Date: 1/4/24

Reference **Assessors Name:** RA3 **Review Date:** 1/4/25 Sarah Judson Number: Signature: Position: Chair **Endorsed By: Graeme Morgan** Date: 16/4/24 **Description of assessment** S&C Training – Generic Risk Assessment

Location Details Freeman's Quay Leisure Centre, poolside on Tuesdays in in the studio on Fridays

Identified Hazards	Who may be affected		sk Le ntrol S x		ures	Existing control measures	Additional Control measures required	To be actioned by	Completion date	Fi	Final Risk S x L =		
		S	L	R	RR					S	L	R	RR
Injury during training: due to the exercises themselves e.g. from incorrect posture, excessive repetitive movements or overdoing it when not fully fit	Swimmers participating in session	3	3	9		 Sessions are led by an appropriately qualified and experienced coach, deemed to be competent in line with SE guidelines Swimmers are supervised and monitored to ensure the correct technique Appropriate warm up and stretching Sessions planned by a qualified coach to reflect the ability of the participants 	Medical screening as appropriate with data sharing where risk level dictates – data sharing between coach and club secretary	Club Secretary	April 24	2	2	4	

Injury during training: due to doing unsuitable exercises or exercises on incorrectly adjusted equipment	Swimmers	3	3	9	 Exercises set by coach a matched to the ability a strength of the particip Coach to check any equipment prior to use Supervised use only 	nd who will supervise at all	2	2	4	
Accident during training e.g. dropping a weight, jumping too high, banging head, trapping fingers etc	Swimmers	3	3	9	 No use of free weights without supervision Exercises to occur in designated area only Supervision at all times 	Fully accredited coach who will supervise at all times	2	2	4	
Injury due to misuse of equipment	Swimmers	3	3	9	 Supervision Use of equipment only the purpose it is design for Small groups 	l times	2	2	4	
Dehydration/O verheating	Swimmers	2	2	4	 Swimmers all to have very bottles as part of their standard kit In humid weather oper windows for free circul of air Coach to be vigilant for signs of dehydration are heat exhaustion Session to be abandone heat exhaustion signs evident 	who will supervise at all times ation	2	2	4	

Entrapment / Entanglement from wearing jewellery or hair down	Swimmers	2	2	4	 Appropriate clothing and footwear to be worn- no fli flops and no bare feet All long hair to be tied back All jewellery removed 	Fully accredited coach who will supervise at all times and ensure the rule are being adhered to	4	4	
Dizziness, hyperventilatio n, nausea and exhaustion	Swimmers	2	2	4	 Coach to be vigilant for signs All new participants to be encouraged to take a rest in needed 	Fully accredited coach who will supervise at all times 2	2	4	
Medical Conditions- existing	Swimmers	3	2	6	 Coach to have full access to medical conditions via Tear Unify Parents to be consulted and controls for specific swimmers if needed Ensure swimmers have access to inhalers etc or an other medication if needed 	Medical screening as appropriate with data sharing where risk level dictates – data sharing between coach and club secretary Club Secretary April 24 2	2	4	
Slips, trips and falls and collisions on poolside	Swimmers Coach	4	2	8	 No swimmer to be poolside without a coach Dryside discipline taught Swimmers to ensure their own personal equipment is tidy and also serviceable e.g. skipping ropes etc Mats to be brought to avoid injuries from slippy floor Adequate supervision 	Club Secretary to enquire about more studio space Club Secretary April 24 2	2	4	

Guidance Notes

	5	5	10	15	20	25
	4	4	8	12	16	20
SEVERITY	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
			LIKEL	IHOOD		

	LIKELIHOOD							
5	Almost Certain – Very High Risk							
4	Probable – High Risk							
3	50/50 - Medium Risk							
2	Improbable – Low Risk							
1	Almost impossible – Low Risk							

	SEVERITY							
5	Fatality – Very High Risk							
4	Severe incapacity – High Risk							
3	Absent 3 weeks – Medium Risk							
2	Absent less than 1 day – Low Risk							
1	Insignificant – Low Risk							

1–4 LOW	5–9 MEDIUM	10–15 HIGH	16–25 VERY HIGH
Continue with existing control, however monitor for changes. Implement any additional control measures required, within the timescales given in the risk assessment.	Requires attention to reduce the rating as well as regular ongoing monitoring. Implement any additional control measures required, within the timescales given in the risk assessment.	Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level.	Stop immediately – the risk is too high. Take immediate action to reduce the risk to the lowest level possible.

Additional comments:

- 1. This risk assessment needs to be discussed with employees before they operate the plant/equipment to ensure compliance with all control measures through their understanding
- 2. Employees are to sign an acknowledgement sheet for their understanding of this risk assessment
- 3. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss
- 4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document

Assessor 1 name:	Signature:	Date:	
Assessor 2 name:	Signature:	Date:	

I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level.

I fully understand my duties as an employee, to follow the control measures in this risk assessment and the method statement.

Employee name	Employee name Job description Date Employee comments/recommendations Signature											
Employee name	Job description	Date	Employee comments/recommendations	Signature								