**SOI EVENT RISK ASSESSMENT**

The Event Safety Officer will complete the event risk assessment, in consultation with the Event Management Team. Results of the risk assessment must be recorded and documented.

* PART A - General Event Hazards

Please complete Section A by identifying any hazards present at your event taking into account the planning, load-in, load-out and event itself. A **hazard** is something that can cause harm. Due to the variety and nature of the events run by Special Olympics Ireland some, all or none of the areas below may be required.

* PART B - Sports Specific Hazards

Please complete Section B by identifying any hazards specific to the sport and associated sporting activities taking place e.g. awards.

* PART C – Safeguarding

Please complete Section C in addition to the above section A&B

* PART D - Public Health Related Risks

An event risk assessment to assess public health related risks (e.g. epidemic, pandemic or seasonal illness like flus etc.) must be carried out and documented by event management teams to identify risks which are unique to the event and venue. The risk assessment in the appendices includes universal risks that can be applied to any event. Sample text has been provided in *red font* which must be **reviewed, edited or removed** as appropriate to your event. This list is not exhaustive and additional risks may need to be included in line with any public health advice at the time of the event.

* PART E – Polar Plunge

Please complete Section E in addition to the above section A&B for the **Polar Plunge Event only**.

**Special Olympics Ireland Event: Risk Assessment**

**Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_ \_ / \_ \_ / \_ \_ \_ \_**

**Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall Risk Assessment: \_\_\_\_\_\_\_** (Low/Medium/High)

**Venue Liaison: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Area / Activity / Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Information provided by the venue:**

|  |  |
| --- | --- |
| **Information Received** |  **YES NO** |
| Copy of the venue’s current insurance cover note |  |  |
| Venue Layout (drawing) |  |  |
| Capacities for the areas required (if applicable) |  |  |
| Existing Emergency Procedures e.g., in the event of a fire / evacuation etc.  |  |  |
| Assembly Point information |  |  |
| Any venue specific policies e.g., Use of Photography |  |  |
| Eircode / post code or any other information needed to find the venue if required for emergency services.  |  |  |
| *Other please specify:* |  |  |
|  |  |  |

**HAZARD/RISK** - Please list any hazards / risk which you could reasonably expect to result in significant harm at your event

**CURRENT CONTROL MEASURES** - *Precautions currently in place to mitigate / reduce the risk from the hazards you listed*

**ADDITIONAL CONTROL MEASURES** *- Items to be put in place to reduce / eliminate the risk further*

**ACTION BY** - *Identify by name / role of the person who will put the measures in place*

**EVENT DAY CHECK** *- Event Team member to initial confirmation that the measures are in place on the day*

**GROUPS AT RISK** *- Public (P), Other (0), Attendees (A)*

**PART A - General Event Hazards**

Please complete Section A by identifying any hazards present at your event taking into account the planning, load-in, load-out and event itself. A **hazard** is something that can cause harm. Due to the variety and nature of the events run by Special Olympics Ireland some, all or none of the areas below may be required.

| **ACTIVITY** | **HAZARD** | **GROUP AT RISK****Public (P)****Others (0)****Attendee (A)** | **CURRENT CONTROL MEASURES** | **ADDITIONAL CONTROL MEASURES** | **ACTION BY** | **EVENT DAY CHECK** |
| --- | --- | --- | --- | --- | --- | --- |
|
|  |
| Accessibility  | *Lack of facilities for people with additional needs.**Insufficient number of accessible car parking spaces* |  |  |  |  |  |
| Adverse Weather | *Cold conditions / Hypothermia /**Wet conditions.**Ice (slippery) conditions.**Hot / humid conditions, sun stroke or sun burn**High Winds - Injury from Protrusions / Hanging Objects**High Winds – Risk of falling signage / decor* |  |  |  |  |  |
| Building Defect | *Issues with:**Doors* *Floors* *Steps / Stairs / Ramp**Seating* *Walls**Footpath**Playing surfaces**Car Park Surface**Other: \_\_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |
| Building - Ingres / Egress Route | *Injury from trip hazards**Uneven Conditions*  |  |  |  |  |  |
| Building Services Issues | *Issues with:**Lighting* *Heat / Ventilation (AC)**Electricity / Power**Waste Management*  |  |  |  |  |  |
| Catering | *Lack of provision for dietary requirements**Insufficient facilities or refreshments**Poisoning, general ill health*  |  |  |  |  |  |
| Communication Equipment | *Failure of PA system**Insufficient no. of Radios or Radio Batteries**Systems inaudible* *Un-familiarity with equipment and usage, resulting in incorrect use and unable to transmit or receive information.* |  |  |  |  |  |
| Equipment | *Defective Equipment**Electrocution – electric shock, burns or serious injury from faulty electrical equipment or installation**Availability of equipment* |  |  |  |  |  |
| Emergency Exiting  | *Inadequate Escape Route / Capacity* *Blocked Exits* |  |  |  |  |  |
| Existing emergency action plan | *No venue documentation received. Lack of Event Emergency Response* |  |  |  |  |  |
| Fire | *Inability to prevent, detect fire or prevent fire growth.**Death, Serious injury, Smoke inhalation, Burns* |  |  |  |  |  |
| House keeping | *Build-up of combustible materials.**Lack of cleaning**Carelessly discarded litter and spillages of liquid.* *Slips Trips & Falls* |  |  |  |  |  |
| Logistics | *Transport of non-venue equipment.* *Injury from incorrect manual handling technique* |  |  |  |  |  |
| Medical | *Insufficient number of trained personnel.**No show of First Aid Provider* |  |  |  |  |  |
| Proximity to Emergency Services | *A&E Dept. closed at weekends**Inform local hospital* |  |  |  |  |  |
| Resources | *Insufficient number of volunteers.* |  |  |  |  |  |
| Security | *Lost person /found person**Bomb Threat / Evacuation**Damage to property / injury to person**Cash Handling / Theft*  |  |  |  |  |  |
| Spectator viewing area | *Insufficient or inappropriate facilities.**Falls from height**Injury from damaged seating* |  |  |  |  |  |
| Traffic Management | *Vehicle unable to access drop off point. Pedestrian contact with moving vehicle.**Insufficient Parking* |  |  |  |  |  |
| Welfare Issues | *No access to drinking water / Dehydration**Insufficient access to toilets / changing facilities.* |  |  |  |  |  |

**PART B1 - Sports Specific Hazards**

Please complete Section B1 by identifying any hazards specific to the sport and associated sporting activities taking place e.g. awards.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ISSUE REGISTER** | **HAZARD/RISK***.* | **GROUP AT RISK****Public (P)****Others (0)****Attendee (A**) | CURRENT MEASURES | **ADDITIONAL MEASURES** | **ACTION BY** | **EVENT DAY CHECK***.* |
|
| **SPORT:** Alpine Skiing  |  |  |  |  |  |  |
| **SPORT:** Floorball |  |  |  |  |  |  |
| Awards |  |  |  |  |  |  |
| Opening Ceremony |  |  |  |  |  |  |
| Closing Ceremony |  |  |  |  |  |  |

**Section B2 – Programme, Non-Sport & Other Activities**

| **Issue Register**  | **Hazard/Risk** | **GROUP AT RISK****Public (P)****Others (0)****Attendee (A**) | CURRENT MEASURES | **ADDITIONAL MEASURES** | **Action By**  | **Event Day Check**  |
| --- | --- | --- | --- | --- | --- | --- |
| **Healthy Athletes** * Fit Feet
* Fun Fitness
* Healthy Hearing
* Opening Eyes
* Special Smiles
* Strong Minds
* Health Promotion
 | * *Overcrowding*
* *Insufficient or inappropriate facilities and equipment.*
* *Insufficient number of volunteers*.
 |  |  |  |  |  |
| **Young Athletes TM Workshop**   | * *Overcrowding*
* *Slip or Trip hazard / route obstruction*
* *Injury from defective equipment*
* *Eye damage from protruding objects*
* *Lost Athlete*
* *Dehydration*
 |  |  |  |  |  |
| **Temporary Structure** * Staging
* Tiered Seating
 | * *Injury to Contractors, participants, volunteers and attendees on structural collapse.*
* *Cables, fencing etc. causing trip hazards.*
* *Injury from falls from height e.g., from stage / seating.*
 |  |  |  |  |  |
| **Performances:*** Entertainers
* Live Music
* Disco
* Athlete Entertainment
 | * *Injury to user / spectators / staff*
* *Injury from defective equipment.*
* *Trip hazards, route obstructions.*
 |  |  |  |  |  |

**PART C – Safeguarding**

Please complete Section C in addition to the above Sections

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ISSUE REGISTER** | **HAZARD/RISK** | **GROUP AT RISK****Public (P)****Others (0)****Attendee (A**) | CURRENT MEASURES | **ADDITIONAL MEASURES** | **ACTION BY** | **EVENT DAY CHECK***.* |
|
| **Spectators** | *Can spectators be easily separated?* |  |  |  |  |  |
| **Facilities** | *Is there different toilet facilities for athletes and spectators?* |  |  |  |  |  |
| **Facilities** | *Are toilets part of changing facilities?* |  |  |  |  |  |
| **Signage** | *Where signage could be placed?* |  |  |  |  |  |
| **Accreditation** | *Where can attendees be checked so as not to allow access to areas that people haven’t been granted access to?* |  |  |  |  |  |
| **Accreditation** | *Has accreditation been issues to the delegations and volunteer groups* |  |  |  |  |  |
| **Policies & Procedures** | *Missing and found persons protocol in place* |  |  |  |  |  |
| **Policies & Procedures** | *Are people aware of the Safeguarding Officers’ details* |  |  |  |  |  |
| **Imagery Consent** | *Has image consent been obtained?**Are processes in place to identify those who have not consented?* | A | Preferences obtained from athletes, coaches and volunteers. Report on “No likeness consent” produced to identify those who do not consent. | Wristbands are issued to relevant individuals that the event.Photographer briefed on use of wristbands and shown copy of same. | Athlete / volunteer check inEvent Manager |  |

**PART D - PUBLIC HEALTH RISK ASSESSMENT**

**Sample text has been provided in *red font* which must be reviewed, edited or removed as appropriate to your event. This list is not exhaustive and additional risks may need to be included in line with any public health advice at the time of the event.**

| **HAZARD/RISK** | **GROUP AT RISK****Public (P)****Others (0)****Attendee (A)** | CURRENT MEASURES | **ADDITIONAL MEASURES** | **ACTION BY** | **EVENT DAY CHECK** |
| --- | --- | --- | --- | --- | --- |
|
| **Shared Touchpoints and Appliances****Washing / Cleansing Hands** | A | * Hand sanitiser to be available at entrances and key locations of shared touchpoints and use of same promoted.
* Mechanism for leaving doors/gate open to reduce requirement to touch surface should be considered.
 | * Operations Manager to ensure hand sanitiser is located in appropriate areas
* Attendees shall be discouraged from sharing water bottles or other drinking vessels. SOI to have spare bottles on site to prevent sharing.
 |  |  |
| **Ventilation** | P, A, O | * To improve ventilation - open window / open door policy (subject to privacy and suitability of venue / sport).
 |  |  |  |
| **Communication** | A | * All attendees are advised in advance to not attend the event if they feel unwell.
 |  |  |  |
| **Unavoidable Close Contact – First Aid****Emergency evacuation** | P, A, O | * Persons must wear appropriate PPE and follow strict hygiene protocols
* Create an exclusion zone around their activity.
* In case of an Emergency Evacuation normal procedures must be followed.
 | * In an emergency, the immediate risk to life will override any physical distancing protocols in place.
* Installation of screens/barriers should not impede the evacuation routes.
 |  |  |

**PART E – Polar Plunge Specific Hazards**

Please complete this section in addition to the above **for the Polar Plunge Event only.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ISSUE REGISTER** | **HAZARD/RISK***.* | **GROUP AT RISK****Public (P)****Others (0)****Attendee (A**) | CURRENT MEASURES | **ADDITIONAL MEASURES** | **ACTION BY** | **EVENT DAY CHECK***.* |
|
| **Start Area** | *Slips/trips or falls* |  |  |  |  |  |
| **Start Area & Course**  | *Non-registered individual attempts to join the swimmers* |  |  |  |  |  |
| **Start Area & Course** | *Individual participants turn up late and attempt to plunge after the start* |  |  |  |  |  |
| **Course** | *Tidal Flow/River flow*  |  |  |  |  |  |
| **Course** | *Contact with any other objects (boats, rocks) in the proximity of the plunge area* |  |  |  |  |  |
| **Finish Area** | *Slips/trips or falls* |  |  |  |  |  |
| **Medical** | *Medical Emergency* |  |  |  |  |  |
| **Weather** | *Adverse Weather* |  |  |  |  |  |
| **Participant Welfare** | *Hypothermia* |  |  |  |  |  |
| **Participant Welfare** | *Exposure to contaminated / poor water quality* |  |  |  |  |  |
| **Water Safety** | *Public / volunteer falling into water.**Participant in difficulty* |  |  |  |  |  |
| **Registration** | *Overcrowding / congestion in the area* |  |  |  |  |  |

**Additional Notes /Comments**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Event Safety Officer / Event Manager/ Staff)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_ \_ \_

***Please return all completed forms to an SOI staff member. Thank You***