



# 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:		Various adhoc outdoor venues around Haywards Heath		Venue Contact Name & Contact Details:	
Address: (Include postcode)		N/A			
Group:		Mid Sussex Tri Club		Location of first-aider:	None
Date:		Thursday Evenings		Location of Defibrillator	None
Time:		19:00 or 19:30 for 1 hour		Location of telephone:	Mobile phone (coach responsible for having one)
Participants:	Number:	5 – 15		Location of toilets:	Assume no open public toilets
	Age:	18 – 70		Location of changing rooms:	None
	Ability:	Novice to Age Group		Location of first-aid kit:	None
Lead coach name:		Neil Giles, Jo Fleming, Rob Hoodless, Kevin James		Stocked and maintained:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Venue documents read and understood  (please ✓ appropriate box):		Normal operating procedures: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Additional notes:	This is a coached run session on open roads, parks or trails. There is not necessarily any 'venue' and participants are aware of the arrangements.
		Health and safety policy: <input type="checkbox"/> Yes <input checked="" 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			NG		24.09.20

## 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
<p><b>Environment:</b> Sessions in winter will be dark and cold. Lighting in is generally good but no guarantees a bulb has not blown. There are a couple of dark sections in the bottom corner to be aware of.</p> <p>Slip risk in the wet</p>	Athletes	Likelihood: Low Impact: Medium	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: Coach	<p>Check park lights prior to the session. Any blown then assess darkness and consider adjusting the session to avoid section if necessary</p> <p>Advise athletes to wear suitable running clothing for cold/wet weather.</p> <p>Advise care running in the wet in case of slipping. Especially down hills and round sharp bends</p> <p>Hi Vis clothing to be made an essential requirement outside of British Summertime</p>	Coach	Likelihood: Low Impact: Low	24/09/2020
<p><b>Organisation:</b> Ensure all athletes know where to meet, know where the park exits are and meeting points if necessary. Make sure route is known around park and awareness of other park users</p>	Athletes	Likelihood: Low Impact: Low	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: Coach	<p>Advertise meeting points before session.</p> <p>Advise necessary safety points in the session briefing at the beginning</p>	Coach	Likelihood: Low Impact: Low	24/09/2020
<p><b>Participants:</b> Various abilities Physical or learning disabilities Underlying medical conditions, illness or injury</p>	Athletes	Likelihood: Low Impact: Medium	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: Coach / athlete	<p>Check with athletes at the start of each session for ability and for any issues.</p> <p>Advise to sit out if feeling illness / injuries / fatigue.</p>	Coach	Likelihood: Low Impact: Medium	24/09/2020

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				Modify session for individuals if necessary			
<b>Location:</b> Parking is largely on a busy road so care when accessing the park	Athletes Coaches	Likelihood: Low Impact: Medium	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: Coach	Advise care prior to session	Coach	Likelihood: Low Impact: Low	24/09/2020
<b>Human Resources:</b> No venue staff. All resources to be supplied by club. Either coach or participant to	Athletes Coach	Likelihood: Low Impact: High	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:	Coach to have mobile phone for emergencies	Club	Likelihood: Low Impact: Medium	24/09/2020
<b>General Public:</b> Park is used by general public who may use same paths and walk dogs etc	Athletes	Likelihood: Medium Impact: Medium	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: Coach	Make athletes aware of other users. Advise that as athletes they do not have right of way	Coach	Likelihood: Low Impact: Low	24/09/2020
<b>COVID 19</b> Risk of infection & spread of virus	Athletes Coach	Likelihood: Medium Impact: High	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: Coach	Ensure Social Distancing of 2m throughout session  Health questions to all athletes – symptom check prior to activity starting  Record all attendees and retain contact information for 21 days  Exclude anyone showing any symptoms or who has recently travelled to a country on the Govt. banned list	Coach	Likelihood: Medium Impact: High	24/09/2020

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				<p>Encourage good hand hygiene</p> <p>Do not share equipment</p> <p>Divide participants into bubbles of 5 for the duration of the activity</p> <p>Encourage participants to leave the session promptly</p> <p>Review in-line with updated Govt. advice/laws as required</p>			
		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:	

<b>Location &amp; Description of Hazard:</b>	<b>People at Risk:</b>	<b>Level of Risk</b> (High/Medium/Low):	<b>Advice Required:</b> (from whom)	<b>Action(s) to Mitigate/ Remove Risk:</b>	<b>Person responsible for resolution:</b>	<b>Residual Risk:</b> After resolution	<b>Dates Reviewed</b>
		Likelihood: Impact:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:			Likelihood: Impact:	

Add more pages as required

