

Risk Assessment



NOTE: Before completing this risk assessment please see guidance notes towards the end of the document.

Date:	JUNE 2020
-------	-----------

Assessors Name:	C Medcalf	Reference Number:		Review Date:	Ongoing – as per FA guidance updates
-----------------	-----------	-------------------	--	--------------	--------------------------------------

Endorsed By:		Signature:		Position:	Chairman	Date:	02/06/2020
--------------	--	------------	--	-----------	----------	-------	------------

Description of assessment	Coronavirus (COVID-19)
---------------------------	------------------------

Location Details	Debrus Playing Fields , Marske lane , Skelton, TS12 2HA
------------------	---

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	Coaches, players, parents	5	3	15	H	<ul style="list-style-type: none"> Welfare facilities and outdoor cleaning stations will contain suitable levels of soap, wipes, tissues, antibacterial hand gel and disinfectant. Coaches, players and parents will be asked to wash hands with soap before and after each training session thoroughly, for at least 20 seconds. Anti-bacterial wipes and tissues will be provided for all person's present, they should use their tissues when coughing or sneezing and then place the used tissue in the bin before washing hands. 				5	1	5	M



Page 2 of 6

© Stallard Kane Associates Ltd

Every effort has been made by Stallard Kane Associates Ltd to ensure that the information given is accurate and not misleading. However, we cannot accept responsibility for any loss or liability perceived to have arisen from the use of any such information. Only Acts of Parliament and Statutory Instruments have the force of law and only the courts can authoritatively interpret the law.

Risk Assessment



NOTE: Before completing this risk assessment please see guidance notes towards the end of the document.

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
Using of Equipment	Coaches, players	5	3	15		All equipment to be cleaned and disinfected before and after use. Nitrile Gloves to be worn by coaches	Extra cleaning products in place Nitrile Gloves			3	1	3	L
Injuries/Illness	Coaches ,Players,Parents	5	3	15	H	First aider present at all times and parents	First aider to carry face mask FFP3 and Hand Sanitizer, if having to administer First Aid, revised measures for operation to be followed as per guidance from first aid trainers. No mouth to mouth to be given.			5	1	5	M

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

Risk Assessment

NOTE: Before completing this risk assessment please see guidance notes towards the end of the document.



		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.

Risk Assessment



NOTE: Before completing this risk assessment please see guidance notes towards the end of the document.

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:	
------------------	--	------------	--	-------	--

Risk Assessment

NOTE: Before completing this risk assessment please see guidance notes towards the end of the document.



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.				
Coaches / Players/Parents Name	Description	Date	Comments/recommendations	Signature