## Pool risk assessment

## Christchurch Freediving Club

December 2020

For pool training sessions, freediving education, and events.

To be read in conjunction with:

- FNZ National standards,
- CFC Incident response plan.

Both can be downloaded from <a href="https://www.chchfreediving.nz/resources">https://www.chchfreediving.nz/resources</a>.

Risk	Mitigation
Black out  Occurs as your body's last natural defense to make you breathe	Never dive alone. Always dive with a competent buddy (trained club member) who knows the risks and how to deal with them (bring diver to surface, remove weights and facial equipment and carry out "blow, tap, talk" method).
when hypoxic. Normally lasts 2-10s.  Can lead to brain damage (after	Always have a supervisor (safety diver) when completing long dives (e.g., max attempts). Supervisor could be following the diver in water or on the edge of the pool (if the supervisor has practised rescues from the poolside). During regular training, ensure there is always someone on the surface (as opposed to holding their breath) at all times.
approximately 4 minutes of unconsciousness) and death if the diver is	Divers are encouraged to listen to their body rather than pushing for a number (time/distance) in long dives.
not brought to the surface.	Hyperventilation is forbidden.
surface.	If black out occurs, that diver will not practise apnea again on the same day. If the same diver experiences a second black out within a relatively short time (ie one month) then the club will assist to form a safety & training strategy with that diver to reduce black outs going forward.
	The club members practise safety pick ups on a regular basis, including at every intro session.
Drowning or injury due to exhaustion.	Never dive alone. Always dive with a competent buddy.
Freediving is physically intensive, there is a possibility	Club members should always surface next to a wall or lane rope, never in mid-water. Members should aim to finish long swims at the shallow end of the pool.
that a club member exceeds their limits	Club members should only train when in good general health and never after drinking alcohol or taking drugs.

and is in deep water without the energy to swim or float.	Tune buoyancy to not be negatively buoyant at the surface.
Incidents caused by the public	Book a lane whenever possible. Train outside of busy times.  Talk to the lifeguards prior to training outside of normal club sessions.
One of the biggest risks is a member of the public diving / jumping in on top of a	Ask lifeguards to put up cones or signs at the deep end of the pool so the public are aware there is something going on.
diver as they are not always readily visible when swimming underwater.	Talk to people as necessary.
Worsening of existing Medical conditions.	Divers complete a Medical Statement prior to commencing any diving activities with the Club. If they provide a positive response to anything on the Medical statement then they must provide a Medical certificate of
There are key risks around freediving with conditions such as epilepsy, diabetes and high blood pressure.	non-contradiction to freediving to be able to participate in club activities.
General lack of understanding can lead to accidents	All club members must take part in a club induction prior to attending training sessions. This ensures that divers have a good basic understanding of freediving physiology, dangers, and safe practises, plus an understanding of how to keep themselves and their buddies safe.
	The club generally aims to teach and practise safe freediving techniques.
Barotraumas (lungs, sinuses, middle ear, inner ear)	Avoid stretching out at depth. Build up slowly to exhale dives. Exhale less if feeling very uncomfortable.
,	If diver is coughing after exhale dives, they should stop diving for the day.
Pressure injuries are unlikely to occur in the pool but can occur in	If diver experiences a bleeding nose, stop diving for the day.
shallow depth when practising exhale dives - generally involves coughing due	If diver has sore ears or is disorientated, stop diving for the day, do not equalise ears again that day, seek medical assistance (generally not medical emergency but assess case by case).
to fluid in lungs, bleeding nose or very sore ears.	If diver coughs up blood or coughing sounding raspy, stop diving for the day and seek medical assistance (not emergency unless diver is coughing blood and it does not subside). If pulse oximeter shows low reading or diver suddenly lacks energy then administer medical oxygen. Do not dive again until medical clearance is given, usually about a week or two. Avoid pressure training until feeling comfortable.
Dropping weights	Do not adjust weights, or put on or take off a weight belt in the pool.

Can cause injury or damage to the pool.	Ensure the weight belt is securely fastened. Ensure neck weights are in good condition.
	Prefer to use weights coated with rubber or plastic. Prefer to carry weights in a strong bag or bucket, rather than by carrying them directly.
	Report any damage to the pool or surrounds to lifeguards immediately.
Collision	All divers must communicate their dive plans.
Either person to person or hitting a person with equipment such as	When waiting at the end of the pool, leave divers plenty of room to turn. When supervising a diver, do not follow them right to the end of the lane - leave room for them to turn.
fins.	Divers must wear a mask or goggles and they must ensure they stay in their lane, including fins and other equipment, especially when turning.
Either another club member or a member	Divers must be aware of other pool users at all times.
of the public.	Never train using long fins or a monofin in a lane with other swimmers.