



South Tyneside Council

RISK ASSESSMENT

Department: Services for Young People, Children, Adults & Families		Section: Thurston O.E.C.		Assessment No: W1									
Work Activity	Presence of Blue Green Algae Toxic Blooms (HABs)												
	All hazards & control measures as for "Generic Assessment for all Outdoor Activities" and all Water-based activities plus additions below.				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Risk rating, without controls <i>(see Matrix overleaf)</i></td> </tr> <tr> <td style="text-align: center;">High</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Medium</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Low</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Risk rating, without controls <i>(see Matrix overleaf)</i>		High	<input type="checkbox"/>	Medium	<input checked="" type="checkbox"/>	Low	<input type="checkbox"/>
Risk rating, without controls <i>(see Matrix overleaf)</i>													
High	<input type="checkbox"/>												
Medium	<input checked="" type="checkbox"/>												
Low	<input type="checkbox"/>												
Hazards	<p>HABs: Blue Green Algae Harmful Algal Blooms</p> <p>Potential to cause rashes after skin contact and illnesses including vomiting, diarrhoea, fever, muscle and joint pain if swallowed.</p>												
Population Exposed	Employees:	<input checked="" type="checkbox"/>	Sub Contractors:	<input checked="" type="checkbox"/>	Public:	<input checked="" type="checkbox"/>							
	Young Persons:	<input checked="" type="checkbox"/>	Special Groups:	<input checked="" type="checkbox"/>	Children:	<input checked="" type="checkbox"/>							
Control Measures	<p>Water Activity Sessions to be run in line with "Blue Green Algae (HABs) Operating Procedures":</p> <p>Visiting Staff to be made aware of Blue Green Algae situation, policy and precautions in place.</p> <p>Water to be visually checked before any activity involving entering the water.</p> <p>Swimming only to be undertaken in deep water – from craft.</p> <p>Participants briefed not to drink the water.</p> <p>Activities to be stopped, or relocated, if algal blooms appear in the close vicinity.</p> <p>Participants to be advised to shower thoroughly if in contact with possibly contaminated water.</p> <p>Wetsuits to be cleaned after every use.</p> <p style="text-align: center;">Continue on separate sheet, if necessary</p>												
Information Instruction Training Required	As stated in operating procedures												
Personal Protective Measures (PPE)	As stated in operating procedures												

Implementation Plan		By Whom	Target Date
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Risk Rating with Controls in place	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input checked="" type="checkbox"/> LOW
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Monitoring and Review	Review Date	By Whom	Target Date
	<i>Dec 2020</i>		<i>2022</i>

Action Identified From Review		By Whom	Target Date
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Risk Matrix

Likelihood		Worst Case Outcome		
		<i>Fatality</i>	<i>Major Injury</i>	<i>Minor Injury</i>
	<i>Probable</i>	HIGH	HIGH	MED.
	<i>Possible</i>	HIGH	MED	MED.
	<i>Improbable</i>	MED.	LOW	LOW

Assessment conducted by: _____ **Signed:** _____ **Date:** _____
 Revised: December 2020. AS, RC, JS.