###### Risk Assessment Form

This form should be completed with a list of hazards that affect the session, and should be written from a coaching perspective, not a venue management perspective. For each risk assessment there should be associated Emergency Action plan to be used in case a risk occurs.

| Venue: | | DOLPHIN LEISURE CENTRE - POOL | Venue Contact Name & Contact Details: | THE DUTY MANAGER  01444 457337 |
| --- | --- | --- | --- | --- |
| Address:  (Include postcode) | | THE DOLPHIN  PASTURE HILL ROAD  HAYWARDS HEATH  WEST SUSSEX RH16 1LY |
| Group: | | MID SUSSEX TRIATHLON CLUB | Location of first-aider: | LIFE GUARD ON DUTY |
| Date: | | 2 SESSIONS EVERY THURSDAY EVENING | Location of Defibrillator | RECEPTION AREA |
| Time: | | 8.00 – 9.30PM | Location of telephone: | RECEPTION AREA |
| Participants: | Number: | 2 x 15 | Location of toilets: | CHANGING ROOMS |
| Age: | ADULTS (18-65) | Location of changing rooms: | DOORS TO LEFT OF CORRIDOR FROM MAIN ENTRANCE |
| Ability: | MIXED. NOVICE TRIATHLETES TO EXPERIENCED AGE-GROUP TRIATHLETES  1 PARATRIATHLETE | Location of first-aid kit: | POOLSIDE OFFICE |
| Lead coach name: | | STEVE MCMENAMIN | Stocked and maintained: | ☒ Yes ☐ No |
| Venue documents read and understood  (please ✔ appropriate box): | | Normal operating procedures:  ☒ Yes ☐ No | Additional notes: | IN A MANAGED VENUE, VENUE STAFF WILL DIRECT ACTIONS IN THE EVENT OF ANY INCIDENT |
| Health and safety policy:  ☒ Yes ☐ No |  |  |
| Emergency action plan (EAP):  ☒ Yes ☐ No |  |  |

| Name of person conducting risk assessment: | Signed: | Date: |
| --- | --- | --- |
| STEVE MCMENAMIN |  | 06/01/2022 |

Risk Assessment Form

| **Location & Description of Hazard:** | **People at Risk:** | **Level of Risk** (High/Medium/Low): | **Advice Required:** (from whom) | **Action(s) to Mitigate/ Remove Risk:** | **Person responsible for resolution:** | **Residual Risk:** After resolution | **Dates Reviewed** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **POOLSIDE:**  • LIGHTING – GOOD LIGHTING LEVELS, NO GLARE  • NOISE – ACOUSTICS ARE CHALLENGING  • 25M POOL –  VISIBILITY IS NOT AN ISSUE  • SLIPPERY SURFACE WHEN WET  • PLANT ROOM – CHEMICALS, RISK OF CHLORINE GAS | SWIMMERS / COACHES / SPECTATORS | Likelihood: MEDIUM  Impact: MEDIUM | X No  • ~~Yes~~  If yes, who: | • ENSURE ALL LIGHTS ARE ON FOR SESSION  • ENSURE SWIMMERS ARE INSTRUCTED NOT TO RUN AROUND POOLSIDE  • ALL POOL STAFF TRAINED IN HANDLING POOL CHEMICALS | LEAD COACH /  POOL STAFF | Likelihood:  LOW  Impact:  LOW | 06/01/2022 - SMAC |
| **WATER/POOL:**  • 1.8M DEEP AT DEEPEST POINT SO TOUCHING THE POOL FLOOR AND STAYING ABOVE WATER IS NOT POSSIBLE  • WATER TEMPERATURE USUALLY 26º  • LOW WATER QUALITY RISKING SICKNESS  • LOW WATER QUALITY AFFECTING BREATHING AND/OR VISIBILITY  • POOL TILES ARE IN GOOD CONDITION – CHECK REGULARLY FOR ANY CHANGE | SWIMMERS / COACHES SPECTATORS | Likelihood: HIGH  Impact: HIGH | • ~~No~~  X Yes  If yes, who:  COACH TO CHECK WITH POOL STAFF FOR WATER QUALITY UPDATES | • ENSURE SIGNAGE IS IN PLACE  • BRIEF SWIMMERS ON SHALLOW & DEEP END LOCATIONS AND DEPTHS  • LIAISE WITH POOL STAFF TO GET UPDATES ON WATER QUALITY AND POSSIBLE ISSUES  • NO DIVING AT SHALLOW END  • DIVE ONLY ON INSTRUCTION OF COACH  • ADVISE ALL SWIMMERS TO BRING PLENTY OF FLUIDS DUE TO WARM AIR & WATER TEMPERATURES | LEAD COACH / POOL STAFF | Likelihood:  LOW  Impact:  LOW | 06/01/2022 - SMAC |
| **ORGANISATION:**  • SWIMMERS NOT FOLLOWING POOL / LANE ETIQUETTE  • SWIMMERS HITTING THEIR HEAD DOING BACKSTROKE | SWIMMERS | Likelihood: MEDIUM  Impact: MEDIUM | X No  • ~~Yes~~  If yes, who: | • BRIEFING TO INCLUDE POOL RULES & LANE ETIQUETTE & SWIM DIRECTION  • ENSURE 5M FLAGS ARE IN PLACE | LEAD COACH | Likelihood:  MEDIUM  Impact:  LOW | 06/01/2022 - SMAC |
| **PARTICIPANTS:**  • UNABLE TO COMPLETE 200M FRONT CRAWL  • ANY PHYSICAL OR LEARNING DISABILITIES  • UNDERLYING MEDICAL CONDITIONS, ILLNESS OR INJURY  • SWIMMERS UNABLE TO UNDERSTAND OR HEAR INSTRUCTIONS  • UNDER THE INFLUENCE OF ALCOHOL OR DRUGS | SWIMMERS / COACHES | Likelihood: LOW  Impact: HIGH | • ~~No~~  X Yes  If yes, who:  CHECK WEEKLY WITH SWIMMERS  FOR ANY UNDERLYING MEDICAL ISSUES | • CHECK BASIC SWIM COMPETENCE OF ANY NEW SWIMMER (ENSURE MINIMUM OF 200M UNAIDED SWIMMING)  • ALLOW SWIMMERS TO MOVE TO SIDE / END TO REST IF FEELING FATIGUED OR UNWELL  • CHECK AT EVERY SESSION FOR ANY MEDICAL ISSUES OR INJURY – OVERT OR UNDERLYING, AND MODIFY SESSION OR EXCLUDE PARTICIPATION AS REQUIRED  • CHECK REGULARLY FOR SWIMMER UNDERSTANDING FOLLOWING INSTRUCTION | LEAD COACH | Likelihood:  LOW  Impact:  LOW | 06/01/2022 - SMAC |
| **POOLSIDE EQUIPMENT:**  • REMOVABLE ITEMS STORED AROUND POOLSIDE INCLUDE:  STARTING BLOCKS, POOL COVER, WATER POLO GOALS, PLASTIC CHAIRS, EQUIPMENT STORAGE CRATES, SWIMMERS EQUIPMENT & DRINKS, WATER DISPENSER, OFFICE TABLE  • IMMOVABLE ITEMS AROUND POOLSIDE INCLUDE SPECTATOR BENCHES, WIPE BOARD | SWIMMERS / COACHES / SPECTATORS | Likelihood: HIGH  Impact: MEDIUM | X No  • ~~Yes~~  If yes, who: | • ENSURE ALL MOVEABLE ITEMS NOT REQUIRED FOR THE SESSION ARE MOVED AWAY FROM POOLSIDE  • POINT OUT ITEMS TO SWIMMERS AS POTENTIAL TRIP HAZARDS | LEAD COACH / POOL STAFF | Likelihood:  LOW  Impact:  LOW | 06/01/2022 - SMAC |
| **VENUE ACCESS:**  • STEEP STEPS & INCLINED SLOPE DOWN TO POOL ENTRANCE IS POORLY LIT WHEN DARK AND CAN BE SLIPPERY IN WET/COLD WEATHER | SWIMMERS / COACHES / SPECTATORS | Likelihood: LOW  Impact: HIGH | X No  • ~~Yes~~  If yes, who: | • MAKE ALL ATTENDEES AWARE AS APPROPRIATE | LEAD COACH / COLLEGE CONTACT | Likelihood:  LOW  Impact:  LOW | 06/01/2022 - SMAC |
| **HUMAN RESOURCES:** • LIFE GUARD NOT IN PLACE  • SWIMMER / LIFEGUARD RATIO OF 1:40 EXCEEDED (LANE SWIMMING)  • COACH / ATHLETE RATIO | SWIMMERS / COACHES | Likelihood: MEDIUM  Impact: HIGH | X No  • ~~Yes~~  If yes, who: | • ENSURE LIFEGUARD IS IN PLACE PRIOR TO SESSION START  • ASSESS PARTICIPANT NUMBERS AND ENSURE THEY MEET RATIOS FOR LIFEGUARD & COACHING  • ESTABLISH COACHED AND UNCOACHED LANES IF REQUIRED DUE TO RATIOS | LEAD COACH | Likelihood:  LOW  Impact:  MEDIUM | 06/01/2022 - SMAC |
|  |  | Likelihood:  Impact: | • No  • Yes  If yes, who: |  |  | Likelihood:  Impact: |  |
|  |  | Likelihood:  Impact: | • No  • Yes  If yes, who: |  |  | Likelihood:  Impact: |  |
|  |  | Likelihood:  Impact: | • No  • Yes  If yes, who: |  |  | Likelihood:  Impact: |  |
|  |  | Likelihood:  Impact: | • No  • Yes  If yes, who: |  |  | Likelihood:  Impact: |  |
|  |  | Likelihood:  Impact: | • No  • Yes  If yes, who: |  |  | Likelihood:  Impact: |  |

Add more pages as required

| **Insert Diagram(s) of layout of venue with key safety elements marked (this page is intended to be shared between Risk Assessment and EAP):** |
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