Date: 24/05/2025

Reference **Assessors Name:** RA5 **Review Date:** Sarah Judson 24/05/2025 Number: Endorsed By: **Graeme Morgan** Signature: Chair Position: Date: 24/05/2025 **Description of assessment** Travel to Junior League – Generic Risk Assessment

Location Details Freeman's Quay Leisure Centre

Identified Hazards	Who may be affected		Risk Level before control measures S x L = R		ures	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		 Booking using a reputable coach company Seat belts- to be enforced by TMs/coaches Group leaders to be seated throughout the coach for effective supervision All members to face forwards and remain seated during travel when vehicle is moving Head count/register so know who is on the coach should there be an accident 	Ensure that check the suitability of the coach company via information in the media and their website	Secretary	Ongoing	3	2	6	

Losing swimmers on disembarking	Swimmers	2	3	6	 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 	2	3	6	
Sickness/Medic al condition	Swimmers Coaching staff should a severe fall take place	2	2	4	 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 	2	2	4	
Dehydration	Swimmers Coaching staff and poolside volunteers	3	2	6	Swimmers all to have water bottles as part of their standard kit None at this time	2	2	4	

Safeguarding Risks – Children and Vulnerable Adults	Any Club Member	2	4	8	 Coaches to be DBS checked and have participated in safeguarding training Club has Mental Health First Aid capacity available Club has an experienced and extremely knowledgeable Welfare Officer to oversee Safeguarding Risks Club has access to independent Safeguarding advice through Swim England Club has access to Safeguarding sadvice through Swim England Club has several coaches and committee members trained in disability awareness and disability swimming. Club Policies to be aligned to Swim England Wave Power documentation — 	2	3	6	

Guidance Notes

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

	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/Volunteers 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 or volunteer, to follow the control measures in this risk assessment and the method statement.

	tany understand my dates as an employee of voluncer, to follow the bond of incusors in this risk assessment and the method statement.									
Name	Job description	Date	Comments/recommendations	Signature						