**Archery Risk Assessment**

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| Location: | Sports Arena |
| Assessor: | Rob Neale/Elise Roberts |
| Persons at risk: | Participants/Spectators |

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|   | Pre-Control Risk Rating | Control Measures | Post Control Risk Ratings | Comments |
| L | S | Risk Score |  | L | S | Risk Score |
| H – airborne illnessesHE – illness being transmitted to people via dust particles/respiratory droplets**C – Contracting the virus/germs resulting in consequences ranging from being asymptomatic to death** | 2 | 7 | 14 | Ensure that anyone with illness (cold, flu etc.) do not attend training sessions, matches to minimise spread of infection – based on outdoor session. | 1 | 7 | 7 | If participant presents with covid 19 after training or match. We will urge participant to test for covid. Along with asking the participant with covid not to return to training till covid free, we will also check on them throughout their time of isolation. |
| H- lack of preparation before training and competition (warm up) HE- participating in training session/matches without adequate warm up C- Potential injuries such as to their muscles | 3 | 5 | 15 | Coach/captain will ensure everyone takes part in the warm up before training and a match and all attendees who show up later to the session, will be asked to do an individual warm up prior to joining the main session. | 1 | 5 | 5 |  |
| H- Equipment HE – Engaging in archery without protective equipment being usedC – Injury to arm (cuts) from bow string etc | 4 | 2 | 8 | Ensure participants wear long sleeved tops to cover arms/arm guards if available.President/coach to make participants aware of the need to do this in advance of a session. | 2 | 1 | 2 |  |
| H **-** faulty equipmentHE – Participant using faulty equipmentC – Cuts, splinters | 2 | 3 | 6 | Welfare officer/armourer to ensure necessary periodically equipment checks, and servicing has been completed and documented. Any faulty equipment will be taken away from the storage room to avoid it use and replaced with new equipment if possible  | 1 | 3 | 3 |  |
| H – Pre-existing injuryHE – participating in physical activity with a pre-existing injuryC – Aggravate/worsen a pre-existing injury (e.g. tears an ACL) | 5 | 6 | 30 | Attendees to make coach/captain aware of any pre-existing injuries.Student to opt out of any form of physical activity which might worsen their injury.Coaches/captains keep tabs on participant’s previous injuries and check on their welfare.Coaches/captain only select participants for matches who are deemed fit to participate. | 2 | 6 | 12 |  |
| (H) Moving Training equipment (HE) Incorrect manual handling techniques utilised (C) Injury from manual Handling  | 2 | 4 | 8 | Use of Trolleys or other aids if available Only people training in manual handling should be moving equipment. | 1 | 2 | 2 |  |
| H IntoxicationHE Attendee arrives to training/matches intoxicated and tries to participate C Injuries themselves or their peers | 1 | 5 | 5 | Any student deemed to be under the influence of alcohol/drugs will be refused entry to training/won’t be allowed to play in matches. | 1 | 1 | 1 |  |
| (H) Unexpected Medical Emergency(HE) Participant has Unexpected Medical Emergency (Heart Attack)(C) Heart Attack or other Medical Emergency Leading to Serious Medical Concerns/Death | 1 | 7 | 7 | Ensure Medical Information is up to date for all participants and is readily available in the event of an emergency. Ensure First Aiders are present at all matches and training Sessions | 1 | 7 | 7 |  |
| (H) Fire (HE) Being trapped in area with fire(C) Death at worse | 2 | 7 | 14 | Ensure Fire Doors are not blocked and all teams are informed of the emergency procedure and meeting places.Participants to bring nothing with them to training/matches which might result in a fire.Students to follow evacuation procedure set out by Essex Sport in the unlikely event of a fire.  | 1 | 3 | 3 |  |

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| **The person signing this assessment must check the information above to ensure it is relevant to this operation on this site. Additionally, any additional controls measures deemed necessary must be included.** |
| **Signed Author** | **Elise Roberts** | **Date: 05/10/2022** |
| **Signed Checked By** | **Rob Neale** | **Date: 11/01/2023** |

**Action Plan**

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| **Hazard No.** | **Details of Action to be Taken** | **Action by who** | **Target Date** | **Completion Date** | **Signature** |
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