|  |  |
| --- | --- |
| Job Task:Poolside Coaching | **Masters Swimming Branch** –SA |
| **Applicable Positions (Typical)** – State or Club Coach |
| **Location** – Any Pool in SA (Indoor or Outdoor) |

# RISK IDENTIFICATION AND CONTROLS

 **R1** Risk without controls **R2** Risk with controls

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedural Step(s)** | **Possible Hazard(s)** | **R1** | **Safety Control(s)** | **R2** |
| Preparation – outdoor pool in cold/wet weather | * Cold/chill factor
* Rain
* Hypothermia
* Slips/trips/falls (slippery surfaces)
 | S | * Plan ahead – check weather forecasts
* Wear warm, weatherproof clothing
* Bring hot beverage to pool
* Take breaks in shelters
* Shorten training session
* Appropriate footwear
 | L |
| Preparation – outdoor pool in hot weather | * Heat stress
* Sunburn
 | S | * Plan ahead – check weather forecasts
* Follow MSA Heat Index rules (i.e. limit exposure if temperature is over 40 degrees – see Section 9 of MSA National Safety Policy)
* Slip, slop, slap
* Take regular breaks under shaded areas
* Ensure plenty of fluids are available
* Take a dip in pool
* Shorten training session
 | L |
| Storm or lightening – outdoor pool | * Lightening strike
 | H | * Plan ahead – check weather forecasts
* Leave open areas
* Cancel training session/carnival – must stay clear of pool for at least 30 minutes after the last roll of thunder
 | L |
| Attempt to rescue MSSA swimmer in difficulty – particularly in deep pool, where pool staff are not present | * Swimmer may drown
* Coach intervenes and may struggle
 | S | * Ensure coach or nominated lifeguard has current lifesaving qualifications
* Ensure pool has appropriate rescue equipment nearby – buoys, ropes, defibrillators, phones, etc.
* Train members on where to get ambulance the best access to pool
 | L |
| Coaching position on pool deck | * Fall into pool
* Strike pool edge or other swimmers
 | L | * Try to minimise standing on pool edge
* Wear shoes or sandals with good grip
* Place mats over slippery surfaces
 | L |
|  | **Overall Risk Rating** | **S** | **Overall Risk Rating** | **L** |

**RISK RATING GUIDE**

|  |  |  |
| --- | --- | --- |
|  |  | **Consequence** |
|  |  | **Death**Catastrophic Illness/Injury | **Major**Extensive Injuries | **Moderate**Medical Treatment Required | **Minor**No Injuries |
| **Likelihood** | **Almost Certain**Occurred Before/Expected | H | H | S | S |
| **Likely**Probably Will Occur | H | S | S | S |
| **Moderate**May Occur At Some Time | H | S | L | L |
| **Unlikely**Unusual or Rare Situation | S | L | L | L |
|  |  | **High (H)** – Cease exposure immediately until protection, approved at senior management level, implemented |
|  |  | **Significant (S)** – Procedures alone may not be enough, senior management attention required |
|  |  | **Low (L)** – May be managed by routine procedures, some risks in this category may be acceptable |

**SPECIFIC TASK REQUIREMENTS**

|  |
| --- |
| **Qualifications or Experience** |
| * Workplace induction
 |
| **Training** |
| * Manual handling training
 |
| **Engineering Details, Certificates and WorkCover Approvals** |
|   |
| **Relevant Codes of Practice, Legislation and Standards** |
| * Manufacturer’s Operators Manuals (for timing devices etc.)
* Work Health and Safety Act 2012 (SA)
* Work Health and Safety Regulations 2012 (SA)
* Code of Practice: Hazardous Manual Tasks (December 2011)
* Masters Swimming Australia (MSA) National Safety Policy – refer to:

<http://www.mastersswimming.org.au/Portals/26/Information/Policy/MSA%20National%20Safety%20Policy%20-%20May%202012.pdf>* MSA National Risk Management Policy – refer to:

<http://www.mastersswimming.org.au/Portals/26/Information/Policy/Risk%20Mmt%20Policy%20May%202013.pdf> |

|  |
| --- |
| **Plant/Equipment** |
| * Timing devices
* Underwater cameras
* Underwater mirrors
* Training aids
 |
| **Maintenance Checks and Site/Workplace Inspections** |
| * Refer to manufacturer’s operators manual
 |

# Suggested Improvements (in order of priority)

Prior to using any new equipment, a Safety Analysis/Risk Assessment must be completed and signed off by the Club President and Coach, and requirements fully implemented

**Additional Comments**

**Assessment Dates**

|  |  |  |
| --- | --- | --- |
| **Initial Assessment Date** | **Current Assessment Date** | **Reassessment Date** |
|  |  |  |

**Assessors**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

**Recommendation** 🞎 Follow up required

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

**Approval**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

*I have read and understood this Safe Work Method Statement*

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
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