



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 | | | |
| Address: (Include postcode) | | THE DOLPHIN PASTURE HILL ROAD HAYWARDS HEATH WEST SUSSEX RH16 1LY | | Venue Contact Name & Contact Details: THE DUTY MANAGER 01444 457337 | |
| Group: | | MID SUSSEX TRIATHLON CLUB | | Location of first-aider: LIFE GUARD ON DUTY | |
| Date: | | EVERY THURSDAY EVENING | | Location of Defibrillator RECEPTION AREA | |
| Time: | | 8.30 - 9.30PM | | Location of telephone: RECEPTION AREA | |
| Participants: | Number: | 8-24 | | 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: | | NEIL GILES | | Stocked and maintained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Venue documents read and understood (please ✓ appropriate box): | | Normal operating procedures: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Additional notes: IN A MANAGED VENUE, VENUE STAFF WILL DIRECT ACTIONS IN THE EVENT OF ANY INCIDENT | |
| | | Health and safety policy: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Emergency action plan (EAP): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of person conducting risk assessment: | | | Signed: | | Date: |
| NEIL GILES | | | | | 07.11.16 |

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 |
|---|---------------------------------|--------------------------------------|--|--|------------------------------------|---------------------------------|----------------|
| <u>POOLSIDE:</u> <ul style="list-style-type: none"> • 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 | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, who: | <ul style="list-style-type: none"> • 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 | 07.11.16 - NG |
| <u>WATER/POOL:</u> <ul style="list-style-type: none"> • 1.8M DEEP AT DEEPEST POINT SO TOUCHING THE POOL FLOOR AND STAYING ABOVE WATER IS NOT POSSIBLE • WATER TEMPERATURE USUALLY 26° • LOW WATER QUALITY RISKING SICKNESS • LOW WATER QUALITY AFFECTING BREATHING | SWIMMERS / COACHES / SPECTATORS | Likelihood: HIGH Impact: HIGH | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: COACH TO CHECK WITH POOL STAFF FOR WATER QUALITY UPDATES | <ul style="list-style-type: none"> • 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 | 07.11.16 - NG |

| 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 |
|---|--------------------|--------------------------------------|--|---|------------------------------------|-----------------------------------|----------------|
| AND/OR VISIBILITY • POOL TILES ARE IN GOOD CONDITION – CHECK REGULARLY FOR ANY CHANGE | | | | | | | |
| ORGANISATION: • SWIMMERS NOT FOLLOWING POOL / LANE ETIQUETTE • SWIMMERS HITTING THEIR HEAD DOING BACKSTROKE | SWIMMERS | Likelihood: MEDIUM Impact: MEDIUM | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, who: | <ul style="list-style-type: none"> • BRIEFING TO INCLUDE POOL RULES & LANE ETIQUETTE & SWIM DIRECTION • ENSURE 5M FLAGS ARE IN PLACE | LEAD COACH | Likelihood: MEDIUM Impact: LOW | 07.11.16 - NG |
| 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 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: CHECK WEEKLY WITH SWIMMERS FOR ANY UNDERLYING MEDICAL ISSUES | <ul style="list-style-type: none"> • 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 | 07.11.16 - NG |

| 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 |
|---|---------------------------------|-------------------------------------|--|--|---------------------------------------|------------------------------------|----------------|
| <p><u>POOLSIDE EQUIPMENT:</u></p> <ul style="list-style-type: none"> • 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 <input type="checkbox"/> Yes If yes, who: | <ul style="list-style-type: none"> • 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 | 07.11.16 - NG |
| <p><u>VENUE ACCESS:</u></p> <ul style="list-style-type: none"> • 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 <input type="checkbox"/> Yes If yes, who: | <ul style="list-style-type: none"> • MAKE ALL ATTENDEES AWARE AS APPROPRIATE | LEAD COACH / COLLEGE CONTACT | Likelihood: LOW Impact: LOW | 07.11.16 - NG |

| 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 |
|---|--------------------|-------------------------------------|--|---|---------------------------------------|------------------------------------|----------------|
| 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 | <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 | 07.11.16 - NG |
| | | Likelihood: Impact: | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who: | | | Likelihood: Impact: | |
| | | Likelihood: Impact: | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who: | | | Likelihood: Impact: | |
| | | Likelihood: Impact: | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who: | | | Likelihood: Impact: | |
| | | Likelihood: Impact: | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who: | | | Likelihood: Impact: | |

| 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 |
|--|------------------------|--|---|--|---|---|-----------------------|
| | | Likelihood: Impact: | <input type="checkbox"/> No <input type="checkbox"/> 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):

FIRE EVACUATION BUILDING PLAN - HAYWARDS HEATH
GROUND FLOOR





