###### 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 MANAGER01444 457337 |
| --- | --- | --- | --- |
| Address:(Include postcode) | THE DOLPHINPASTURE HILL ROADHAYWARDS HEATHWEST 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 TRIATHLETES1 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: LOWImpact: 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 YesIf 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: LOWImpact: 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: MEDIUMImpact: 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:LOWImpact:HIGH | • ~~No~~X YesIf yes, who:CHECK WEEKLY WITH SWIMMERSFOR 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: LOWImpact: 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: LOWImpact: 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: LOWImpact: 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: LOWImpact: MEDIUM | 06/01/2022 - SMAC |
|  |  | Likelihood: Impact: | • No• YesIf yes, who: |  |  | Likelihood: Impact:  |  |
|  |  | Likelihood: Impact: | • No• YesIf yes, who: |  |  | Likelihood: Impact:  |  |
|  |  | Likelihood: Impact: | • No• YesIf yes, who: |  |  | Likelihood: Impact:  |  |
|  |  | Likelihood: Impact: | • No• YesIf yes, who: |  |  | Likelihood: Impact:  |  |
|  |  | Likelihood: Impact: | • No• YesIf 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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