

RISK ASSESMENT: SWIM _ Cripps

Purpose of document:

To record the risks reviewed associated with activity

Author:

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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:		Cripps Recreation Centre - Trilogy leisure	Venue Contact Name & Contact Details:	Duty manager: 01604 838333
Address: (Include postcode)		Northampton General Hospital, Cliftonville Road, Northampton NN1 5BD Nn4 7nn		
Group:		Northants tri club	Location of first-aider:	Duty managers office
Date:		Monday evenings	Location of Defibrillator	Duty managers office
Time:		21:00 to 22:00	Location of telephone:	Adjacent door to male change
Participants:	Number:	4 to 25	Location of toilets:	Inside change room
	Age:	16+	Location of changing rooms:	Entrance to pool area (Shallow side of pool, Male right, female left)
	Ability:	Mixed, age grouper to beginner	Location of first-aid kit:	First aid room - reception
Lead coach name:		Kirk Wilde	Stocked and maintained:	Yes No
Venue documents read and understood (please ✓ appropriate box):		Normal operating procedures: Yes No AWAITING NOP	Additional notes:	The facility has no reception, check the venue management and first aider is on site.
		Health and safety policy: Yes No AWAITING NOP		
		Emergency action plan (EAP): Yes No		

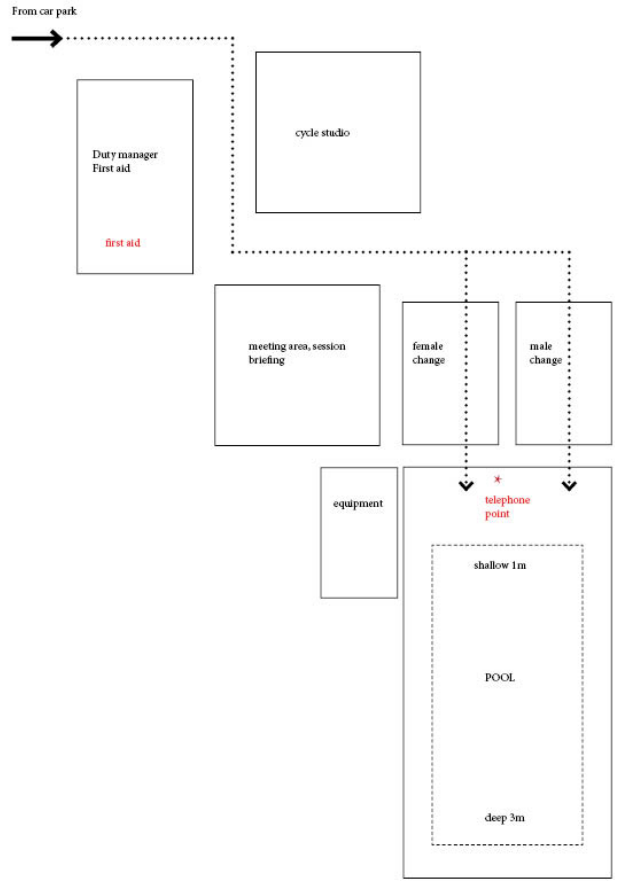
Name of person conducting risk assessment:	Signed:	Date:
Kirk Wilde	KW/	21.06.2018

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
Tiles don't appear to have a comfortable slip (R rated) resistance	Swimmers	Likelihood: med Impact: med	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:	Promote no running	swimmer	Likelihood: med Impact: med	21.06.2018
No Lifeguard leisure centre	Swimmers	Likelihood: med Impact: med	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: duty manager	Observe coach to member ratios(1:16 lev 2 1:8 lev 1) Ensure every swimmer is in a lane with a partner at least 2 people in a lane. Make swimmers aware there is no lifeguard and add this to the session register to be signed.	Swimmers, coach	Likelihood: low Impact: med	21.06.2018
Lane swimming: fixed ladder hazard and hand hitting if lanes opposite swimming in wrong direction	Swimmers in end lanes	Likelihood: med Impact: med	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:	Ladder is at the start of the fast lane, so swim rotation should be: Left to Right: Clockwise, anticlockwise, clockwise, anticlockwise	Swimmers, coach	Likelihood: low Impact: med	21.06.2018
Circulation - check pool side is tidy, clear of obstructions all the way around	Swimmers, coaches	Likelihood: med Impact: med	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:	Whilst members are changing, walk to pool and do a safety lap around the pool looking for anything odd, out of place, in the way etc...	coach	Likelihood: low Impact: low	21.06.2018
Wellbeing: any injuries or individuals not feeling well, anxieties etc	Swimmers, coaches	Likelihood: med Impact: med	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: swimmers	At main briefing add a place on the register for people to fill this in.	swimmer	Likelihood: low Impact: med	21.06.2018

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
New swimmers capabilities	Swimmers	Likelihood: med Impact: med	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: swimmers	At briefing / register taking, speak to any beginners, introduce them, understand their limits, assess how they are in the pool and place them in the correct lane keeping an eye on them throughout the session.	coach	Likelihood: med Impact: med	21.06.2018
Pool conditions:	swimmers	Likelihood: med Impact: med	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who: Duty manager	Pre session speak to the duty manager about when water quality and temperature was taken, And chlorine testing results and protocol (test are daily and last test is at 19.30 on the swim day)	Venue management	Likelihood: med Impact: med	21.06.2018
equipment	swimmers	Likelihood: low Impact: low	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:	- Group to be reminded to check if their equipment is in good working order. - coach check lane ropes secure and flags tied	Swimmer	Likelihood: low Impact: low	21.06.2018

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



END