|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | 10/09/2020 | | |  |  |  |  | |  | |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Assessors Name:** | | Andrew Madaras | | **Reference Number:** | | **Designated Covid-19 Officer** | | | | **Review Date:** | | | Ongoing – as per government guidance updates | | | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Endorsed By:** | | **Peter Burrows** | | **Signature:** | | **P. Burrows** | | **Position:** | | **Co-Chair** | | | **Date:** | | **10.09.2020** | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Description of assessment** | | | Coronavirus (COVID-19) | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Location Details** | | | Creasey Park Community Sports Centre, Dunstable. | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| Before arrival | Coach, Parent, Player | 1 | 1 | 1 | L | * Consent given for player to participate. * Pre health check carried out. * Govt. guidelines provided and understood by all. * Players/coaches/club and match officials are to be reminded that * Risk assessment received by opposition and copy sent to Creasey Park prior to game. | * Player to not attend if no consent or showing any of the known Covid-19 symptoms. | Coaches, parents. |  | 1 | 1 | 1 | L |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| **Arrival and travel from car park to training/playing area.** | Coaches, parents, players. | 3 | 2 | 6 | M | * Once in car park everyone is to follow the venues guidance and signage and strictly adhere to the one-way system that has been devised. * Social distancing to be adhered to. * No physical contact with anyone not from their own household. * Only coaches, players allowed on playing surface * Parents / Club officials to adhere to social distancing if watching sessions. * Players and match officials are now permitted to use the changing rooms. Away teams are to use the changing rooms at the back of the facility near the ATP. Both changing rooms are for their for sole use. Players are advised to change and shower quickly and to not enter in groups larger than six or seven players. * Pitch access is through the gate in the fence on the right, * Home Teams are to use both changing rooms in the tunnel and follow guidance in terms of numbers in each changing room at any one time as above. * Pre match team talks are to be given on the pitch NOT in the changing rooms. | * Clear, displayed information from venue as per their own risk assessment. * Single file foot traffic from car park to training/playing areas. * Use of marshals to direct public. * Gate to 3g pitch to be closed once all coaches, players are there. | Coaches, parents, players, venue. |  | 3 | 1 | 3 | L |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| **Before commencement of session** | Coaches, players | 3 | 2 | 6 | M | * Players to have designated area min 1m apart for personal belongings, drinks bottle. * Each player/ Parent to carry out self assessment to make sure no active symptoms of Covid 19. * Coach to take name and contact details of all attendees in order to be compliant with Track and Trace requirements. * This information to be kept for 21 days. * Sanitisation station available for all to use. * Each coach, player to sanitize hands. * Each piece of equipment that will be used should be sanitised. * Each player made aware of social distancing responsibility. * There will be no Respect handshakes prior to kick off. * There must be no more than 30 players/coaches in one group at any one time. | * Clear marking of personal area. * Store unsanitised equipment away from playing area. | Coach |  | 3 | 1 | 3 | L |
| **During Session** | Coach, players | 3 | 2 | 6 | M | * Keep min 1m apart during transition from rest/drinks area to training/playing area. * During warm up session adhere to min 1m distance between players * Any equipment used to be sanitised after use. * During games physical contact can take place but should be kept to a minimum. * Regular hygiene breaks should be introduced. * Players must refrain from spitting. * Substitutes must maintain social distancing and use designated additional seating provided by Creasey Park. * Goal celebrations should be avoided. * Players should try not to shout at other players in their immediate vicinity. * Team talks in huddles should not take place. * Coaches, club officials, parents and spectators must avoid handling the ball. If the ball goes out of play it should be returned by kicking not throwing. * In breaks of play, the ball should be disinfected if it has been previously handled. * FAugust, capacity will be limited to 300 spectators. * The following procedures MUST be followed. * Spectators are not permitted to enter via the turnstiles. Entrance will be via the wooden gates. Barriers from the gate into the car park will enforce the one way system. * On entering the ground spectators will need to give their (bubble) name and contact number to Club Covid-19 Officer. * Covid-19 Officer to explain one-way system and need to observe social distancing measures put in place to enable spectators to watch the game safely. These measures are in force in both the seated stand and for standing around the perimeter fence. * The Club’s Match Day Manager will encourage compliance during matches. * DTFC will have two stewards on duty to request and encourage supporter compliance. * Spectators are able to buy food and drinks from the hatch observing the one-way system. Payment by card is preferred but cash is accepted. * At the end of the game fans are asked to not congregate by the tunnel to clap the players off the field but instead leave the ground using the one way system.. * Post-match food for players and officials will be served from the hatch. * No Boardroom hospitality is required at present. | * Have designated warm up areas. * Devise sessions that limit physical contact. * Have set time periods for sanitation. | Coaches |  | 3 | 1 | 3 | L |
| Injury during session | Coach, Players, parents | 3 | 2 | 6 | M | * First aid kit containing Covid-19 PPE – gloves, masks, aprons, goggles as well as generic medical items. | * In the event of any injury to players the parent of player to provide treatment. * Full PPE to be used. * Social distancing by other people must be adhered to whilst treatment takes place. | Coach, parents. |  | 3 | 1 | 3 | L |

**Guidance Notes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | |

|  |  |
| --- | --- |
| **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** |

|  |  |
| --- | --- |
| **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** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.** |

|  |
| --- |
| **Additional comments:**   1. This risk assessment needs to be discussed with employees before they operate the plant/equipment to ensure compliance with all control measures through their understanding 2. Employees are to sign an acknowledgement sheet for their understanding of this risk assessment 3. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss 4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessor 1 name:** |  | **Signature:** |  | **Date:** |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |