



## South Tyneside Council

### RISK ASSESSMENT

|   |   |                                     |                         |                                     |  |                                     |
|---|---|-------------------------------------|-------------------------|-------------------------------------|--|-------------------------------------|
| <b>Department: Services for Young People, Children, Adults &amp; Families</b> |   | <b>Section: Thurston O.E.C.</b>     |                         | <b>Assessment No: W5a</b>           |  |                                     |
| <b>Work Activity</b>  | Stand Up Paddleboarding (SUP)   |                                     |                         |                                     |  |                                     |
|   | All hazards & control measures as for "Generic Assessment for all Outdoor Activities" and "Paddlesport - not moving water" plus additions below   |                                     |                         |                                     | <b>Risk rating, without controls</b><br><i>(see Matrix overleaf)</i> |                                     |
| <b>Hazards</b>  | Board deflation<br>Head Injury<br>Failure of leash system<br>Injury due to fins<br>All-in scenario<br>Falling into shallow water/lake based obstacles<br>Wind strength and direction  |                                     |                         |                                     |  |                                     |
| <b>Population Exposed</b>   | <b>Employees:</b>   | <input checked="" type="checkbox"/> | <b>Sub Contractors:</b> | <input checked="" type="checkbox"/> | <b>Public:</b>   | <input checked="" type="checkbox"/> |
|   | <b>Young Persons:</b>   | <input checked="" type="checkbox"/> | <b>Special Groups:</b>  | <input checked="" type="checkbox"/> | <b>Children:</b>   | <input checked="" type="checkbox"/> |
| <b>Control Measures</b>   | Activity to be run in line with "Paddlesport Operating Procedures" with control measures including;<br>Board subject to regular maintenance and checks, and inflated in line with manufactures guidelines<br>Briefing on use of long paddles<br>Leash always worn<br>Overboard briefing given<br>Sitting and kneeling position to be used where necessary<br>Awareness of hazards and lake depth<br>Awareness of past and predicted weather conditions<br><br><b>Continue on separate sheet, if necessary</b> |                                     |                         |                                     |  |                                     |
| <b>Information Instruction Training Required</b>                              | As stated in operating procedures   |                                     |                         |                                     |  |                                     |
| <b>Personal Protective Measures (PPE)</b>                                     | As stated in operating procedures   |                                     |                         |                                     |  |                                     |

|                            |  |                |                    |
|----------------------------|--|----------------|--------------------|
| <b>Implementation Plan</b> |  | <b>By Whom</b> | <b>Target Date</b> |
|----------------------------|--|----------------|--------------------|

|   |                                      |   |                                     |
|---|--------------------------------------|---|-------------------------------------|
| <b>Risk Rating with Controls in place</b> | <input type="checkbox"/> <b>HIGH</b> | <input checked="" type="checkbox"/> <b>MEDIUM</b> | <input type="checkbox"/> <b>LOW</b> |
|---|--------------------------------------|---|-------------------------------------|

|                              |                    |                |                    |
|------------------------------|--------------------|----------------|--------------------|
| <b>Monitoring and Review</b> | <b>Review Date</b> | <b>By Whom</b> | <b>Target Date</b> |
|                              | <i>Dec 2020</i>    |                | <i>Jan 2022</i>    |

|                                      |  |                |                    |
|--------------------------------------|--|----------------|--------------------|
| <b>Action Identified From Review</b> |  | <b>By Whom</b> | <b>Target Date</b> |
|--------------------------------------|--|----------------|--------------------|

| <b>Risk Matrix</b> |                   |                           |                     |                     |
|--------------------|-------------------|---------------------------|---------------------|---------------------|
| <b>Likelihood</b>  |                   | <b>Worst Case Outcome</b> |                     |                     |
|                    |                   | <i>Fatality</i>           | <i>Major Injury</i> | <i>Minor Injury</i> |
|                    | <i>Probable</i>   | <b>HIGH</b>               | <b>HIGH</b>         | <b>MED.</b>         |
|                    | <i>Possible</i>   | <b>HIGH</b>               | <b>MED</b>          | <b>MED.</b>         |
|                    | <i>Improbable</i> | <b>MED.</b>               | <b>LOW</b>          | <b>LOW</b>          |

Assessment conducted by: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: December 2020. AS, RC, JS.