Module 1

Risk Assessment & Management

SwimSafer Recertification 2020/21

Name of Learner: _____

RISK ASSESSMENT & MANAGEMENT

Overview

Safety should be of utmost importance when you conduct training. Whatever the goals and objectives of any sporting activity, safety should be a critical part of your planning. Unsafe practices often lead to unnecessary injuries and consequences e.g. an athlete could miss out on training and playtime for the season due to injuries sustained through poor safety practices. Worse, lives could even be lost as a result of safety neglect!

At the end of this module, you should be able to:

- Apply risk assessment in swimming
- Categorize risks within the P.E.E.P framework
- Develop a risk management plan for swimming
- Develop a safe aquatic environment

Total Number of Learning Hours: 1 hours

Assessment Method for Module: Complete RAMS Form

Sport Safety

1. Safety and Risk

Safety should be of utmost importance when you conduct training. Whatever the goals and objectives of any sporting activity, safety should be a critical part of your planning. Unsafe practices often lead to unnecessary injuries and consequences e.g. an athlete could miss out on training and playtime for the season due to injuries sustained through poor safety practices. Worse, lives could even be lost as a result of safety neglect!

Still, playing sport carries a certain element of risk. Some risks cannot be completely prevented e.g. in a football game, players attempting to head the ball may collide with each other, or a basketball player could sprain his ankle in a game due to a poor landing. Such occurrences are fairly common, although unwelcome. In the swimming context, there have unfortunately been the occurrence of near-drowning and even deaths in swimming pools. Any death is one too many.

So, under what circumstances is a coach at fault when accidents occur? What can a coach do to minimise safety risks in sport?

Girl, 6, dies after swimming mishap in public pool



The girl, whose surname is Ler, was found floating unconscious at Kallang Basin swimming complex during her swimming lesson on Dec 20. PHOTO: SHIN MIN DAILY NEWS

SINGAPORE - She was supposed to start Primary 1 this year, but a mishap at a public pool robbed her of the opportunity.

The six-year-old girl died in hospital on Tuesday afternoon (Jan 9) after being unconscious for 20 days, following a swimming mishap at Kallang Basin swimming complex.

During a swimming lesson on Dec 20 last year, she was found unconscious and floating on the water, her grandmother told Chinese-language newspaper Shin Min Daily News.

Put yourself in the shoes of the girl's family, how do you think they felt?

Put yourself in the shoes of the coach and his family, how do you think they felt?

2. What is Risk Assessment and Management System (RAMS)?

To mitigate safety risk(s), coaches can refer to the Risk Assessment and Management System (RAMS) – a process that identifies occupational safety and health hazards – to evaluate risk(s) and prioritise the necessary measures or actions to undertake.

The purpose of risk assessment is to assess factors that affect the health and safety of persons who could be affected by taking part in an activity. Identifying hazards and the risk of injuries or accidents is the duty of the personnel-in-charge.

3. Why RAMS?

With proper RAMS in place, the severity and frequency of accidents can be reduced – protecting the safety and health of the coach and trainees. It enables you to be aware of and take responsibility for managing your own safety as well as the trainees under your charge. Safety outcomes are important as legal obligations are involved when proper procedures are not present or maintained.

Failure to take the necessary precautions is deemed as negligence. Negligence refers to actions or behaviours that fall below a reasonable standard of care. In sport, a coach's actions will be under scrutiny should any accident occur during his duty of care.

Often, these three factors determine the presence of negligence:

- There is a duty of care
- There is a breach of that duty of care
- Harm (damage) suffered due to a breach of that duty of care

3.1 Duty of Care

In any form of sports coaching, a duty of care based on an understanding or contractual agreement between parties would be established. This understanding varies for organisations as well as participants' age. Generally, younger participants require a higher demand of care from the carer (in the context of sport coaching, the carer is the coach).

3.2 A breach of that duty of care

In assessing whether a coach has breached his or her duty of care, it is necessary to determine how "standard of care" is defined and measured. The standard expected of a carer is that he or she acts like a "**reasonable**" man. In sport, what a coach does to exercise his or her duty of care will be compared with what other coaches would have done under the same circumstances of the training and incident.

The concept of what is **foreseeable** is important and is related to the standard of care. A reasonable man in the position of a coach must carefully consider and perform or avoid acts that he could foresees might cause harm or injury to any athlete.

For example, a “reasonable” coach would avoid conducting training activities on a poorly maintained and defective surface with holes and jagged protrusions because he should foresee the risk of harm to athletes.

When coaching children, coaches have to apply a standard of care that is similar to that of a prudent parent. Generally, a higher standard of care applies when children are involved because children are presumed to be less capable than adults of taking care of themselves.

3.3 Harm suffered by breach of duty of care

The harm (injuries) sustained must be a result of the breach of duty on the part of the coach (Lowe, 1986). It is necessary to determine whether the coach could have reasonably foreseen that damage that would occur from his or her act of omission

4. How to Manage Risk?

There are several types of Risk Assessment tools available such Risk Assessment, Hazard & Operability Analysis (HAZOP), Failure Mode Effect Analysis (FMEA), Job Safety Analysis (JSA), Fault-Tree, Event Tree, Risk Matrix, etc. This course will introduce you to the Risk Assessment method, which is quantitative by design. The Risk Assessment method outlines three steps to mitigate risk(s). They are: Find it, Assess it and Fix it.

4.1 Find it – IDENTIFY

In this step, we seek to identify the inherent risk(s) of conducting and participating in the activity. These risks could stem from environment, the coach or participants, nature of the activity and equipment. Through screening the contributing factors, we would be able to proceed to the next step of evaluating.

Discussion

- What would be the expected reactions of the players and their parents arising from the respective incidents above?
- Is the coach at fault in each case? Was there anything that the coach could have done to make the activities safer?
- Using 5 “Ws” in the table below, identify the possible hazard(s) and the potential accident(s) that may occur in your sport.

	Possible Hazard	Potential Incidents / Accident
What		
When		
Who		
Where		
Weather		

A good start to help you identify risk(s) is to get your athletes to fill in the Get Active Questionnaire before participating in any activity:

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Get Active Questionnaire

CANADIAN SOCIETY FOR EXERCISE PHYSIOLOGY –
PHYSICAL ACTIVITY TRAINING FOR HEALTH (CSEP-PATH®)

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. **This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.**

☐ I am completing this questionnaire for myself.

☐ I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

YES	NO	
		1 Have you experienced **ANY** of the following (A to F) **within the past six months**?
		A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
		B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
		C Dizziness or lightheadedness during physical activity?
		D Shortness of breath at rest?
		E Loss of consciousness/fainting for any reason?
		F Concussion?
		2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?
		3 Has a health care provider told you that you should avoid or modify certain types of physical activity?
		4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

NO to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE

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PAGE 1 OF 2

Get Active Questionnaire

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? ☐ DAYS/ WEEK

2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? ☐ MINUTES/ DAY

For **adults**, please multiply your average number of days/week by the average number of minutes/day: ☐ MINUTES/ WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).

GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.

DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. If my health changes, I will complete this questionnaire again.

I answered NO to all questions on Page 1

Sign and date the Declaration below

I answered YES to any question on Page 1

Check the box below that applies to you:

☐ I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.

☐ I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth

Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

☐ Check this box if you would like to consult a QEP about becoming more physically active. (This completed questionnaire will help the QEP get to know you and understand your needs.)

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Get Active Questionnaire – Reference Document

ADVICE ON WHAT TO DO IF YOU HAVE A **YES** RESPONSE

Use this reference document if you answered YES to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

1 Have you experienced ANY of the following (A to F) within the past six months?	
A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity? ☐ YES	Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.
B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher? ☐ YES	Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.
C Dizziness or lightheadedness during physical activity ☐ YES	There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.
D Shortness of breath at rest ☐ YES	If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.
E Loss of consciousness/fainting for any reason ☐ YES	Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.
F Concussion ☐ YES	A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire* – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

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Get Active Questionnaire – Reference Document

ADVICE ON WHAT TO DO IF YOU HAVE A **YES** RESPONSE

Use this reference document if you answered YES to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active? ☐ YES

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

3 Has a health care provider told you that you should avoid or modify certain types of physical activity? ☐ YES

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active? ☐ YES

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire* – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

- **csep.ca/certifications**
  CSEP Certified members can help you with your physical activity goals.
- **csep.ca/guidelines**
  Canadian Physical Activity Guidelines for all ages.

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4.2 Assess it – EVALUATE

In this step, we seek to assess identified risk(s). Risk Assessment has expressed risk mathematically as *Risk = f (Likelihood. Severity)*. This equation means that risk is a function of the likelihood of an occurrence and the severity of an occurrence.

As seen from the table below, likelihood can be expressed in different ways.

Likelihood	Score	Description
Unlikely	1	Unlikely to occur
Seldom	2	Not likely to occur but possible
Occasional	3	May occur in time
Likely	4	Quite likely to occur in time
Frequent	5	Expected to occur frequently

As seen in the table below, severity could be insignificant, minor, moderate, major or catastrophic.

Severity	Score	Description
Insignificant	1	No injuries, incur low financial loss, low environmental impact
Minor	2	Injury requiring first aid treatment, incur some financial loss/ some environmental impact
Moderate	3	Injury requiring medical treatment or ill-health leading to disability (e.g. lacerations, burns, stains, minor fractures, dermatitis, deafness, upper limb disorders), incur high financial loss, high environmental impact
Major	4	Serious/extensive injury (e.g. amputations, major fractures, multiple injuries, acute poisoning and fatal diseases), incur major financial loss, severe environmental damage
Catastrophic	5	May result in death or large number of serious injuries, incur huge financial loss, environmental disaster

Be realistic as well as mindful of the number of people affected by the risk(s) and the profile of every individual put at risk. By pairing the likelihood and severity of risk, you can determine the risk level by using the recommended risk matrix below.

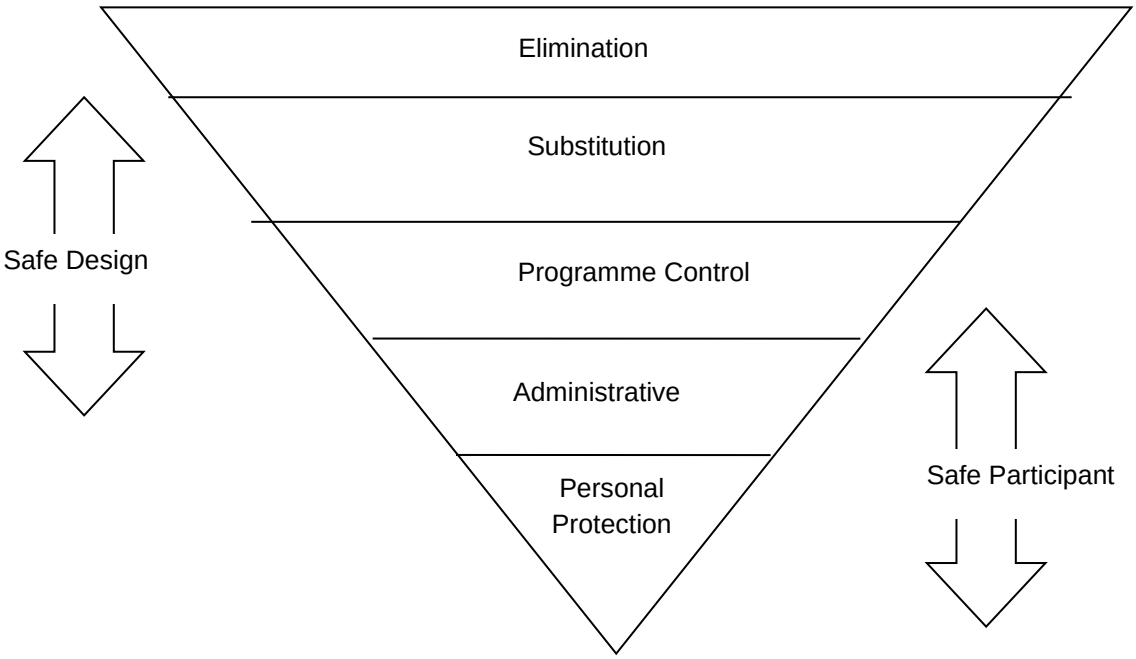
Severity / Likelihood	Catastrophic 5	Major 4	Moderate 3	Minor 2	Insignificant 1
Frequent 5	25 Extremely High	20 Extremely High	15 High	10 High	5 Medium
Likely 4	20 Extremely High	16 High	12 High	8 Medium	4 Medium
Occasional 3	15 High	12 High	9 Medium	6 Medium	3 Low
Seldom 2	10 High	8 Medium	6 Medium	4 Low	2 Low
Unlikely 1	5 Medium	4 Medium	3 Low	2 Low	1 Low

After establishing the level of risk you are exposed to, use the standards put in place in this table to establish if the risk level is acceptable or unacceptable and recommended actions for each level.

Risk Level	Risk Control Action and Timescale
Low Risk 1-3	• No action required • No monitoring necessary
Low Risk 4-5	• No additional controls required • Monitoring is required to ensure existing controls are effectively implemented
Medium Risk 6-9	• Efforts should be made to reduce the risk • Risk reduction measures should be implemented within a defined timeframe • Management control required
Significant Risk 10-14	• Session shouldn't commence until risk has been reduced • Considerable resources may be allocated to reduce the risk • Where event or session has commenced, urgent interim measures must be taken
High Risk 15-25	• Suspend session or event immediately

4.3 Fix it – CONTROL

The diagram below depicts the various layers where measures to control risk can be implemented:



Elimination	–	Elimination layer is where the risk can be controlled by deleting an activity e.g. removing swimming from the camp programme due to lack of safety boat coverage.
Substitution	–	Substitution layer is where the risk can be controlled by substituting an alternative activity e.g. changing the swimming venue from seaside to wading pool to better suit the proficiency of participants.
Programme Control	–	Programme control is where the risk can be controlled by insertion of a control or check before or during the execution of the programme e.g. equipment to be tested prior to the programme.
Administrative	–	Administrative control is where the risk is controlled through the insertion of a control or check at administrative end e.g. All participants are required to submit a PARQ as part of the registration process.
Personal Protection	–	Personal protection is where risk can be controlled by ensuring that personal attire offers adequate protection from the elements e.g. request all participants to wear sports shoes prior to the commencement of a run.

Table 1: Sample of Risk Assessment Matrix

Risk Identified	Risk Evaluation			Risk Control
Examples	**Severity**	**Likelihood**	**Risk Level**	**Strategies to reduce risk to an acceptable level**
Sprained ankle during football game	Minor	Seldom	Low Risk	Proper footwear, warm-up and strengthening exercises
Bruises on knees of volleyball player	Minor	Occasional	Medium Risk	Wear knee-guide, learn proper landing technique
Heat exhaustion during endurance run	Major	Occasional	High Risk	Ambulance with heat exhaustion treatment present (in addition to proper hydration before)
Car accident from road relay outside school	Major	Unlikely	Medium Risk	Organise race within school or in a park

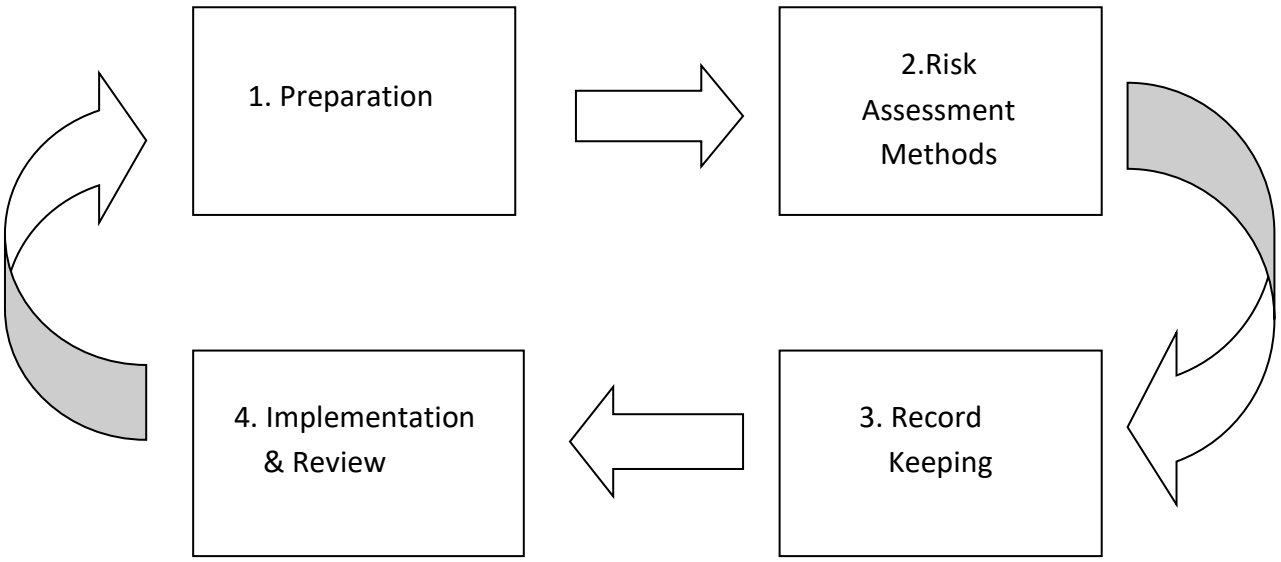
5. Are Risk Assessment Methods sufficient?

Depth of assessment is the critical component that one must bear in mind during assessment of risks. Risk assessment is all about sufficiently addressing all foreseeable risk and customising the assessment to suit your work processes.

Essentially, the key outcomes of performing risk assessment is to assess and evaluate risks present, put in place risk control measures or actions, keep the person-at-risk informed, actively implement effective safe work procedures and constantly do reviews to ensure that the environment and processes are safe for all.

To help you ensure that potential risks are taken into consideration, properly evaluated, controlled and documented, an example of the process to check if your risk assessments methods are effective is suggested for your consideration:

Example of a Risk Assessment Process



6. Emergency Plans

Despite all the prevention strategies, accident may still happen during sports training or competition. Thus, a plan has to be in place for an emergency. The plan would cover three main phases; Evaluation, Escalation, and Evacuation.

6.1 Evaluation

When an emergency occurs, there would be certain degree of chaos and uncertainty. As a coach, it is under your duty of care to ensure prompt and adequate care is given. To ensure this, a coach should:

- ✓ Take control and assess the situation
- ✓ Make sure all participants are safe and accounted for
- ✓ Instruct participants to leave the injured participant alone and avoid moving him or her
- ✓ Assess injury and determine if further assistance is required
- ✓ If an ambulance is *not needed,* decide how to administer first-aid

To establish safety at the scene and immediate care of the athlete, a key consideration is to prevent further aggravation of injury or incident by ascertaining control. If there are any doubts, the rule of thumb is to assume that the gravity and severity of the injury or incident is at the higher end.

With these in mind, the plan would include information of location and content of the first aid kit and AED as well as information of the first aid and/or medically trained individual.

6.2 Escalation

Upon evaluation, there may be a need to escalate the matter to various parties:

- Medical and first-aid trained individual (on-site)
- Venue facilities office (on-site)
- Emergency medical services (995 for an emergency in Singapore)
- Nearest clinic(s)
- Teachers-in-charge or parents

Thus, information on the process of escalation (e.g. phone tree) as well as individuals' contact details should be present in the plan.

6.3 Evacuation

Should the injury require evacuation for further medical attention, the plan should include:

- Information of nearest clinic(s)
- Information of nearest hospital
- Existing medical conditions and allergies of athletes (if any)

With these in mind, the Emergency Action Plan (EAP) should cover necessary information as well as required actions individuals should carry out in the event of an emergency.

7. Emergency Action Plan (EAP)

There are five main components in an Emergency Action Plan (EAP):

- Emergency personnel
- Emergency communication
- Emergency equipment
- Venue and athlete Information
- Emergency Action Plan (EAP) checklist for non-medical emergencies

7.1 Emergency Personnel

This component identifies the first responder(s), which typically the coach or other identified individuals, in an emergency situation.

7.2 Emergency Communication

This component identifies a communication process that ensures a quick and efficient emergency response. A pre-established process (e.g. phone tree) will ensure that all relevant parties are notified. There must be access to a phone (either fixed or mobile) or other device with a back-up communication avenue.

7.3 Emergency equipment

This component allows quick access of all necessary emergency equipment (on-site). A coach should read through the list to understand and be proficient in the use of emergency equipment in the event of an emergency.

7.4 Venue and athletes' Information

This component allows emergency medical services rapid access to the site or injured athlete. This would include maps to the nearest hospital(s), nearest clinic(s), etc.

7.5 EAP checklist for non-medical emergencies

This component caters for non-medical emergencies like a fire. There would be some forms of EAP when an individual is coaching under an organisation. Thus, gaining access and understanding the EAP is important. However, there could be situations whereby the coach is expected to develop his or her own EAP due to the lack of an existing one.

Emergency Action Plan

With reference to the template below, prepare an Emergency Action Plan for a sport that is specific to your training venue.

Sample Emergency Action Plan

I. Emergency Personnel

In an event of emergency, please contact:

Name (Designation)	**Contact**

Important Contacts List

Name (Designation)	**Contact**
Ambulance	995
Teacher-in-charge	XXXX-XXXX
Facilities office	XXX-XXXX
ABC Clinic	XXX-XXXX

II. **EMERGENCY COMMUNICATION (to be presented as process flow or table format)**

Note: This is a basic plan.

Steps	Actions
1.	Call **995** (For local training venue)
2.	The following information should be provided to the dispatcher: a) Your name b) Exact location where injury occurred and where you will meet them c) The number you are calling from d) Number of injured athletes e) The condition of the athlete(s) f) The care being provided g) Hang up the phone only after the dispatcher has hung up

3.	As EMS is being dispatched, make sure you designate someone to retrieve any required emergency equipment.
4.	Have the individual serve as crowd control and keep other athletes away from victim.
5.	Inform the teacher of the incident.
6.	Send someone to meet the ambulance at the designated spot.
7.	The coach will accompany the injured athlete to the hospital.
8.	Coach to update the teacher (based on the organisation's guidelines) on the location of the hospital as well as the medical condition of the athlete.

III. EMERGENCY EQUIPMENT

The following is a sample list of emergency equipment needed:

First Aid Kit which include: • sterile gauze pads of different sizes • adhesive tape • adhesive bandages in several sizes • elastic bandage • a splint • antiseptic wipes • antibiotic ointment • antiseptic solution • hydrocortisone cream (1%) • tweezers • sharp scissors • safety pins • disposable instant cold packs • calamine lotion • alcohol wipes or ethyl alcohol • thermometer • plastic non-latex gloves (at least 2 pairs) • flashlight and extra batteries • spine board and neck brace • automatic Electronic Defibrillators (AED's)	Available at stadium facilities office

IV. VENUE AND ATHLETES' INFORMATION

Venue information

Note: Provide turn-by-turn (leading up from the gate) instructions.

Venue	EMS Route: Entrance #	Nearest AED Location
Sport Complex	Road Name by Road Name (East Gate)	By the main entrance of multi-purpose hall
Out-door basketball court	Road Name by Road Name (East Gate)	Beside the entrance of the gym located first floor at sport complex

Medical Conditions and Allergies

Name	**Medical conditions and allergies**
Tan Ah Kow	Asthma

8. Sports Safety in Schools

The majority of coaches in Singapore are under the employment of schools. Thus, understanding their specific requirements is important. In 2010, the Ministry of Education (MOE) concluded that MOE's sports safety framework is pivotal to keeping the injury rate low within schools. The framework can be classified into three areas:

i. Safety education and training
ii. Preventative measures
iii. Monitoring, intervention and follow-up measures

The framework outlines the responsibility of a coach in each area as follows:

<u>Safety education and training</u> - Ensure that the coach meets the minimum requirements in terms of technical skills, pedagogical skills, continuing training areas mentioned. - Communicate and ensure that students are aware of safety rules and regulations. - Establish and promote safety habits for student-athletes (e.g. warm-ups before training or events).
<u>Preventive measures</u> - Conduct regular checks to ensure that the equipment and facilities (fitness stations, courts, fields, availability of water, first aid kit) are safe and well maintained. - Exempt students feeling unwell from physical activities.
<u>During conduct of activities</u> - Create an environment that encourages fair play and playing within the rules. - Ensure that activities are appropriate for the physical abilities and skill levels of different students, and be aware of students' medical conditions. - Pay attention to students in need or those who need to cease participation.
<u>Responding to safety incidents</u> - First responder to safety incidents. - Perform first aid if necessary. - Attend to student and seek medical help if needed. - Report incident to MOE teacher-in-charge. - Take note of relevant details and assist in investigations if necessary.

Source: MOE's CSSS School Sport Safety Report, 2010.

9. Water Safety

Safety in swimming and water-based activities has its own unique consideration. Therefore, risk assessment and management of such activities should follow two sets of rules:

- ✓ **The rules of water safety**
- ✓ **Survival rules**

9.1 Understanding the Dangers

Each Locality has its own hazards that need to be well identified. Coaches must have knowledge of potential dangers in the different aquatic environments.

1) Swimming Pools
2) Rivers and Creeks
3) Lakes, Dams, Canals and Reservoirs
4) Beach and Ocean
5) Home

9.1.1 The Water Smart Code

The Water Smart Code is a list of simple guidelines you should follow when engaging in aquatic activities. They are:

1) **Go Together:** Play or swim in the water with someone who knows what to do in an emergency and can get help or rescue you. Never swim alone. If you are a child, it is important that you always go swimming with an adult.
2) **Know the Dangers:** Water can be fun but you should be aware of potential hazards. Never dive into shallow or unknown waters as there is a high chance that you could be injured when you hit the bottom or an object hidden under the water's surface. Use feet-first entry when entering the water. Enter headfirst only when the area is clearly marked for diving and has no obstructions above or below the water.
3) **Take Safety Advice:** Apply simple common-sense safety rules in all aquatic activities. Many accidents can be prevented if safety rules are heeded. One piece of advice which is commonly ignored is the importance of using Personal Floatation Devices (PFDs) when canoeing or boating.
4) **Float and Wave:** If you are in trouble in the water (for example, if you experience a leg cramp), relax, roll onto your back and wave for help with one arm.
5) **Learn How to Help:** If someone needs help, don't just plunge in. Lie down and reach out with a stick or throw the person a floatation aid. Call 995 for help.

10. Categorising Risk

To assist in coaches' understanding of the different types of risks and identify what are the risks which are within the coaches' control and what are outside of the coaches' control

1) People: Risks arising from other people outside of your class
2) Equipment: Risks arising from equipment usage
3) Environment: Risks arising from environment
4) Process: Risks arising from the coaches' plan.

The risks associated with People, Equipment and Environment is inherent in every scenario and can be considered as standard risks which will occur in any situation for classes.

Process risks are the risks which is created by the coach through the plan and therefore is the type of risk with a coach must be most familiar and adaptive to within a session.

SAMPLE RAMS FORM							
School Name:		RAMS Team Leader:		Vetted by:		Approved by:	
Location:		Member(s):		Designation:		Designation:	
Activity/Process:				Date:		Date:	
Last Review Date:				Signature:		Signature:	
Next Review Date:							

Hazard Identification				Risk Evaluation			Implementation		
No.	**Description of Activities/Work Processes**	**Hazard**	**Possible Accident /Ill-health**	**Severity**	**Likelihood**	**Risk Level**	**Risk Control**	**Action Officer, Designation (Follow-up date)**	**Remarks**
1	Swimming Lesson in a crowded pool	Overcrowding and Lack of Space	People kicking students by accident while swimming by each other causing injury.	3	3	9	Manage Space by keeping students within specific area. Move to less crowded part of pool.	Coach	People
2	Using of Goggles for Swimming Classes	Goggles not fitted properly.	Water filling up goggles and not being able to see clearly and hitting the wall or each other.	1	2	2	Quick Check of goggle fit before each session.	Coach	Equipment
3	Swimming Classes during wet weather	Lightning	Death	5	3	15	Follow Pool SOP on wet weather procedures Coach to check NEA Status before conducting classes.	Facility Management Coach	Environment

4	Practicing Step-In entry off the edge of the pool	Coach did not ensure swimmer was in correct position for the activity. Swimmers do not step forward far enough Swimmers slip upon doing activity.	Hitting back of head against the wall causing head injury. Hitting shin along edge of pool causing injury.	5	3	15	Give participants a target distance to step forward with body leaning forward. Curl toes over edge of pool.	Coach	Process