33 GENERIC RISK ASSESSMENT: FISHING (ANGLING)

Leader in charge must be an experienced and regular angler in the type of fishing being undertaken and the location used.

HAZARD	RISK	PERSONS AT RISK	CONTROL MEASURES	COMMENTS/ ACTIONS	RESIDUAL RISK RATING	INITIAL IF ALL IN PLACE
Environment – bank and water Weather conditions	Slips, trips, falling, drowning, hypothermia	Pupils, staff	• Selection of suitable site known to leader • Monitoring of water and weather conditions • Continuous observation of all in group • Suitable footwear worn • Pupils briefed and supervised re approach to and departure from water • Forecast checked and suitable clothing, food and drinks brought • Leader trained in retrieving person fallen in water • Throw line and spare emergency clothing brought	Briefing of pupils and parents	Low	
Hooks or other equipment	Injury	Pupils staff	• Equipment used by beginners under competent supervision; pupils instructed in correct use.	Briefing of pupils	Low	
Infection including Weil's Disease	Infection, possible fatality	Pupils, staff	• Sites used have no obvious high vermin infestation • Group briefed re Weil's Disease, prevention, symptoms and action required if ill • No direct contact with food by wet hands	Briefing of all participants	Low	
Insect bites	Pain, shock, possible fatality	Pupils, staff	• Participants prone to react to insect bites reminded to bring repellant and medication • Activity moved away from insect nests if necessary	Briefing of pupils and parents	Low	
Electric shock	Possible fatality	Pupils staff	• Location away from power cables – not possible to cast into power cables		Low	
Emergency	Injury, possible fatality	Pupils staff	• Emergency and communication plan in place - mobile phone reception checked; if participants out of sight of each other whistles, phones or radios available • leader has first aid training and first aid kit.		Low	

This generic risk assessment for school use identifies the common hazards and control measures associated with this type of visit or activity. Before undertaking the activity, the ***GROUP LEADER*** *must also make an* ***"EVENT-SPECIFIC"*** *assessment of any risks associated with their particular visit, including the* ***SITE, GROUP, ACTIVITIES, STAFFING & TRAVEL****.*

LOCATION OF VISIT: DATE(S):

ASSESSMENT CARRIED OUT BY: NAME: SIGNED: DATE: