**IRFU COVID-19 FIXTURE IMPACT FORM**

The COVID-19 Fixture Impact Form should be used when any of the following affects the ability of a club to field a team in a competitive fixture:

* A confirmed case of COVID-19
* A suspected case of COVID-19 (where a player has been referred for testing by a GP/Public Health)
* Contact tracing has determined the need for players to restrict their movements

The form should be emailed to the competition’s designated administrator/manager immediately after any of the above situations are confirmed.

Please note, a club does not have the authority to cancel a match.

Matches are only cancelled on the basis of medical advice or instructions from public health.

In the event that a match is called off, the competition’s administrator/manager will notify all parties.

As per IRFU COVID-19 Suspected/Confirmed Case Response Guidance:

**If a club member has COVID-19 symptoms**, they should self-isolate and contact their GP.

The club can continue as normal at this stage.

**If a GP advises there is no COVID-19 concern**, both the person and the club can continue as normal. For the purposes of this form, a club member should only be considered a suspected case once they are referred for testing.

**If a club member is sent for a test**, they must inform their GP if they have taken part on club activity and ask for advice on what the club should do.

As a precautionary measure, the club member’s training group/pod should shut down temporarily until the results of the test.

**If a club member tests negative**, the training group/pod can resume activity and the person can return once symptom free for 48 hours.

**If a club member tests positive,** their training group/pod should remain closed and await advice from the Public Health Authority.

If a club member has elected to undergo PCR testing without medical advice, the club should only take action based on the outcome of the test.

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| **IRFU COVID-19 FIXTURE IMPACT FORM** | |
| **Date:** |  |
| **Club:** |  |
| **COVID-19 Club Compliance Officer** |  |
| **Name:** |  |
| **Email:** |  |
| **Mobile Phone Number:** |  |

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| **Please outline the impact of COVID-19 on the fixture:** |
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| **Please outline how players have been affected by COVID-19**  *Tick as appropriate where a player has been referred for testing, confirmed as a case or has been designated a close contact of a COVID-19 case.* | | | | |
| Player | Forward/Back | Referred For Testing | Confirmed COVID-19 Case | Designated a Close Contact |
| Player 1 |  |  |  |  |
| Player 2 |  |  |  |  |
| Player 3 |  |  |  |  |
| Player 4 |  |  |  |  |
| Player 5 |  |  |  |  |

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| **What advice was offered by the GP/Public Health for the team?** |
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| **Fixture Details** | **Date** | **Opposition** | **Venue** |
| Last Fixture |  |  |  |
| Next Fixture |  |  |  |

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| **Is there any more information you feel is important to add:** |
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| Contact Details For Person Submitting this form (If different from COVID-19 Club Compliance Officer) | |
| Name: |  |
| Role In Club: |  |
| Email: |  |
| Contact Number: |  |

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| ***I confirm I am authorised to act on my club’s behalf and submit with their full consent.*** | |
| Signature: |  |