

Risk Assessment

Date:	30/01/2024
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Assessors Name:	Sarah Judson	Reference Number:	RA5	Review Date:	30/01/2025
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Endorsed By:	Graeme Morgan	Signature:		Position:	Chair	Date:	1/4/24
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Description of assessment	Travel to Junior League – Generic Risk Assessment
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Location Details	Freeman’s Quay Leisure Centre
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Identified Hazards	Who may be affected	Risk Level before control measures S x L = R				Existing control measures	Additional Control measures required	To be actioned by	Completion date	Final Risk level S x L = R			
		S	L	R	RR					S	L	R	RR
Travel by coach-injury, death	Swimmers participating in the competition Coaches / other staff and volunteers Bus driver	4	2	8		<ul style="list-style-type: none">Booking using a reputable coach companySeat belts- to be enforced by TMs/coachesGroup leaders to be seated throughout the coach for effective supervisionAll members to face forwards and remain seated during travel when vehicle is movingHead count/register so know who is on the coach should there be an accident	<ul style="list-style-type: none">Ensure that check the suitability of the coach company via information in the media and their website	Secretary	20 April 24	3	2	6	

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Losing swimmers on disembarking	Swimmers	2	3	6		<ul style="list-style-type: none"> • Strict supervision at all times • Club kit worn to identify swimmers • Headcounts on and off the coach • Ratios appropriate to SE guidelines • Codes of conduct explained to swimmers • Suitable embarkation and disembarkation points used 	<ul style="list-style-type: none"> • None at this time 			2	3	6	
Sickness/Medical condition	Swimmers Coaching staff should a severe fall take place	2	2	4		<ul style="list-style-type: none"> • Sick bags, sanitiser and first aid kits to be carried • Swimmers with known travel sickness should avoid sitting near wheels and sit at the front. • TMs to be aware of medical conditions any swimmers competing • TMs to have contact details of all parents in electronic and paper format 	<ul style="list-style-type: none"> • None at this time 			2	2	4	
Dehydration	Swimmers Coaching staff and poolside volunteers	3	2	6		<ul style="list-style-type: none"> • Swimmers all to have water bottles as part of their standard kit 	<ul style="list-style-type: none"> • None at this time 			2	2	4	

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Safeguarding Risks – Children and Vulnerable Adults	Any Club Member	2	4	8		<ul style="list-style-type: none"> Coaches and TMs to be DBS checked and have participated in safeguarding training which is up to date 	<ul style="list-style-type: none"> Coaches and Committee members to be aware of hidden disabilities and specific learning needs. 			2	3	6	
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Guidance Notes

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

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
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Risk Assessment

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.
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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:	

Risk Assessment

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.

[illegible]