



# UCC Societies Event Plan & Risk Assessment

Please email complete form to [healthandsafety@uccsocieties.ie](mailto:healthandsafety@uccsocieties.ie)

Please also **PRINT** a copy (with any personal or contact details taken out) and display at your event

Name of Task / activity / Event	<input style="width: 100%;" type="text"/>
Society	<input style="width: 100%;" type="text"/>
Date of Event	<input style="width: 100%;" type="text"/>
Start Time	<input style="width: 100%;" type="text"/>
End Time	<input style="width: 100%;" type="text"/>
<p>Contact details of your event's Covid Safety Officer This individual will need to have completed the short Covid Safety training through the Socs Office</p> <p>Contact details of your event's main organiser (if separate to above)</p>	<p><b>Name:</b> <input style="width: 80%;" type="text"/></p> <p><b>Phone Number:</b> <input style="width: 80%;" type="text"/></p> <p><b>Email Address:</b> <input style="width: 80%;" type="text"/></p> <p><b>Name:</b> <input style="width: 80%;" type="text"/></p> <p><b>Phone Number:</b> <input style="width: 80%;" type="text"/></p> <p><b>Email Address:</b> <input style="width: 80%;" type="text"/></p>

# TABLE OF CONTENTS

All sections must be completed for Event Plan & Risk Assessment to be reviewed by H&S Team.

COVID-19 SPECIFIC CONSIDERATIONS	3
<b>A. TASK / ACTIVITY / EVENT DETAILS</b>	4
<b>B. EVENT ORGANISERS</b>	5
<b>C. PERSONNEL INVOLVED</b>	5
<b>D. OTHER CONSIDERATIONS</b>	6
<b>E. EMERGENCY PROCEDURES &amp; WELFARE REQUIREMENTS</b>	6
<b>F. RISK MATRIX</b>	7
<b>G. RISK ASSESSMENT</b>	9
<b>H. COMMUNICATION AND DECLARATION</b>	11



UCC  
SOCIETIES  
SPARK NEW INTERESTS.

# COVID-19 SPECIFIC CONSIDERATIONS

PLEASE READ THE MOST UP TO DATE NATIONAL & CAMPUS GUIDELINES AT THE BELOW LINKS

-NATIONAL GUIDELINES [HTTPS://WWW.GOV.IE/EN/CAMPAIGNS/C36C85-COVID-19-CORONAVIRUS/](https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/)

-UNIVERSITY GUIDELINES [HTTPS://WWW.UCC.IE/EN/EMT/COVID19/](https://www.ucc.ie/en/emt/covid19/)

WILL YOUR EVENT ABIDE BY THESE GUIDELINES ?

Y/N:

Organisers should discuss with the venue owner at the earliest possible opportunity to understand any additional restrictions that they may have in place

DOES YOUR EVENT REQUIRE YOU TO CAP THE AMOUNT OF ATTENDEES PRESENT ? IF SO WHAT IS MAXIMUM NUMBER OF ATTENDEES ALLOWED AT YOUR EVENT ? PLEASE DETAIL HOW YOU WILL MONITOR & LIMIT ATTENDANCE

OUTLINE ALTERNATE ARRANGEMENTS IN THE EVENT OF REDUCTION OF NUMBERS ALLOWED / CHANGE IN GUIDANCE

OUTLINE ARRANGEMENTS FOR MAINTAINING ADEQUATE SANITISING FACILITATION & MASK WEARING AT VENUE:

OUTLINE ARRANGEMENTS FOR MAINTAINING SOCIAL DISTANCING AT EVENT / ACTIVITY:

- Please ensure sanitising alcohol-based dispensers (available through socs office) are provided or other appropriate hand washing facilities.
- Ensure availability of bins / waste disposal (available from socs office if necessary)
- All non-essential equipment and surfaces should be closed off where possible (e.g. benches).

IN THE EVENT THAT INDIVIDUALS WILL BE SPENDING MORE THAN 15 MINUTES AT YOUR EVENT/ACTIVITY (WHETHER INDOOR OR OUTDOOR) PLEASE CONFIRM THAT YOU WILL MARK THEIR ATTENDANCE USING THE 'EVENT ATTENDANCE' FUNCTION ON THE CLUBS AND SOCS PORTAL. THIS IS MANDATORY FOR CONTACT TRACING PURPOSES AND INCLUDES THE ORGANISING COMMITTEE .

Y/N:

PLEASE ENSURE THAT ALL PARTICIPANTS ARE AWARE THAT THEIR CONTACT INFORMATION MAY BE MADE AVAILABLE TO THE GOVERNMENT/HSE IN THE EVENT OF A POSITIVE COVID-19 CASE FROM ONE OF THE PARTICIPANTS .

# PART A – TASK / ACTIVITY / EVENT DETAILS

LOCATION:

AREA ON CAMPUS TO BE USED (PLEASE MARK WITH AN X THE AREA THE EVENT IS BEING HELD)



PURPOSE OF THE EVENT:

DETAILED DESCRIPTION OF EVENT FROM START TO FINISH – RUNNING ORDER / TIMES ETC:

IF YOU ARE DEALING WITH CASH, PLEASE LET US KNOW THE MEASURES YOU WILL TAKE TO ABIDE BY THE SOCIETIES CASH HANDLING POLICY (AVAILABLE ON SOCIETIES WEBSITE ALONG WITH SAFETY MEASURE IN COVID REDUCTION IN CASH HANDLING )

## PART B – EVENT ORGANISERS

ROLE	NAME	CONTACT DETAILS	ROLE
SEE PAGE 1 FOR EVENT MANAGER / SAFETY COORDINATOR DETAILS			
OTHER COMMITTEE MEMBERS / ORGANISERS	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER COMMITTEE MEMBERS / ORGANISERS	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER COMMITTEE MEMBERS / ORGANISERS	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER COMMITTEE MEMBERS / ORGANISERS	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PART C – PERSONNEL INVOLVED

NAME	ROLE
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## PART D – OTHER CONSIDERATIONS

CONTINGENCY PLAN IN EVENT OF WEATHER ISSUES / OTHER UNFORSEEN

SEGREGATION OF ACTIVITY – PROVIDE DETAILS OF BARRIERS / STEWARDS (IF APPLICABLE)

TRAFFIC MANAGEMENT PLAN (IF APPLICABLE)

POWER ACCESS REQUIRED (OTHER THAN DOMESTIC PLUG)

EXTRA SECURITY REQUIREMENT? (IF APPLICABLE)

IS ANYTHING BEING CONSTRUCTED / TEMPORARY STANDS / TENTS ETC? PLEASE SPECIFY

## PART E – EMERGENCY PROCEDURES & WELFARE REQUIREMENTS

FIRST-AID FACILITIES

NAME OF FIRST AIDER(S)

PHONE

FIRST-AID BOX LOCATION

WELFARE ARRANGEMENTS (BATHROOMS / SHOWERS / FOOD / HOT WATER IF APPLICABLE)

## PART F – RISK MATRIX

Once the risks (this includes general safety risks as well as Covid-19 related risks) are identified and the existing controls are input, the risk needs to be assessed using the UCC Student Activity risk matrix

### Likelihood

This is a measure of how likely the risk described is to occur. When people are working safely there is less chance that an accident will occur.

RATING	SCORE	LIKELIHOOD
Almost Certain	5	Expected to occur or a common occurrence
Likely	4	Will probably occur in most circumstances
Possible	3	Might occur at some point
Unlikely	2	Small chance of occurring at some point
Rare	1	Only in exceptional circumstance

Likelihood will be influenced by the number of people on trip/ attending activity or event, and the steps already in place to prevent occurrence.

### Impact

Impact is a measure of how serious an injury or health effect could be, as a consequence of unsafe environment or of an accident.

RATING	SCORE	Consequence
Severe	5	Fatality or multiple fatalities
Major	4	Major Injury, resulting in disability
Moderate	3	Injury Requires, Doctor's or Hospital attendance
Minor	2	Minor Injury, First Aid required
Insignificant	1	Minor Injury, First Aid not required

The severity can be influenced by the following: the environment, the number of people at risk, and the steps already taken to control the hazard

### Risk Profile

When the impact and likelihood are determined – the matrix below can be used to determine the risk profile. The likelihood figure multiplied by the impact figure results in the risk profile.

E.g. It is unlikely (2) that a major (4) event may occur =  $2 \times 4 = 8$

Results in a medium risk profile.

RISK PROFILE						
Impact Scale	Severe (5)	Low (5)	Medium (10)	High (15)	High (20)	High (25)
	Major (4)	Low (4)	Medium (8)	Medium (12)	High (16)	High (20)
	Moderate (3)	Low (3)	Low (6)	Medium (9)	Medium (12)	High (15)
	Minor (2)	Low (2)	Low (4)	Low (6)	Medium (8)	Medium (10)
	Insignificant (1)	Low (1)	Low (2)	Low (3)	Low (4)	Low (5)
		Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
	Likelihood Scale					

#### Further Actions

Once the risk profile is determined the table below can be used to define how the risks identified and assessed are to be managed going forward.

Level of Risk	Level of Concern	Management	Other Actions Required
<b>RED: High</b>	An AMBER- high risk is unacceptable.	Societies / Sport Office & Health and Safety Officer for Student Activity consideration is required, and a detailed mitigation plan must be developed and reviewed  Activity cannot proceed until risk is reduced.	Report to the Societies / Sport / relevant Office & Health and Safety Officer for Student Activity
<b>YELLOW: Medium</b>	A YELLOW- medium risk is tolerable if additional actions / mitigation is put in place prior to commencement of event.	A mitigation / action plan must be developed, implemented and monitored locally.  Existing controls, consequences and likelihood do not substantially change.	Organising Committee to ensure mitigation / actions are developed and put in place prior to event
<b>GREEN: Low</b>	GREEN-low risks are tolerable.  Manage by well established, routine processes and procedures and be mindful of changes to the nature of the risks	Review every 6 months or as and when a change occurs.	Monitor and reduce risk further if possible



# PART G (1) – RISK ASSESSMENT.

## NAME THE RISKS AND CONTROLS

Activity / area covered  (e.g. weekly meetings)		Persons at risk  (society members / staff / members of the public, etc)	
Hazard No	Hazard	Risk / consequence	Current Controls
	(Anything with the potential to cause injury or ill health)	(How someone will be harmed by the hazard)	(measures in place to remove the hazards, or reduce the risk of them causing harm to as low a level as possible)
1			
2			
3			
4			
5			

PLEASE PROCEED TO PART G (2). Hazard numbers assigned in this block must correlate to information given in PART G (2).

# PART G (2) – RISK ASSESSMENT CONTD.

<b>Activity / area covered</b>  (e.g., weekly meetings)	<input type="text"/>	<b>Location of Event</b>	<input type="text"/>	
<b>Hazard No</b>	<b>Assessment of Risk</b>			<b>Further Actions Required</b>
				(additional controls needed to reduce risk to as low as possible)
	<b>Impact</b>	<b>Likelihood</b>	<b>Risk Rating (Impact x Likelihood)</b>	<b>Detail date to be completed by and person responsible</b>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PART H – COMMUNICATION AND DECLARATION

### DECLARATION

ALL ACTIVITY WILL BE UNDERTAKEN IN FULL ACCORDANCE WITH SAFETY PROCEDURES SPECIFIED IN THE RELEVANT HEALTH AND SAFETY POLICIES, RELEVANT SAFETY STATEMENT AND THE SPECIFIC RISK ASSESSMENT DETAILED ABOVE.

ANY INCIDENTS / NEAR MISSES MUST BE REPORTED TO THE SOCIETIES OFFICE.

PREPARED BY

NAME

ROLE

DATE

### USEFUL NUMBERS

GARDA: ANGLESEA STREET HQ (24 HOURS)	021 431 3031
GARDA: BARRACK STREET	021 431 6020
GARDA: BRIDEWELL	021 427 0681
GARDA: BISHOPSTOWN	021 454 1012
CUH – CORK UNIVERSITY HOSPITAL	021 454 6400
EMERGENCY SERVICES:	999/112
Useful links:	
<a href="https://www.gov.ie/en/campaigns/resilience-recovery-2020-2021-plan-for-living-with-covid-19/">https://www.gov.ie/en/campaigns/resilience-recovery-2020-2021-plan-for-living-with-covid-19/</a> <a href="https://www.ucc.ie/en/emt/covid19/">https://www.ucc.ie/en/emt/covid19/</a> <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/</a> <a href="https://www.hsa.ie/eng/topics/covid-19/">https://www.hsa.ie/eng/topics/covid-19/</a>	