

Risk Assessment

Reference No. Coached Youth Sessions - Pool



Section 1 – Initial Risk Assessment

Activity Coached Youth Sessions - Pool				Location Ben Ainsley Pool / Truro Girls School Pool	
Having referred to the SLSGB Safety guide and evaluated the overall level of risk, please tick the appropriate box below:				Organisation/centre	
High	Medium	Low	Minimal	Beach/Building	
				Room /Location	
Hazards and Harm		Who is At Risk	How Are Risks Currently Controlled	Level of risk (high, medium, low, minimal)	Are additional Control Measures Needed (Y or N) and comments
Pool Premises Issues: Chemical / Structural / Fire		Participants Coaches Parents Staff	PSOP contains testing procedures, test results are logged. PSOP contains an evacuation plan, this is covered in first pool session briefing. Participants not allowed into water until lifeguard gives OK.	Low L1, S4	N
Major / Minor injury in pool or surrounding area		Participants Coaches Parents Staff	A pool lifeguard is present for all sessions, this lifeguard is not involved in coaching or other tasks. First Aid kit present and checked by pool provider (PSOPS).	Medium L3, S2	N
Slip, trip or fall on poolside		Participants Coaches Parents Staff	Poolside to be kept clear of equipment at all times. Participants briefed to walk not run poolside. Any spectators are asked to remain seated.	Low L3, S2	N
Weak swimmer out of their depth		Participants	First sessions focussed on assessing participant ability. New participants are assessed individually. Age specific, minimum swimming standards are an entry requirement – these are published: https://stagnessurflifesavingclub.co.uk/groups/	Low L2, S3	N

Reference No.

Injury sustained through coaching activity.	Participants	L2 qualified coach overseeing content and delivery. Safety briefing and activity plan explained at session start. Warm up focussing on muscle groups used in activity New activities (eg Fins) introduced at increasing intervals with breaks.	Medium L3, S2	N
Lifeguards unable to provide adequate supervision	Participants	Activities structured to only involve the number of participants who can be sufficiently monitored. Relays are used for complex / new activities.	Low L3, S1	N
Participant – Participant Harm Bullying / Physical Violence / Drowning	Participants	Membership conduct policy sets behaviour standards. Parents & participants encouraged to be open about reporting any issues. Participants can be excluded from sessions if necessary. All coaches and helpers aware of SLSGB Child Protection & Bullying Policy	Medium L3, S2	N
Child Protection Issues Helper/Coach – Participant Harm	Participants Helpers	Parents emailed with expectations of behaviour around changing facilities. Anyone leaving the session must notify a coach. All sessions lead by qualified + DBS checked coach.	Low L1, S3	N
Please note Analytical Risk Assessments will be completed on the day				

Please note the following Risk ratings used in this Risk Assessment and Risk Assessment Action Plan

Risk Rating		Rating Action Bands	
To establish Residual Risk Rating multiply "Likelihood" by the "Severity"			
Likelihood	Severity	Band	Action Required
1 Most Unlikely	1 Trivial Injury	1 & 2 Minimal/Trivial risk	No further action. Monitor situation.
2 Unlikely	2 Slight Injury	2, 3 & 4 Low risk	Monitor control measures for continued effectiveness.
3 Likely	3 Serious. Chronic injury	6 & 8 Medium risk	Improve or increase control measures.
4 Most Likely	4 Major Injury/Death	9, 12 & 16 High risk	Stop the activity. Improve or increase controls immediately.

Risk Assessment Action Plan

Reference No.



Section 2 – Further Control Measures

Immediate Action Required to Reduce Risk	By whom	Revised Risk Level High, Medium, Low, Minimal
Induction for Pool & Beach Sessions		
Further Action Needed to Reduce Risk	By whom	When

Once all of the above control measures have been put into place and signed off in section 2, then the risk assessment can be rewritten with all control measures transferred to section 1

Reference No.



Section 3 – Review and Approval

Person Carrying Out Risk Assessment				Has this Risk Assessment Been Communicated to All Relevant Persons			
Name (please print)	Position	Date of Assessment	Review Date	YES		NO	
Person Responsible for Activity: Please sign to confirm you agree with the findings of the assessment and actions proposed							
Signature	Name (please print)		Position			Date	

Risk Assessment Review (Annual/Periodic)

SLSGB Commission Representative or Line manager – I confirm that the assessment and controls remain effective and there has been no increase in risk

1st Review Date:	Name:	Signed:
2nd Review Date:	Name:	Signed:
3rd Review Date:	Name:	Signed:

