Name of event	Leinthall Starkes Handicap events		**Date of risk assessment**	April 20 2026
Date of event	ongoing		**Assessors name**	Samantha Harper
Location of event	Leinthall Starkes, SY8 2HP. W3W: spending.headliner.slam (finish point)		**Date of review**	March 2027
Host	Croft Ambrey Running Club		**Reviewed by**	Sam Harper
Nearest Defibrillator	Croft Defibrillator at finish line Community defibrillators located at:. Red telephone box in Lientall Starkes (approx 200m from start line) W3W gazes.kinder.logs On Route - St Mary's Church **Elton** W3W: mime.exist.interests See photo appendix			

The Hazard	**Location of Hazard**	**Who is at risk**	**Likelihood**	**Severity**	**Exposure**	**Risk Value**	**Risk rating**	**Controls**
Weather elements	The course	Runners, spectators and marshals	2	2	4	16	MED	Committee members will consult by facebook messenger committe group in week/days leading up to event on need to postpone due to weather conditions.
Struck by moving vehicle	On the route/start finish area	Runners/ marshalls/spectators/ Finish line officials	2	3	1	6	LOW	Caution runners signs will be put up around the route prior to the race start. Committee to discuss at prior meeting or via facebook messenger group on who is responsible fot putting out signs The runners are aware the route is on open roads and will be reminded of this at the start. Listening to music is not permitted.
Getting lost	Going off the course	Runners	2	2	1	4	low	All new club members are given a briefing on the route the first time they attend their first Leinthall Starkes 5mile as either runner/spectator or assisting at the finishing line. Map at bottom of the risk assessment with Marshal points.
Risk of falling -trip hazard	On the course	Runners	2	2	2	8	LOW	The runners will be aware the route takes place on open roads and this comes with hazards such as pot holes.
Risk of medical emergency	On the course	Runners and anyone attending	2	3	1	6	LOW	A first aid kit will be at the start/ finish area of the race. Committee members and members first aid trained taking part in the

								race will be encouraged to run with a mobile phone. The mobile phone number of a runner at the finish line will be given to all members running with a phone. Runners will be encouraged to stop and help anyone in distress. In the event of serious incident 999 should be called and the ambulance directed to Leinthall Starkes SY8 2HP. What3Words Spending.headliner.slam. Or the what 3 words for where the casualty is sited In the event of suspected cardiac symptoms or collapse, the first person on scene with a mobile phone should contact volunteers at the start line. One person shall be nominated to assess where the nearest defibrillator is and this will be taken to the casualty. See below for more detailed instructions on medical emergency. In case of mild injury and the runner needs transport this will be arranged via phone with someone on the finish line

Additional information	All marshalls to wear high viz clothing. At each event someone should be nominated as the race director and be responsible for organising any medical emergency - coordinating first aiders with first aid kit/defib if identified as being needed and are responsible for calling 999 and directing first responders to the casualty. Prior to the event the Health and Safety officer (Sam Harper) should ensure that someone is bringing a first aid kit and ensure it is available at the finish line. The Health and Safety Officer (Sam Harper) should ensure that there are marshals available and that they are aware of their duties. The Health and Safety Officer is responsible for the pre-race safety briefing which includes instructions to runners of: Event takes place on open roads - beware of hazards of moving vehicles - participants should shout out warning to other runners when they see a car approaching. Point out hazards on route - be aware of pot holes and potential slip hazards. Ensure all participants are aware of the route and the marshalls. Make aware that in case of accident first person on scene should stay with the casually and the second person on scene should attempt to get help. Ensure all runners have signed in and are aware to let Clare Preece know if they do not complete the race.	
Notes on risk level methodology	Likelihood is the likelihood of the hazard occurring; Severity is the impact of the hazard e.g. what injuries could it cause; Exposure is how frequently the hazard could impact the event. A risk level is allocated to each factor and multiplied together to give a risk value which is then translated to a risk rating.	
	Risk level for likelihood	1- Unlikely 2-Feasible 3-Probable 4- Inevitable
	Risk level of severity	1- trivial 2-slight 3-Serious 4-Major
	Risk level for exposure	1- irregular or isolated 2-occasional or limited 3- frequent or grouped 4-continuous or widespread
	Overall risk rating	1-3 Minimal risk - maintain existing measures; 4-10 Low risk - Review measures to see if can reduce risk further; 11-20 Medium risk - look to improve risk management to further mitigate risk; 21+ High risk - improve measures and consider if should stop event

Checklist for risk assessment 21/04/26:

☐	Clare Preece race director and will stay at finish line. She will take a first aid kit Phone number given to all marshals and any committee members running with phones : 07790570248
☐	Kelly will set up the caution runners and race directions signs before 6pm on the day of the event.
☐	Sam to do prerace brief.
	Huw to take defibrillator
	All runners need to sign up before the start of the race - someone will tick off all runners crossing the finish line to ensure all runners are accounted for

In case of serious medical emergency/collapse:

The lead (Clare Preece):
Should ensure 999 has been called and the location of the casualty identified using the W3W app.
The casualty should be assessed and tended to by anyone with first aid training.
The lead coach should decide which defibrillator is closest to the casualty and nominate someone to take the club defibrillator to the casualty by car, or collect the community defibrillators from the Red telephone box on the same side of the road as the start point: W3W **gazes.kinder.logs** or send 2 people in a car to ST Mary's Church, Elton W3W: **mime.exist.interests** where it is located in the layby by the pickett fence (see photos)

First aid should be continued until emergency services arrive.
The lead coach should contact the casualty's emergency contact to inform them of the incident - available from Kelly Bowen or Sam Harper if not immediately available.
Appendix 1 Community defibrillators:

Map and Marshalls for 20/04/2026.

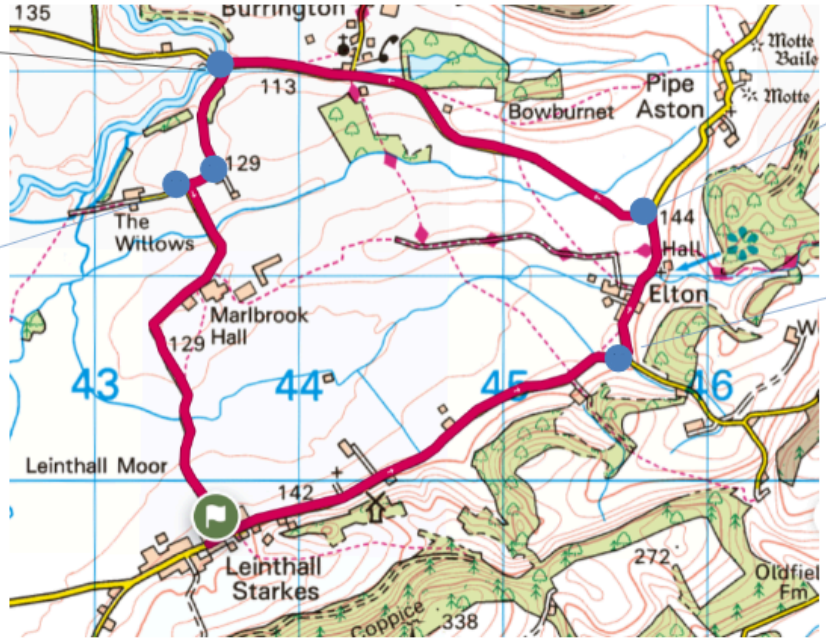
Leinthall Starkes Handicap Race 2026

Mashal point 3

Tim W-H

Marshal point 4a (arrow) and b

Simon Norwood



Marshal point 2

Natalie Covill

Marshal point 1

Guy Whitmarsh

Photographer – Wendy Williams

Boss of all proceedings – Mike B.

Finish Funnel – Angus Kirby, Rachel Tyrrell, Sian Stack, Clare P

Notes on risk level methodology:
Likelihood is the likelihood of the hazard occurring;
Severity is the impact of the hazard e.g. what injuries could it cause;
First consider the likelihood of an event happening as Seldom, Occasionally or Frequently. Then the severity or seriousness if it did happen e.g Slight,Medium or Major. Then look at the table below and see where the two assessments meet for the combined risk assessment. The table on the right then shows the action to be applied.
For example if Occasionally someone has a Slight injury the risk assessment is Acceptable.

		Severity		
		Slight L	**Medium M**	**Major H**
Likelihood	**Seldom L**	**L Trivial**	**L Acceptable**	**M Moderate**
	Occasionally M	**L Acceptable**	**M Moderate**	**H Substantial**
	Frequently H	**M Moderate**	**H Substantial**	**H High**

Risk Level	Action and timescale
Trivial	No action is required to deal with trivial risks, and no documentary records need be kept (insignificant risk).
Acceptable	No further preventative action is necessary, but consideration should be given to cost-effective improvements. Monitoring is required to ensure, so far as reasonably practicable, that the controls are maintained.
Moderate	Efforts should be made to reduce the risk, but the costs of prevention should be carefully considered. Risk reduction measures should normally be implemented as soon as is practicable.
Substantial	Activity should not be started until the risk has been reduced. Significant resources may have to be allocated to reduce the risk. Where the risk involves work in progress, the problem should be remedied as quickly as possible.
High	Activity should not be started or continued until the risk level has been reduced. While the control measures should be cost-effective, the legal duty to reduce the risk so far as reasonably practicable is absolute.