 4pm. | | |
| **Identified hazards** | 1. Injury from slips, trips or falls due to uneven terrain or steep inclines. 2. Muscle strain or fatigue during walk. 3. Dangers connected with extremes of temperature or inclement weather. 4. Ticks and possibility of Lymes Disease | | |
| **Who Might be Harmed and How** | Staff and participants on the guided walk suffering fatal or serious injury caused by the above hazards. | | |
| **Control measures for identified hazards with risk-rating** | Specific controls for the identified hazards above:   1. Members of group to stick to path as much as possible to reduce the risk of a slip, trip or fall. Staff to carry first aid kit and mobile phones. 2. All participating should be made aware of the level of physical fitness required. Regular breaks should be taken during the activities. Enough food and (hot) drink to be carried. A pre-assessment should be made of the fitness of the individuals involved, and the task/walk set accordingly. First Aid kit to be carried. 3. Staff and participants to have suitable PPE. All should be informed of the need for effective PPE. Staff leading any group should turn away unsuitably equipped members of the group if no PPE can be provided or is available. 4. By mainly sticking to the path the occurrence of tick bites will be reduced and the risk is lower early in the season. Group members should, however, make regular checks for ticks during the day and remove carefully if bitten. Should swelling etc. result then a Doctor’s examination will be advisable. | | **S X L = R**  1 X 2 = 2  1 x 2 = 2  1 x 2 = 2  2 X 2 = 4 |
| Emergency/Contingency Arrangements (where risk rating is 6 or more) |  | | |
| **General Controls** | First aid kit available. Mobile phone coverage will allow contact with emergency services should uplift from hill be necessary. Where coverage is poor, pagers will be used. | | |
| **Further action (if applicable)** |  | | |
| **Assessment By / Date** | March 2020 **Date of next review** Jan 2021 | | |

**Personal down time**

Personal time can be defined as time when programmed fieldwork activities are not taking place but fieldworkers remain under the general jurisdiction of the University. It is unlikely that they will be supervised during these periods.

Downtime is defined as a period of time occurring before, after or within the overall duration of the fieldwork but outside the jurisdiction of the University.

There will be periods of down time, from 1730 when we return from the field on Wednesday 25th until 0900 hours on Thursday 26tht March and from when we return from the field on Thursday 26th March from 1600 until 0900 on Friday 27nd March. During this time, you are expected to behave in a manner which represents your University well, showing respect for others in the Hotel and elsewhere. Although you are out of UHI jurisdiction during these times, you remain UHI students and as such represent the University. Any incidents may be dealt with through the Student Discipline Code

Students involved in conference activities have a responsibility to ensure that they are not, for example, through the consumption of alcohol in such a condition to endanger their own safety or the safety of others.  Any student found to be using or in possession of drugs either in their personal or down time will be asked to leave the activity, and the incident may be referred under the Universities Non Academic Misconduct Policy.

**Travel.**

Students will be responsible for their own safety during travel to the conference. Places will be available in UHI vehicles to transport from the Carrbridge Hotel to the field site on 25/26thh March. Should you choose to use an alternative means of transport, you will do so at your own risk.

**Advice and Instructions on calculating the Risk Rating (S x L = R) are attached.**

## RISK RATING

**Risk Rating**

This is the numerical value derived from multiplying the **Hazard Severity** by the **Likelihood of Incident Occurring**.

This calculation will enable staff to quantify the risk potential either actual or perceived, having first examined, reviewed and assessed existing controls; information available; training records; and or best practices demonstrated.

**Hazard Severity (S) - Explanation**

A hazard is something with the potential to cause harm, which can vary in severity of outcome. The severity of a hazard should be rated according to the following table:

|  |  |
| --- | --- |
| S4 | A fatal injury or illness. |
| S3 | A major injury or serious illness may occur eg fractures or loss of consciousness. |
| S2 | Outcomes where persons are likely to be off work for more than three days or where there may be recurring injury or ill-health. |
| S1 | All other outcomes, including where persons may incur injuries resulting in periods of absence from work for up to three days. |

**Likelihood of Incident Occurring (L) - Explanation**

This is the consideration of how likely an incident is to occur, and should be rated according to the following table:

|  |  |
| --- | --- |
| L4 | High - Where it is certain that an incident will occur. |
| L3 | Medium - Where it is probable that an incident will occur. |
| L2 | Low - Where an incident is possible. |
| L1 | Very Low – Where an incident is unlikely. |

**Calculating a Risk Rating (R)**

This matrix shows how the Risk Rating is then calculated:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **L1** | **L2** | **L3** | **L4** |
| **S1** | 1 | 2 | 3 | 4 |
| **S2** | 2 | 4 | 6 | 8 |
| **S3** | 3 | 6 | 9 | 12 |
| **S4** | 4 | 8 | 12 | 16 |

The aim is to reduce the Risk Rating to as low as is reasonably practicable - a score of 3 or less is usually regarded as acceptable and scores of 12 or above are clearly unacceptable. Where the risk rating is greater than 3, consider again if all possible controls have been utilised. If not, then the line manager needs to decide whether the activity should go ahead or not by analysing and comparing the benefits of carrying out activity against the actual or potential costs associated with the increased risk. Where risk ratings are 6 or above, emergency/contingency arrangements need to be included in the section of the risk assessment detailed for this purpose.

Signed…………………………………………

Print ……………………………………………

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Date…………………………………………….

# HEALTH DECLARATION FORM

**We are collecting this information so that we can help anyone who might get injured or feel unwell during this activity. The information you give here will be used for this purpose only and not passed to any third party.**

**Name**.............................................................................................................

**Address**..........................................................................................................

**Telephone no**............................................... Date of Birth………………**Age** ……………………………………………………

**Emergency contact**

**Name**.............................................................................................................

**Address**.........................................................................................................

**Telephone no**..................………….(home)......................................(work)

**Medical / other information**

Please give brief details of any medical condition, current medication, allergies,

recent surgery or disability you think may affect your ability to take part in this activity.

…………………................................................................................................................…..

Declaration:

I understand the nature of the activities to be undertaken and have been advised of any hazards involved. I will notify the leader of the activity of any change to the above information.

I give my consent to any necessary first aid treatment being given in an emergency.

I give my consent to my details to be used for the purpose stated above.

Signature………………………………….. Date……………………………….

# Print Name