

Venue Details			
Venue	Address	Nearest Defib	Nearest Hospital
St. Johns School (The sports hall is located adjacent to Grantham Hill the main car park, with entry on the reverse side of the building, accessed via the left-hand side). Marborough SN8 4AX		- On weeknights, in the main school reception which will be accessible until 21:00 by using the walkie talkie also located in reception to contact the school's on site team - On weekends, in the office of the new sports hall building In the New Year, a new AED will be installed near the 3G main pitch entrance. TBC	Great Western Hospital Marborough Road Swindon SN3 6BB Via A346: 10 miles / 15-20 minutes
Emergency Access		Ambulance access is available via two routes: 1. Main Entrance (Pewsey Road - BEST): i) Enter via Pewsey Road, ii) drive down the long entrance road, iii) park near the school buildings at the end. 2. Rear Entrance (Orchard Road - SECOND BEST): i) Access via Orchard Road, (Pedestrians and emergency services only), ii) A gate restricts access. Opened only by the premises team in an emergency. Contacting the Premises Team: You can use the radio on the main reception desk, or their office is in the main building, just past reception, to the right of the main entrance.	

Policies and procedures in place for Marlborough Youth FC:

- Safeguarding Children - Follows the FA guidelines and rules.
- Privacy Notice, use of photos and player data.
- Strong code of conduct embedded throughout the club which compliments the FAs.
- Emergency Action Plans for each venue.
- Insurance cover.
- St Johns Emergency Evacuation Plan (See separate Tab)
- FA Guidance for players wearing glasses (see below at the foot of this risk assessment).

DATE OF RISK ASSESSMENT: May 2025; Revised Aug 2025

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CHECKED BY: M Kern

Designated Safeguarding Person: CWO : Becky Knox

Training at SJ					
Area of risk/concern	What are the risks/ concerns?	Risk Level	Actions to reduce / remove risks.	Who is responsible / what is to be communicated.	Amended Risk
Sudden cardiac arrest	Sudden cardiac arrest	Low	A portable AED pack is kept in the office immediately behind the main school reception where the school's site team is based. The door to that office is accessed via the main atrium. If the reception is not manned and the door to the atrium is closed, there will be a walkie talkie located in reception to contact the member of the school's site team who is on duty. Follow the instructions on the sheet next to the walkie talkie. Another option is the AED which is mounted on the external wall of one of the school buildings opposite the entrance to the 3G pitch. The confidential code to access the box containing that AED is C139X . This code is strictly confidential to the coaches.	By virtue of all coaches having access to and required to read the content of this risk assessment, all coaches need, and should, be familiar with this risk assessment before coaching disability football, including the location of the defib.	Lower
Car park and access to the pitch.	Children and parents/carers are required to cross a car parking access road to get to/from the car park to the indoor venue.	Low	Parents reminded to supervise their children closely when approaching the venue from the car park or leaving the venue back to the car park.	At the start of season / when a child signs up, it is made clear that parents need to supervise their children closely when approaching the venue from the car park or leaving the venue going back, to the car park.	Still lower
Using the toilet during a session.	Toilets accessible during sessions, but not in direct sight of the playing area.	Medium	Toilets are unlocked during the times of training and location is shared with parents/carers. Parent/carer must accompany the child to the toilet.	At the start of season / when a child signs up, it is made clear that parents/carers must always stay in attendance during training and are responsible for taking their child to the toilet.	Low
Suitable people and appropriate ratios.	Are there enough coaches present for the number of participants? Are they adequately trained/have enough experience to work with disabled children?	Medium	Number of participants is capped dependent on how many coaches are available (Ratio of 1:8 max, 1:4 preferred. No FA guideline) All coaches are adequately trained inclusive of DBS / Safeguarding / First Aid. Regular weekly coaches have completed the Introduction to Disability Football online course.	We have actively sought to increase the number of regular and occasional coaches from 2 to 4, with a deliberate panel on top of extra regular coaches, to accommodate the need for greater supervision and breakout sessions for those who need extra individual attention for whatever reason, e.g. less inclined to participate / comprehension.	Low
Suitable people and appropriate ratios.	Are parents aware of their role during a session?	Low	Parents/Carers are expected to remain in attendance throughout the duration of the session and are responsible for any personal/intimate care needs.	At the start of season / when a child signs up, it is made clear that parents need to remain in attendance throughout the duration of the session and are responsible for any personal/intimate care needs.	Still lower
Child becomes unwell during session	Illness or distress for whatever reason associated with disabled player.	Low	Parents/carers are to supervise their children throughout the session	At the start of season / when a child signs up, it is made clear that parents need to remain in attendance throughout the duration of the session and are responsible for any personal/intimate care needs including illness, distress or anything else in relation to their specific condition.	Still lower
Child with medical needs.	A child requires medical intervention such as an inhaler during a session.	Medium	Parents/carers supervise children throughout the session and are responsible for administering medicine such as inhalers/epi-pens etc. Coaches are first aid trained and able to spot any common signs and symptoms. Any medical needs are shared with coaches.	Parents are to disclose any medical information upon registration. Lead person (and/or Lead coach on the day if there are new assistant coaches) responsible for sharing this information with coaches. At the start of season / when a child signs up, it is made clear that parents need to remain in attendance throughout the duration of the session and are responsible for administering medicine such as inhalers/epi-pens etc.	Low

Safeguarding concerns	Disabled children can be vulnerable and may display concerns in a variety of ways.	Medium	Coaches have all had safeguarding children training and are made aware of who and where to report any concerns they have.	Lead coach on the day to remind other coaches to be vigilant.	Low
Balls too hard	Disabled children have potentially less awareness of ball impact on others and proximity of others – potential injury.	Medium	Lead coach on the day to check the equipment, and to be, and other remind coaches to be vigilant as to accidental proximity ball injury.	At the start of season / when a child signs up, it is made clear that parents need to be aware of this particular risk requiring consideration of other players session.	Low
Player Arrival	Disabled children have potentially less awareness of ball impact on others and proximity of others – potential injury, heightened. By the potential for a free for all when, e.g., excited at the beginning of a session.	Medium	New club rules are being prepared to ensure players enter the sports hall exactly on time, rather than during the hall set up period, to maximize a proper welcome and proper supervision and reduce such free for all.	New club rules are in place to enter the sports hall exactly on time, rather than during the hall set up period, to maximize a proper welcome and proper supervision and reduce such free for all.	Low
Session Start Up	Disabled children have potentially less awareness of ball impact on others and proximity of others. Therefore, there is potential injury, heightened by the possibility of an, e.g., free for all when, e.g., excited at the beginning of a session. The risk is greater for those wearing glasses.	Medium	A new warm-up drill is being introduced, to encourage players to immediately warm up in a designated area by way of anticipated routine, to reduce the likelihood of a free for all.	Disabled children have potentially less awareness of ball impact on others and proximity of others – potential injury, heightened. By the potential for a free for all when more excited at the beginning of a session.	Low
Physical Coordination	Disabled children have potentially less awareness of ball impact on others and proximity of others. Therefore, there is potential injury, heightened by the possibility of an, e.g., free for all when, e.g., excited at the beginning of a session or during breaks. The risk is greater for those wearing glasses.	Medium	Players wearing the wrong footwear, causing them to slip or potentially twist an ankle. Disability players are quite likely to be learning the skill/accuracy of tackling meaning kicks to shins are more likely.	More coaches have been organised to increase supervision to prevent a general free for all kicking of balls e.g. at the beginning of a session and/or during breaks.	Low
Players wearing glasses	Disabled children have potentially less awareness of ball impact on others and proximity of others. Therefore, there is potential injury, heightened by the possibility of an, e.g., free for all when, e.g., excited at the beginning of a session or during breaks. The risk is greater for those wearing glasses.	Medium	It is also acknowledged that players who wear glasses are more at risk. Whilst glasses wearers cannot be avoided: 1. Those who have contact lenses are requested to use them instead of glasses. 2. Sports safe glasses, including prescription glasses are recommended to parents.	At the start of season / when a child who wears glasses signs up, it is made clear that parents: 1. Those who have contact lenses are requested to use them instead of glasses. 2. Sports safe glasses, including prescription glasses are recommended to parents. (Note: See FA guidelines below this risk assessment).	Low
Inappropriate clothing, footwear, shin pads and jewellery.	Players wearing the wrong footwear, causing them to slip or potentially twist an ankle. Disability players are quite likely to be learning the skill/accuracy of tackling meaning kicks to shins are more likely.	Medium	Lead coach on the day to be vigilant to type of footwear and the type of activity. Shin pads also to be encouraged	Lead coach on the day to be vigilant to type of footwear and the type of activity. Shin pads must be worn at every session	Low
Physical injuries from normal play	There is always a risk of general slips, trips and bumps when children of this age take part in team sports. This is augmented in these disability sessions with the greater 12-16 age range. (This range is as requested and funded by Wilts FA)	Medium	Coaches to ensure the size of the area is appropriate for the group and there is enough space for the children to safely move around. There is always an adequate stocked first aid kit pitch side and a qualified first aider present. Greater vigilance / activity selected in respect of the greater age range.	The FA now states ALL active coaches should obtain a first aid qualification.	Low
Physical injury in the generality of a disabled football activity.	Generally disability football is new to us, and we are reasonably learning as we go. We are aware the risk of physical injury however caused is higher, especially in the FA-required wide 12–16-year-old range.	Medium	Cub strategic consideration given to our general learning curve of disability football	We have sought to offset numerous perceived risks for a wide-ranging 12-16 age group therefore heightening risk of injury and inadvertent ball contact by: 1. Much reduced player-to-coach ratio purposely. 2. Introduction of parent rules, sharing ownership of this risk 3. Not permitting over 16s participation as the physical size becomes larger and the risk increases greater risk 4. Not permitting conditions requiring flames.	Low

Home Matches at SJ					
Area of risk/concern	What are the risks/concerns?	Risk Level	Actions to reduce/remove risks	Who is responsible / what is to be communicated	Amended Risk
Visiting team safeguarding arrangements	Visiting team may not have appropriate safeguarding procedures; DBS-checked coaches or suitable supervision ratios.	Medium	Prior to fixture, confirmation obtained from opposition club that they comply with FA safeguarding requirements and have appropriately vetted coaches and volunteers.	Fixture organiser/lead coach to obtain confirmation and retain records where appropriate.	Low
Arrival of visiting players and spectators	Increased numbers car park areas may increase risk of minor collisions with vehicles.	Low	Designated arrival area communicated in advance. Parents/carers reminded to supervise children at all times.	Fixture organiser to communicate arrangements to both clubs before match day.	Low
Increased physical intensity during competitive matches	Players may be more excited or competitive than during training, increasing likelihood of collisions, trips, falls or accidental contact.	Medium	Appropriate match rules adapted to player needs. Coaches and referee monitor behaviour closely. Adequate breaks provided where required. Immediate intervention if play becomes unsafe.	Coaches and match officials. Expectations explained to players before kick-off.	Low
Spectator behaviour	Negative comments, excessive coaching from sidelines or inappropriate behaviour may cause distress to players.	Medium	Club Code of Conduct applies to all spectators. Any inappropriate behaviour addressed immediately by club officials. Repeat concerns escalated through club welfare procedures.	Lead coach/home club representative to monitor and address concerns.	Low
Player welfare during substitutions or breaks	Players waiting off the pitch may become distracted, enter the playing area unexpectedly or interact unsafely with equipment or not receive sufficient supervision.	Medium	Designated substitute area established away from active play. Coaches supervise players awaiting participation. Spare balls removed where practical.	Coaches responsible for managing substitute area.	Low
Emergency evacuation during a match	Greater number of attendees may complicate evacuation in the event of fire or other emergency.	Medium	All coaches familiar with St John's evacuation procedures. Exits kept clear throughout event. Visiting teams briefed on evacuation arrangements upon arrival.	Lead coach/home match organiser.	Low
Recording, photography and social media	Visitors may take photographs or videos without appropriate consent being understood.	Low	Club photography and privacy policy applies. Any concerns raised with club welfare officer. Parents informed of photography arrangements and consent preferences respected.	Home club officials	Low
Disputes regarding rules, scores or decisions	Frustration may arise amongst players, coaches or spectators due to match decisions.	Low	Respect principles explained before the match. Coaches model positive behaviour and reinforce enjoyment, inclusion and development over results.	Coaches, match officials	Low
Equipment and goal safety before matches	Goals, barriers or match equipment may not have been checked before use.	Medium	Pre-match venue and equipment inspection completed by home coach. Any defective equipment removed from use immediately.	Lead home coach.	Low

Away Matches					
Area of risk/concern	What are the risks/concerns?	Risk Level	Actions to reduce/remove risks	Who is responsible / what is to be communicated	Risk Level
Travel to venue	Road traffic accidents, delays.	Low	Parents/carers remain responsible for transport arrangements and supervision of their child to and from the venue.	Parents	Low
Unfamiliar venue	Players may be unfamiliar with exits, toilets, spectator areas or emergency procedures.	Medium	Lead coach undertakes venue familiarisation in advance or on arrival and communicate to players, parents and coaches.	Lead coach before or on the day.	Low
Emergency procedures at host venue	Coaches may not know location of AED, emergency exits or ambulance access points.	Medium	Home club provides location of AED, emergency exits or ambulance access points before or on the day.	Lead coach before or on the day.	Low
Arrival and departure in unfamiliar car parks	Increased risk of vehicle-related incidents or children becoming separated from parents/carers.	Medium	Parents/carers supervise children at all times. Agreed meeting point established before and after the match.	Parents/carers and lead coach before or on the day.	Low
Medical information	Away coaches or first aiders may be unaware of player-specific medical conditions.	Medium	Lead coach carries emergency contact and medical information as permitted and shares essential information with relevant coaches.	Lead coach.	Low
Playing surface and equipment	Different hall layouts, goals, flooring or equipment may create unfamiliar hazards.	Medium	Pre-match inspection undertaken by coaches. Any concerns raised with host club before play commences.	Lead coach.	Low
Spectator behaviour	Unsuitable behaviour from spectators may cause distress or distraction to players.	Medium	FA Respect Code applies. Concerns reported immediately to host club officials and managed appropriately.	Coaches and match officials.	Low
Communication difficulties	Players with additional needs may find instructions harder to understand in a new environment.	Medium	Extra time provided for explanations and visual demonstrations where appropriate. Higher coach supervision maintained.	All coaches.	Low

Can players wear spectacles or goggles when playing football?



Flying footballs and close physical contact make football a moderate risk sport for eye injuries. Spectacles or goggles may provide protection from injury and can also be worn with those who need to wear prescription lenses.

Polycarbonate Lenses: This is the most important property of all protective spectacles or goggles. Good polycarbonate is virtually unbreakable, and will sustain the impact of a ball or finger.

Sports Band: an elasticised band and not temple pieces should secure the frame. Players must have something that will be secured tight to the head so that the spectacles or goggles won't fall off. A frame with temples will not hold tight enough and a jab from a finger could lift the frame off and potentially damage the eye.

Although sports eyewear is intended to offer the best protection available, there is always the possibility that the wearer may sustain an eye or facial injury due to severe impact or because of the nature of the athletic activity. Referees should ensure that if a request has been made to wear glasses/goggles, that they must not be a danger to himself or to any other player.

Children and grassroots football: Whilst The FA recommends Polycarbonate lenses we recognise this may be an issue for children playing in grassroots football. Therefore we encourage referees officiating in grassroots youth football to be tolerant over glasses. However the individual referee has to show concern for all those playing in that game and if s/he feels there is something dangerous in the glasses i.e. sharp edges, etc, then in order to protect players and also the wearer him/herself s/he has the authority to say the glasses can't be worn.