# Section 1: Risk Assessment Guidance

The assessor can assign values for the hazard severity (a) and likelihood of occurrence (b) (taking into account the frequency and duration of exposure) on a scale of 1 to 5, then multiply them together to give the rating band:

|  |  |
| --- | --- |
| **Hazard Severity (a)** | Likelihood of Occurrence (b) |
|
| 1 – Trivial (eg discomfort, slight bruising, self-help recovery)**2 – Minor** (eg small cut, abrasion, basic first aid need)**3 – Moderate** (eg strain, sprain, incapacitation > 3 days)**4 – Serious** (eg fracture, hospitalisation >24 hrs, incapacitation >4 weeks)**5 – Fatal** (single or multiple) | **1 – Remote** (almost never)**2 – Unlikely** (occurs rarely)**3 – Possible** (could occur, but uncommon)**4 – Likely** (recurrent but not frequent)**5 – Very likely** (occurs frequently) |

The risk rating (high, medium or low) indicates the level of
response required to be taken when designing the action plan.

**Trivial**

**Minor**

**Moderate**

**Serious**

**Fatal**

|  |
| --- |
| **Rating Bands (a x b)** |
| **LOW RISK****(1 – 8)** | **MEDIUM RISK****(9 - 12)** | **HIGH RISK****(15 - 25)** |
|  |  |  |
| Continue, but review periodically to ensure controls remain effective | Continue, but implement additional reasonably practicable controls where possible and monitor regularly  | **-STOP THE ACTIVITY-**Identify new controls. Activity must not proceed until risks are reduced to a low or medium level |

**Remote**

**Unlikely**

**Possible**

**Likely**

**Very likely**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **2** | **4** | **6** | **8** | **10** |
| **3** | **6** | **9** | **12** | **15** |
| **4** | **8** | **12** | **16** | **20** |
| **5** | **10** | **15** | **20** | **25** |

# Section 2.01: Canoe Polo Fixtures

|  |
| --- |
| **Risk Assessment Record** |
| **Risk Assessment of:** Canoe Polo Fixtures | Assessor(s): | Date: **20/03/2025** |
| **Overview of activity / location / equipment / conditions being assessed:** **Activity:** Canoe polo matches are played at Cardiff University Canoe Polo (CUCP) and BUCS where several universities compete across several matches over a weekend. SWUPL (South West University Polo League) is covered by a separate risk assessment.**Location:** Outdoor canoe polo pitches**Equipment:** Polo kayaks. Buoyancy aids and helmets are mandatory. Paddles, spraydecks, wetsuit/cags, balls.**Conditions:** Variable dependant on water levels/ weather as high water may prevent access to the pitch. Any change in conditions caused by weather must be assessed by the event coordinator prior to the event or in a dynamic risk assessment. |  |
| **Generic or specific assessment?**Specific assessment | **Context of assessment**Annual Review Handover 25 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Hazard(s) identified** | **Persons affected** | **Existing controls & measures** | **A** | **B** | **A x B** | **Additional controls required** |
| 1 | Drowning | Anyone on Water | * Buoyancy aids are mandatory on the water
* Participants are required to have done swim test before they are allowed on the water.
* Game referees are required to wear a buoyancy aid
* Bystanders on waterside must wear buoyancy aid
* Each university is responsible for ensuring its paddlers have an appropriate level of experience exiting the kayak- an ability to calmly exit the kayak underwater when using a spray skirt should have been demonstrated. Any individuals lacking this skill must not participate.
 | 5 | 1 | 5 |  |
| 2 | Collision of boat/paddle and person | Anyone paddling | * Buoyancy aids worn by players and bumpers on the boats reduce the impact of collisions.
* Players are taught how to tackle safely and legally within game rules
* Tackling is policed by referees. Any player found to be in violation of rules and safe practise will be disciplined and may be removed from play.
* Helmets to be worn during at all times during games
 | 3 | 2 | 6 |  |
| 3 | Hypothermia/Weather/Environment | Anyone on Water | * Trip leader is responsible for checking participants are wearing suitable clothing. First aider present at every match.
* If signs of hypothermia begin to show the individual should be removed from the river and appropriate first aid administered
* Individuals are reminded to bring water and apply sun cream in hot weather.
* Paddlers informed ahead of the event of significant periods off-water, reminders to bring extra layers and coats for protection from wind.
* Club to bring supportive equipment where necessary – ie event shelter for wind protection.
 | 4 | 3 | 12 |  |
| 4 | Lifting Kayaks/Canoes | Anyone paddling | * Everyone informed how to safely carry and transport kayaks and canoes
* Heavier loads to be carried between multiple persons as appropriate
 | 3 | 2 | 6 |  |
| 5 | Adverse River conditions | Anyone paddling | * Water levels are monitored by the coach/participants and if inappropriate for the group, then the games will be cancelled
* If the weather becomes dangerous then the games will also be cancelled
 | 3 | 2 | 6 |  |
| 6 | Water Quality | Anyone paddling | * Water quality is generally good but can become a risk in higher water. Sewage may be released during periods of heavy rain.
* Participants to be informed of risks when in high water conditions
* Participants to be informed of symptoms of Wiles disease to ensure early detection
 | 4 | 2 | 8 |  |
| 7 | Collision of ball and person | Anyone paddling | * Participants wear helmets and buoyancy aids for protection.
* Everyone on the water is involved in / aware of the game
 | 2 | 3 | 6 |  |
| 8 | Head injury | Anyone paddling | * Participants to be instructed in the safe entry/exit of the kayak at the poolside. Participants should be encouraged to ask for help if they are struggling to enter/exit safely.
* A designated first aider to be selected for each trip.
* Helmets worn when on water, and are inspected by Kit Sec
 | 3 | 2 | 6 |  |
| 9 | People participating who are not medically fit | Anyone on the water | * Use of confidential medical questionnaire must be completed by all trip members.
* Form should be updated in the event in change of medical circumstance
 | 3 | 2 | 6 |  |
|  | Assessor signature: | Print name:SAM FOOTE | Review date:**01**/**06/2025** |