|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department: *Live Life Aberdeenshire*** | | | | | **RISK ASSESSMENT** | | | |  | | | | |
| **Process/Activity: Activity: Nordic Walking on artificial mats, grass and surroundings terrain** | | | | | | | | **Location:**  ***Huntly Nordic and Outdoor Centre*** | | **Date:** | | | |
| **Describe activity**: **Walking along, up and down artificial ski matting.** | | | | | | | | **Review:** | | | |
| **Hazard** | **Person/s Affected** | **Risk** | **Risk level before controls are in place**  **LOW MED HIGH** | | | | **Control Measures** | | | | **Risk level after controls are in place**  **LOW MED HIGH** | | |
| Instructor/ supervisor competence | All participants | Minor or major injury |  | **✓** | |  | * Qualified instructors and coaches used * Sufficient staff | | | | **✓** |  |  |
| Weather conditions | Staff and participants. | Sunburn  Heat exhaustion  Frost nip  Hypothermia  Dehydration  Slips, slides & falls |  | **✓**  **✓**  **✓** | |  | * Staff trained to monitor group and react to deterioration of any member. * Where weather conditions deteriorate significantly, sessions will be substituted/ postponed/ cancelled. * Participants are advised in advance of appropriate clothing. * Trained First Aider on duty | | | | **✓**  **✓**  **✓** |  |  |
| Worn or unsecured matting | Staff and participants | Tripping and falling |  | **✓** | |  | * Matting checked prior to each session, any hazardous section being repaired or, if repair not possible, session cancelled. | | | | **✓** |  |  |
| Protrusions/ objects on slope | Staff and participants | Cuts, grazes and falls |  | **✓** | |  | * Matting checked on a daily basis, with any stray objects removed. | | | | **✓** |  |  |
| Wearing of inappropriate clothing by participants | Participants | Minor Abrasions  Cold/ hypothermia  Sunburn |  | **✓** | |  | * Pre-activity check and advice. * Participants are advised in advance of appropriate clothing. | | | | **✓** |  |  |
| Falls from height | Staff and participants | Minor & Major Injury |  | **✓** | |  | * Fencing/Design of slope. * Crash mats used appropriately on slope. * Close supervision and appropriate number staff accompanying group * Any patrons/ individuals acting in a dangerous manner not permitted to continue with activity. * Downhill mat has recommended shock absorbing underlay. | | | | **✓** |  |  |
| Slips, trips and falls | Staff and participants | Grazes, minor/moderate injury. |  | **✓** | |  | * Use of qualified instructors, who are also trained in First Aid. * Good group management practices to minimise unnecessary falls. | | | |  | **✓** |  |
| Inexperience of participants/ unfamiliarity with environment | Staff and participants | Falling and collision injuries |  | **✓** | |  | * Participants and helpers will be given clear safety instructions at the beginning of the session, in relation to access to the slope, prohibited areas, conduct on the slope. * Close supervision * Appropriate number of adult helpers accompanying group * Designated spectator area near slope. | | | | **✓** |  |  |
| Equipment | Staff and participants | Minor injury |  | **✓** | |  | * Equipment is checked before and during use. Equipment is repaired/ replaced as appropriate. * Staff responsible for issuing suitable and safe equipment. * Equipment is regularly serviced in accordance with Standard Operating Procedures * Group briefed on correct use of equipment and hazards which may arise from incorrect use. * Instructors monitor group continuously | | | | **✓** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Author signed | Elizabeth Massie | Print Name | ELIZABETH MASSIE | Position | OUTDOOR ACTIVITY INSTRUCTOR | Date | 05/06/2020 |
| Witness signed | Helena Sierakowska | Print Name | HELENA SIERAKOWSKA | Position | DUTY OFFICER | Date | 05/06/2020 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Further action necessary to control risks**  Please list any incidents/ accidents and any control measures added below and any incidents should be noted below. | | | | |
| **Date** | **Incident/ Accident** | **Control Measures Adequate**  **Yes/ No** | **Risk Assessment Reviewed by** | **List Any New Control Measures/ Changes** |
|  |  |  |  |  |
|  |  |  |  |  |