

Type	Example of risk	Risk: Anything you think might affect the safe completion of the activity above	Mitigation action: What should be done to reduce or remove the risk?
COVID-19	Infection of self or others	Any activity in relation to diving and the close proximity of other individuals.	Ensure that the Government, BSAC and Sheffield Scuba guidelines are followed in order to minimise the risk of infection of yourself or others.
Non Diving	Car Park / other vehicles	Equipment or people injured due to car park users while transferring equipment to / from cars in the car park.	Ensure vehicle(s) correctly parked, keep look out for other vehicles in the area especially when transferring equipment.
Non Diving	Cage unstable	Unstable cage while manoeuvring, due to old age and rust.	Immediately cease to move the cage from the poolside store and replace cage with a new one.
Non Diving	Carrying/lifting Equipment	Injuries due to poor lifting techniques and dropping equipment. Dropping cylinder on floor/in to pool.	Training in manual handling and assistance from "Dive Buddy" or Instructor. Carry cylinders by side, rather than on shoulders.
Non Diving	Kit storage cage free wheeling	Due to the nature of the floors around the waterside, kit storage cages should not be left unless wedges are in place to prevent them rolling.	Cages must be transported directly from the poolside store with a minimum of two persons and must then be transported back in the same fashion. If stored on pool side, cages must be placed adjacent to the barrier between the competition pool & dive pit on the competition pool side. Wedges to prevent the cages from moving must be used.
Non Diving	Physical Injury - e.g. Cut or trapped skin	Manoeuvring of all of the equipment cages in the pool side store. Other club's cages may not be well maintained and safe or other heavy equipment may block access.	Visually observe each equipment cage before moving in an assess the safest way to move it. Ask for help and plan to move the cages sensibly, with a minimum of two persons. Ask Ponds Forge Staff to move heavy equipment blocking access.
Non Diving	Hot - Exhaustion	Divers could develop hyperthermia, become dehydrated.	The poolside area is a hot environment, ensure you drink plenty of water.
Non Diving	Poolside Etiquette	Distraction of other pool users due to members getting too close to the pool while the pool is in use by other users.	Club members should not be on the poolside for any considerable amount of time prior to 20:30; with the exception of moving equipment from the store or preparing equipment for trainees. Kit should be built and stored by the high diving boards; with the exception of cages covered in the cage section.
Non Diving	Slipping over	Slipping or falling on entry or exit to the pool.	Do not walk forward in fins, side step as shown by instructors, put fins on as close to pool side as possible. Wear wetsuit boots or bare feet to minimise slipping opportunities whilst walking.
Swimming / Snorkelling	Drowning / unconscious	Swimmer / Snorkeller becomes incapacitated.	There must be a member of the club acting as the pool lifeguard. They will coordinate any rescue required for a swimmer/snorkeller; they will also summon Ponds Forge staff immediately who will offer assistance once the casualty is out of the water. The rescue should be undertaken by the lifeguard or the most senior diver available to undertake it.
Diving	Access to water	Entry/exit might be dangerous or difficult due to it being busy or the surface and the poolside being slippery.	Enter the pool via one of the standard entry methods as taught by the instructors. Exit either via ladders or by removing kit and climbing out as shown by the instructors.
Diving	Cold - Divers	Divers develop hypothermia.	Ensure divers wear some form of thermal protection, i.e. a t-shirt or wetsuit. Water will be warm, but longer dives can yield cold divers.
Diving	Contaminated Air	Poisoning due to toxic effects of: Carbon monoxide Carbon Dioxide Contamination (oil, oxides of nitrogen, etc.)	Avoidance of and checking for contamination of breathing gas (buddy check), Buddy monitoring, Experience.
Diving	Decompression Illness	Divers develop DCI, mild or severe. Category includes: Gas embolism Interstitial emphysema Spontaneous pneumothorax	Pool dives are to a maximum of 6m and are adhoc. Repetitive ascents should be minimised. All divers equipped with depth gauges and watches and/or decompression computers - trainee may rely on instructors. Observation of maximum ascent rates and ascent drills. If required qualified personnel to administer O2 First Aid and summon assistance from qualified personnel.
Diving	Diver Rescue	A diver may require to be rescued from the pool due to an issue.	There must be a member of the club acting as the pool lifeguard. They will coordinate any rescue required for a diver; they will also summon Ponds Forge staff immediately who will offer assistance once the casualty is out of the water. The rescue should be undertaken by the most senior diver available to undertake it. Ideally an instructor is present at each pool session, if this is not the case, only qualified Sports Divers and above to dive in buddy groups.
Diving	Diver separation	Divers could get separated from each other.	Divers to stay in visual contact and not to dive alone. Instructors may swim around the pool observing, but should aim to be close to a group of other divers at all times. Dive Leaders and Advanced Divers may also swim around the pool, staying close to other groups at all times. All other divers must ensure diving in buddy groups is adhered to.
Diving	Drowning	Diver inhales water and drowns.	Training in dive planning and conduct, monitoring of air consumption, Buddy check, Buddy monitoring, experience, maintenance of basic level of fitness. Diving with a buddy aids a rescue. See <b>Diver Rescue</b> for further mitigation.
Diving	Ear damage	Damage to ears.	Trainees receive specific instruction in 'ear clearing'. Divers do not dive when suffering from a cold.
Diving	Equipment failure	Lack of gas supply, buoyancy adjustment.	Check equipment before dive and often during diving. AS or CBL to be effected as needed.
Diving	Falling Cylinders	A cylinder may fall out of the BCD strap.	Students should ensure that the strap is tight and secure before lifting as shown by the instructors. Buddy check to help detect issues.
Diving	Fast ascent / Uncontrolled Ascent	Serious injury to diver, e.g. bust lung or DCI.	Divers taught ascent and descents, adequate buoyancy control keep an eye on buoyancy throughout the dive, particularly on the ascent. All divers to be aware that they should never hold their breath. Ensure diver and their buddy understands their buoyancy controls.
Diving	Mask Squeeze	Divers may fail to equalise mask on descent and may result in red mark on face.	Only mask which encloses both eyes and nose in the same airspace used. Trainees receive specific instruction in mask equalisation.
Diving	Running out of gas	Running out of gas as a result of excessive air consumption.	Diver to maintain constant checks throughout dive and monitored as relevant by the Instructor during training. All SCUBA sets fitted with cylinder pressure gauges and Alternative Sources. Trainees should not use cylinders with less than 100BAR pressure in a 12L, 80 in a 15L. All trainees to notify instructors when they reach 50BAR.

## Notes:

The hazards detailed above are the major risks faced by SCUBA divers. Incidents caused by fatigue, equipment failure, etc lead to the listed risks. These incidents would be dependant on the dive site and conditions. In general, the advice from the British Sub-Aqua Club is as follows:

- Dive within your limits
- Build your experience gradually
- Practice the basic skills until you are faultless, and then keep in practice
- Plan and equip yourself correctly for the dive
- Maintain constant vigilance whilst involved in diving activities and be ready to act quickly as soon as things start to go astray
- Ensure that equipment is fully and correctly serviced