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| **Date:** | 19th July 2021 |  |  |  |  |  |  |  |  |  |  |
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| **Assessors Name:** | **Neville Hartnell** | **Reference Number:** | **1** | **Review Date:** | Ongoing – as per government and FA guidance updates |
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| **Endorsed By:** |  | **Signature:** |  | **Position:** | **Chairman** | **Date:** | 19th July **2021** |
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| **Description of assessment** | Coronavirus (COVID-19) |
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| **Location Details** |  |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
|  **Catching / Spreading** | Players, coaches, parents public | 5 | 3 | 15 | H | * Welfare facilities will contain suitable levels of soap and antibacterial gel.
* Everybody will be asked to wash hands with soap regularly and thoroughly, for at least 20 seconds.

 Social distancing to be adhered to * Contact with personnel suspected of having caught COVID-19 will be avoided.
 |   | CommitteeAllAllAll | Immediate for all actions | 5  | 1 | 5 | M |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Catching / Spreading**(continued) | Players, coaches, parents public | 5 | 3 | 15 | H | * Everyone are reminded to not touch their eyes, nose or mouth if their hands are not clean.
* A cleaning schedule will be implemented throughout the site, ensuring that worksurfaces, door handles, taps etc. are all thoroughly cleaned with an antibacterial cleaning substance.
* We will also work towards any cleaning / infection control requirements outlined by the client.
* Club members will be told to be carry out a flow test and if positive self-isolate for 14 days should they find they have any covid symptoms
* Should club members disclose that personnel living with them are self-isolating, they should be encouraged to do the same for 14 days as per Government guidance.
 |   | AllCommitteeCommitteeAllAll | Immediate for all actions | 5 | 1 | 5 | M |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Training****Matches** | Players, coaches, parents public | 5 | 3 | 15 | H | * Players and coaching staff to travel to training individually unless with a member of their household
* Players to have their own water bottle and hand sanitiser
* Changing rooms and showers will be available, social distancing to be observed where possible
* Coaches to sanitise all equipment to be used before training session
* Amount of equipment to be used to be kept to a minimum
* No spitting by anyone
* Any person showing symptoms of virus to stay away from training and self isolate for recommended period
* When sanitising gloves to be worn, all materials used must be disposed of by double bagging and leaving a minimum of 72 hours before disposal
* As from 19th July training groups restrictions removed
* With physical contact likely within training first aiders to have appropriate PPE
* As from July 19th friendly games can played
 | Social distancing to be observed during breaks in play, footballs to be sanitised at regular intervalsFace masks, aprons, gloves to be worn when administrating first aid | AllAllAllAllAllAllAllAlAllAlll | Immediate for all actions | 5 | 1 | 5 | M |
|  **Lack of awareness** | Players, coaches, parents publicClubhouse and Bar | 5 | 3 | 15 | H | * We fill follow FA guidance as and when reviewed.
* We will continually adopt and review new government / WHO guidance as and when it is available
* Screen to be erected to bar
* Contactless payments only
 |   |  |  | 5 | 1 | 5 | M |

**Guidance Notes**

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| **SEVERITY** | **5** | **5** | **10** | **15** | **20** | **25** |
| **4** | **4** | **8** | **12** | **16** | **20** |
| **3** | **3** | **6** | **9** | **12** | **15** |
| **2** | **2** | **4** | **6** | **8** | **10** |
| **1** | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** |
| **LIKELIHOOD** |

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| **LIKELIHOOD** |
| **5** | **Almost Certain – Very High Risk** |
| **4** | **Probable – High Risk** |
| **3** | **50/50 – Medium Risk** |
| **2** | **Improbable – Low Risk** |
| **1** | **Almost impossible – Low Risk** |

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| **SEVERITY** |
| **5** | **Fatality – Very High Risk** |
| **4** | **Severe incapacity – High Risk** |
| **3** | **Absent 3 weeks – Medium Risk** |
| **2** | **Absent less than 1 day – Low Risk** |
| **1** | **Insignificant – Low Risk** |

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| **1–4 LOW** | **5–9 MEDIUM** | **10–15 HIGH** | **16–25 VERY HIGH** |
| **Continue with existing control, however monitor for changes.****Implement any additional control measures required, within the timescales given in the** **risk assessment.** | **Requires attention to reduce the rating as well as regular ongoing monitoring.** **Implement any additional control measures required, within the timescales given in the** **risk assessment.** | **Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level.** | **Stop immediately – the risk is too high.** **Take immediate action to reduce the risk to** **the lowest level possible.**  |

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| **Additional comments:**1. This risk assessment needs to be discussed with club members
2. Club members are to sign an acknowledgement sheet for their understanding of this risk assessment
3. The risk assessment is to be reviewed as FA and government guide lines change.
4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document
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| **Assessor 1 name:** |  | **Signature:** |  | **Date:** |  |

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| **Assessor 2 name:** |  | **Signature:** |  | **Date:** |  |

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| **I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level.** **I fully understand my duties as an employee, to follow the control measures in this risk assessment and the method statement.** |
| **Employee name** | **Job description** | **Date** | **Employee comments/recommendations** | **Signature** |
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