



Ballincollig RFC

Return to play

Safety Plan



COVID 19 Policy Statement

Ballincollig RFC is committed to providing a safe and healthy workplace for all our workers, players, members, visitors and customers. To ensure that, we have developed the following COVID-19 Response Plan. All managers, supervisors, coaches, players, club-members, tenants and workers are responsible for the implementation of this plan and a combined effort will help contain the spread of the virus. We will:

- continue to monitor our COVID-19 response and amend this plan in consultation with our workers and members.
- provide up to date information to our workers and members on the Public Health advice issued by the HSE and Gov.ie
- display information on the signs and symptoms of COVID-19 and correct hand- washing techniques
- provide an adequate number of trained Worker Representative(s) who are easily identifiable and put in place a reporting system
- inform all workers, members and visitors of essential hygiene and respiratory etiquette and physical distancing requirements
- adapt the workplace to facilitate physical distancing
- keep a log of contact/group work, training partners in line with IRFU guidelines to help with contact tracing
- have all workers attend an induction / familiarisation briefing
- develop a procedure to be followed in the event of someone showing symptoms of COVID-19 while at work or in the workplace
- provide instructions for workers to follow if they develop signs and symptoms of COVID-19 during work
- intensify cleaning in line with government advice

All managers, supervisors, coaches, players, managers and workers will be consulted on an ongoing basis and feedback is encouraged on any concerns, issues or suggestions. This can be done through the Worker Representative(s)

Tom Nolan

16/7/2020

Signed: _____

Date: _____

Covid Officer, Ballincollig RFC

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Background

Coronavirus disease (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus2 (SARS-CoV-2). Most people (8/10) infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

How it Spreads

The virus is spread from people in fluid and droplets scattered from the nose or mouth of an infected person when that person coughs, sneezes, or speaks. The droplets can land on surfaces, and other people contaminate their hands by touching these objects or surfaces and then bring the virus into contact with their eyes, nose or mouth by touching them with their contaminated hands. Although spread is more likely to occur through close contact with someone who is already infected with the virus.

It is still not known how long the virus survives on surfaces in different conditions. The period of survival may vary under different conditions (e.g. type of surface, temperature or humidity of the environment). Studies indicate that it can persist on surfaces for hours and up to several days in the absence of effective cleaning. Simple household disinfectants can kill the virus. Surfaces should be cleaned first and then disinfected.

Symptoms

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19.

- Cough
- Difficulty in Breathing
- Fever/High Temperature
- Sore Throat
- Runny Nose
- Flu like symptoms
- Rash
- Loss Of Smell/Taste

It is important to note that some people infected with the virus, so called asymptomatic cases, can demonstrate no symptoms at all, yet can infect others. People who are showing these symptoms must not show up to training, self-isolate and report to their doctor for future information on COVID-19 testing

HSE Guidelines

To prevent infection and to slow transmission of COVID-19, do the following:

- Wash your hands regularly with soap and water or clean them with alcohol-based hand rub.
- Maintain at least 2 metre distance between you and another person.
- Avoid touching your face.
- Cover your mouth and nose when coughing or sneezing.
- Stay home if you feel unwell.

Scope

The Return to Rugby policies and Guidelines outlined in the below document are created to be implemented in response to COVID-19. The main objective is the safe returning to rugby for all members and communities.

These recommendations have been based on the advice of the Government, National Public Health Emergency Team (NPHE), The Health Services Executive (HSE), The National Health Service (NHS), the World Health Organisation (WHO Health and Safety Authority and the European Centre for Disease Control (ECDC). IRFU have also gained advice from other World Rugby organisations and sporting groups who are at varying stages of reopening their societies.

It should be noted that this is a living document and may be revised following updated advice from the above organisations.

Ballincollig RFC have taken account of -

- DBEI Return to Work Safely Protocol
- NSAI COVID -19 Workplace Protection and Improvement Guide
- ECDC TECHNICAL REPORT: Disinfection of environments

The recommendations outlined in this document are in line with above guidance documents as well as Government guidelines in place at the time of writing. This document is a live document and will be updated as new information and guidelines are issued.

Introduction

Ballincollig RFC

021- 4873157

info@ballincolligrfc.ie

Tanner Park, Ballincollig

3 playing pitches, Floodlit main pitch, Floodlit training pitch, dressing rooms & showers.

Clubhouse & Bar, Car Park

350 members with a total of 17 teams from Adults (Ladies & Men), Youths, Minis and Adapted (Girls & Boys).

Returning to full training and playing rugby will not be an overnight matter and we will see a graduated return system with social distancing measures being applied in all the club's activities in the short and long term.

Ballincollig RFC have adopted this Return to Rugby IRFU Guidelines as the basis for the safe, managed, and graduated return to all the club's activities.

This safety plan has been prepared by **Ballincollig RFC** as required by the DBEI Return to Work Safety Protocol and Health and Safety Authority (HSA) and IRFU to inform all members, visitors and all others who may use our facilities. We must carry out risk assessment on all the clubs' activities to ensure the safety of all our members, staff, visitors and all who use our club's facilities.

The best way to protect all these persons is by limiting our numbers in the club, practicing Social Distancing reinforcing respiratory etiquette, limiting the use of, and cleaning, equipment and prohibiting visitors and spectators. We must have arrangements in place for dealing with any cases of COVID 19 that arise within the Club.

Ballincollig RFC Return to Safety Plan

Based on Section 6 of the Roadmap and with consideration to the need to be adaptive to timelines, Ballincollig RFC have prepared the following Safety Plan for the Club's return to training and playing Rugby.

Date	Activity
From 1st July 2020	This stage allows for skill development and includes a provision for tag rugby and touch rugby.
From 20th July 2020	This stage is a graduated return to contact. While continuing with skill-based activities, no scrummaging or mauling will be permitted in the early part of this stage. It will build with controlled contact development towards a defined contact training block to ensure games may commence in early September.
From 1st August	<ul style="list-style-type: none"> • Controlled contact development: Build-up use of pads and shields to progress. Work in grids or drills of 2 to 3 participants progressing from walking, jogging to running. • Control contact development. Working in small numbers on 1 to 1 contact scenarios with controlled gradual progression, examples; • Open play: 1v1tackle, 2v1 ruck, 3v2 defence etc. • Scrum: 1v1, 2v2, 3v machine, 3v3, 5v machine, 5v5 8v machine, 8v8, etc. • Lineout: unopposed working from 3 players progress to 7 and then add opposition etc (limit the amount of time mauling). • Building contact: Impact with bump, targeting contact entry points only • Contact limited numbers and time. • Unit Forward (8 players) • Unit backs (7 players) • Phase play (varied eg 6v4, 7v5, 10v5, 10v8, 7v7, 15v5 etc.) • Contact gradual progression to reflect the reality of the game and duration of session. Therefore, you may build in a 10 to 15min hit out for the session. • Possibly friendly – warm-up 29th, 30th of August. • Initial fixtures September 5th 6th (In cooperation with National and Provincial competition committees)

Return to Play Induction

In advance of returning to training, it is essential that ALL players and coaching staff complete a Covid-19 Induction Training programme (Appendix D) and return to play questionnaire. (Appendix A, pg 29).

Symptoms

Any player, coach or other potential visitor displaying symptoms of COVID 19 must instantly remove themselves from the club and commence self-isolation at home. Medical guidance should be sought from the latest COVID 19 protocol on HSE.ie.

General Health

Covid 19 will continue to circulate following this relaxation of lockdown measures. Persons who asymptomatic, are still capable of spreading this virus.

Any return to full contact action will involve a relaxation of the social distancing rules recommended in the wider community at that time. Adult players, parents of underage players, spectators and other club members must make an informed individual decision regarding attendance at **Ballinacollig RFC** based on their age, their own medical history, and the medical history of those living in their household.

Roles and Responsibilities

- **Ballincollig RFC** have appointed a Covid-19 Safety Committee chaired by the Covid -19 Safety Officer/s to include,
- All Covid-19 Compliance Officers
- Director of Rugby
- Bar Manager
- This list is not exhaustive.
- Please see nominated persons in contacts table in Appendix F, (pg39)

Ballincollig RFC are required to;

- Appoint Covid-19 Safety Committee members (Covid-19 Club Safety Officers, Covid-19 Compliance officers)
- Ensure Covid-19 Risk Assessment is carried out by Competent Person (A competent person is someone who has sufficient training and experience or knowledge and other qualities that allow them to undertake the task)
- Ensure Covid-19 Health and Safety Plan is prepared
- Ensure adequate controls and procedures are in place at all times
- Revise/update the above when new information becomes available from Government and Health Authorities

Covid-19 Safety Officer

The Covid-19 Club Safety Officer shall undertake the following duties, or delegate them to a named and competent member of the Club Committee:

- Lead the Safety Committee which may be comprised of the Covid-19 Club Compliance officers, Coaches, Referees, Committee Members, First Aid Responders, and any other relevant persons.
- Nominating participants to act as the Covid-19 Club compliance officers. The number of Covid-19 Club Compliance officers will be proportional to the size of the club, the number of teams and number players. It is likely these individuals will be coaches or team managers. A Covid-19 Club Compliance Officer must be present at all club activities.
- Receive updates from Covid-19 Club Compliance officers on activities.
- Assessing risks (carry out Risk Assessments), developing Club Covid-19 Safety Plan.
- Putting procedures in place for club members to return to rugby in line with forthcoming guidance from the IRFU and published guidance from member state Governments.
- Keep updated with ongoing Government, Health Authority and IRFU advice and update the procedures accordingly
- Communicate with members on latest updates and changes to training and club activities
- Develop an emergency response in line with Government, Health Authority and IRFU advice Guidance for a suspected Covid-19 case
- Ensuring that all management and club members are provided with and participate in necessary induction, training, and adhoc briefings
- Co-ordinate adhoc briefings when required to communicate messages about good hygiene, respiratory etiquette and physical distancing

- Ensure all management & Members have returned their Pre-Return to Rugby Personal Assessment Declaration.
- Providing safe equipment including personal protective equipment, where necessary
- Ensuring Signage and Information relating to Covid-19 symptoms and hygiene requirements are in place
- Ensuring Signage and Information relating to IRFU and Club rules and requirements with respect to Covid-19 are in place.
- Ensure action checklists for the Covid-19 Club Compliance officers are completed.
- Address any club member concerns
- Report to club Hon Sec regularly

Covid-19 Compliance Officers

Covid-19 Club Compliance Officer will carry out the day to day monitoring of compliance with protocols as set out in the Return to Rugby Guidance Document. The number of Covid-19 Club Compliance officers will be proportional to the size of the club, the number of teams and number players. It is likely these individuals will be coaches or team managers. A Covid-19 Club compliance officer must be present at all club activities.

The Covid-19 Club Compliance Officer shall:

- Monitor activity to ensure social distancing and hygiene rules are followed.
- Complete the action checklist (daily, weekly, monthly) and provide to the Covid-19 Club Safety Officer.
- Ensure players and club members are aware of Covid-19 and the clubs' procedures
- Facilitate training of players and club members, where required
- Keep updated with all new Government, HSE and IRFU guidelines
- Report to the Covid-19 Club Safety Officer with any updates
- Review IRFU Pre-Return to Rugby Personal Assessment Declaration provided by members
- Maintain confidentiality of suspected cases
- Provide safe equipment including personal protective equipment, where necessary
- Follow protocols for persons showing symptoms of Covid-19.
- Assist in contact tracing should there be a confirmed case of Covid-19 to allow their return to play
- Advice in instances where non-compliance with social distancing, respiratory etiquette and hygiene rules are observed.
- Implement temperature testing in line with Public Health advice, or if requested from a member.
- Provide safe equipment including personal protective equipment, where necessary

Coaches and Referees

Coaches/Referees have a responsibility to ensure that training activities and club operations do not cause unnecessary risks to players and the wider community.

They shall achieve this through:

- Liaising with the nominated Covid-19 Club Compliance Officers, if not acting in this position
- Participating in Covid-19 training as required
- Planning training activities to align with those permitted at any given time

- Educating teams and reinforce good personal hygiene and etiquette, physical or social distancing and handwashing

Players and /Participants

Players/ Participants of the clubs have a responsibility to act in a safe and respectable manner while at the grounds. Failure to do so could result in the formation of clusters at the club endangering the wider community. All Players/Participants should be advised to:

- Make themselves aware of the symptoms of COVID-19 and monitor their own wellbeing
- Complete IRFU Pre-Return to Rugby Personal Assessment Declaration and give to COVID-19 Club Compliance Officer a minimum of 3 days before returning.
- Participate in the induction, and any training provided by the COVID-19 Club Safety Officer and COVID-19 Club Compliance Officers (Response Management Team) in line with Public Health advice
- Read and follow the club's procedures and confirm they understand it.
- Practice a high level of personal hygiene by washing their hand frequently
- Make themselves aware of the symptoms of COVID-19 and monitor their own wellbeing
- Be open and honest if they have been in contact with a COVID-19 case or suspected case
- Self-Isolate at home and contact their GP if they display any symptoms.
- Report to the COVID-19 Club Compliance Officer immediately if they develop symptoms while at the training
- Complete any temperature testing as implemented by the COVID-19 Response Management Team in line with Public Health advice
- Practice a high level of hygiene
- Ensure their next of kin is on file
- Listen to ongoing HSE & Government advice
- Keep a contact log of direct contact with other people
- Following suspicion of COVID-19, or recovery from the illness, provide a return to rugby letter from the Doctor or personal declaration

Parents and Guardians

Parents and Guardians are requested to adhere to the above requirements, and they are also responsible for ensuring children under their care act in accordance with the above.

Risk assessment

Ballincollig RFC must complete a universal risks assessment and site-specific risk assessment. Both risk assessments are available in Appendix K. (pg 50)

Risk Assessment Methodology

The first step in the process is to identify all hazards which presents a risk of infection between persons. In keeping with typical Risk Assessment methodology, hazards in this document are referenced as Risk Items.

The Risk Items will typically be either management issues (e.g. poor sanitation practices), physical features which act as shared touchpoints which will allow the spread of the virus, or physical features which do not allow adequate physical distancing between persons.

The risk assessments are separated into two categories, as follows:

The Risk Assessment shall include Universal risks which could be applied to any club and organisation.

The second risk assessment is a Site-Specific risk assessment must be carried out by Clubs to identify risks which are unique to their own facilities and organisation based on defined aspects, ie. Club house facilities, access and egress to playing areas, communal spaces, communication methods etc.

The identification of Risk Items is based on assessment against the recommendations in the relevant guidance documents as applied to an organisation having regard to the application of professional judgement and common sense to the particular circumstances.

The inspection of the premises should be a visual inspection of club facilities. The inspection should also include any observations of physical limitations or installations, cleaning methods, specific work practices, administrative processes and so forth.

Evaluation of the risks

- The second step in the process is to rate each Risk Item. This involves three sub-steps as follows:
- Assign an Occurrence Rating to the Risk Item (Likelihood)
- Assign an Impact Rating to the Risk Item (Anticipated Severity)
- Assign an overall score to the Risk which is product of the Likelihood and Impact rating to give an overall Risk Rating

Clubs must complete a Risk Assessment for COVID-19.

The likelihood rating is judged by reference to the likelihood of the Risk Item occurring in accordance with the following scoring criteria:

Rare/Remote

Unlikely

Possible /Probable

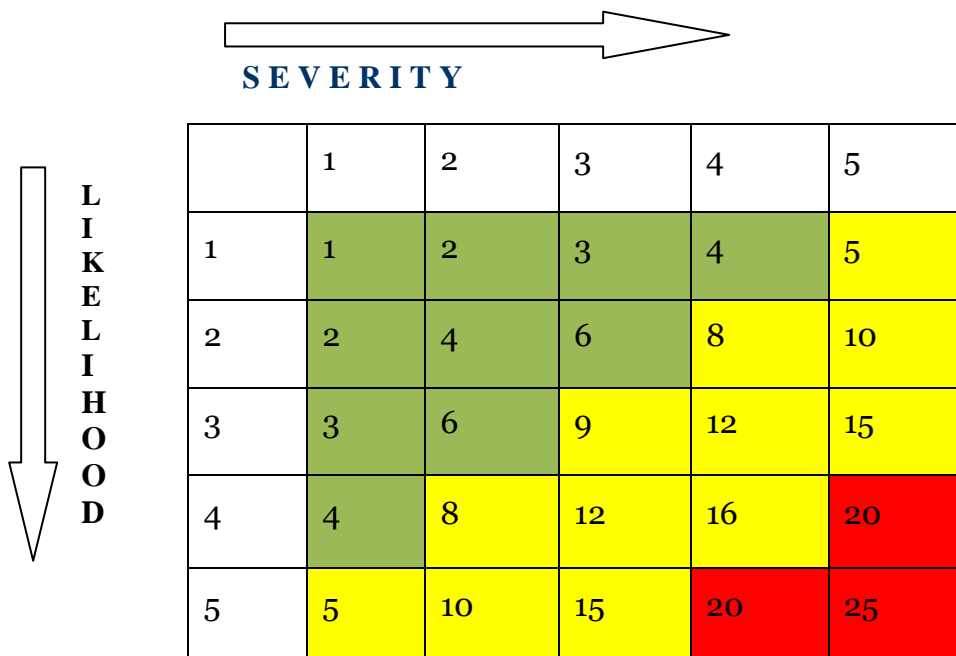
Almost Certain

Impact Scoring is based on the anticipated severity of the outcome. In scoring impact, the Risk Item is graded from 1 to 5, with 5 indicating the most serious outcome and 1 the least severe outcome.

The scoring criteria are as follows:

- Negligible harm (Escape Unharmed) 1
- Minor harm (Minor Injury) 2
- Moderate harm (Injury) 3
- Major harm (Major Injury/Death) 4
- Extreme harm (Multiple Deaths) 5

The product of the two scoring outcomes provides an overall Risk Rating based on the following table:



	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

RISK BASED CONTROL PLAN		
NUMERICAL VALUE	RISK LEVEL	ACTION AND TIME SCALE
1 – 7	Negligible Harm	Escape unharmed
	Minor Harm	No additional controls required; monitoring is required to ensure controls are maintained.
8 – 16	Moderate harm	Efforts should be made to reduce risks and the costs measured. Risk reduction measures should be implemented within a defined time period.
17 – 20	Major harm	No work until risk is reduced. If work is in progress then urgent action should be taken
21- 25	Extreme harm	Work should not be started or continued until the risk has been reduced. If risk cannot be reduced then work has to remain prohibited.

The Residual Risk

The residual risk is the level of the remaining risk produced when proposed control measures have been applied. It is necessary to ensure that the risk control measures are fully implemented to achieve these levels.

Risk Assessment Results

Results of club risk assessment of the day to day activities for running the clubs should be recorded in tables on page 50 -57 (Appendix K)

HIERARCHY OF CONTROLS

The selection and implementation of the most appropriate method of risk or hazard control is a crucial part of the risk assessment process. The following hierarchy should be used when deciding on control measures, starting with the first in the list and working down to the last resort, which is the provision of personal protective equipment and clothing.

Administrative Solutions: these are the management strategies, which can be introduced, training, job rotation, limitation of exposure time, provision of written work procedures. For example:

- Safe systems of work that reduce the risk to an acceptable level
- Written procedures that are known and understood by those affected
- Adequate supervision
- Identification of training needs and provision of appropriate training; and
- Information/instruction (signs, handouts)

Personal Protective Equipment & Clothing: personal protective equipment and clothing should always be considered as a last resort. PPE can also be used as an interim measure to reduce exposure to a hazard. Some examples of PPE include masks, ear plugs, respirators, helmets, boots, safety shoes, overalls, etc.

- The most effective way to control risk is obviously to remove it. Elimination is by definition 100% effective. The further you go down the (hierarchy) list the less effective the methods become. Training for example has been estimated as being only 10% effective.
- It is also worth bearing in mind that the amount of management and supervisory effort needed to maintain the controls is in inverse rank order. In other words, item 5 takes most effort to maintain and item 1 is the least effort.

Preparation for Resumption

Personal hygiene practices and respiratory etiquette are important to prevent the spread of COVID-19. Advice, as well as appropriate HSE signage should be put in place advising on these practices.

The COVID-19 Club Safety Officer and COVID-19 Club Compliance Officers, herein referred to as COVID-19 response team must ensure that:

- Appropriate hygiene facilities are in place
- Hand sanitisers/hand wipes and/or hand washing facilities are readily available
- Bins/bags for disposal of tissues are available
- Bins to be emptied at regular intervals
- Disinfectant is readily available to allow members to clean areas and equipment.
- A No-Hand Shaking / Physical Greeting Policy is put in place

Prevention of Spread

In order to reduce the likelihood of spreading the virus Members are advised to:

- Avoid close contact with anyone who has a fever and cough
- Refrain from shaking hands or offering other forms of physical greeting
- Not touch their eyes, nose or mouth if their hands are not clean
- Not share objects that touch their mouth, for example, bottles, cups, foodstuffs, mouthguards etc.
- Maintain hand hygiene and respiratory etiquette as outlined below

Hand Hygiene

Hand Hygiene involves hand washing correctly with soap and water, or an alcohol-based hand sanitiser, for at least 20 seconds;

- Before and after training
- After coughing or sneezing
- If they've had contact with a person who is displaying any COVID-19 symptoms
- Before and after being on public transport
- Before and after being in a crowd
- When arriving and leaving areas
- When hands are dirty
- After toilet use

Respiratory Etiquette

In addition to hand hygiene, good respiratory hygiene and etiquette is also necessary.

- Cover your mouth when coughing and sneezing with a tissue and then dispose of the tissue in a bin.
- If you don't have a tissue, use the sleeve of your arm and not your hand
- Wash hands after

Physical Distancing Etiquette

Members are expected to:

- Avoid physical greetings while remaining courteous to others
- Respect the personal space of others by keeping a 2m distance from them where practicable
- When passing within 2m of another person, do so briskly
- Walk in single file in walkways if there are others travelling in the opposite direction
- Avoid stopping for conversations in walkways
- When in a passageway wide enough for one person only, stand back and allow the other person to pass if they were on the route before you.
- Respect other people's possessions keep your own water bottle, hand sanitiser etc.
- When using common toilet facilities, persons should, where possible, avoid using the sink or urinal directly beside one which is in use by another person

General Cleaning Guidelines

- Cleaning Guidelines for clubs and facilities will need to be enhanced to prevent cross contamination, particularly in common areas and at touch points including:
 - Taps and washing facilities.
 - Toilet flush and seats.
 - Door handles and push plates.
 - Handrails on staircases and ramps.
 - Light Switches
 - Communications equipment.
 - Keyboards, photocopiers and other office equipment.
 - Rubbish collection and storage points

Consideration should be made to the [ECDC TECHNICAL REPORT: Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS- CoV-2](#)

Cleaning after a suspected case

For cleaning of areas where a suspected case has come in contact, or after the present of a suspected or Confirmed Case of Covid-19 -

- The isolation room will need to be deep cleaned as well as the areas where the person came into contact with surfaces. The following should also be completed,
 - Where possible close and secure area for 72 hours, if this is not possible then -
 - The area should be well ventilated with fresh air for a minimum of 1 hour
 - The spaces should be carefully cleaned with a neutral detergent, followed by decontamination of surfaces using a disinfectant effective against viruses, as follows:
- Viricidal Products, or o 0.05% sodium hypochlorite (NaClO) (dilution 1:100, if household bleach is used, which is usually at an initial concentration of 5%)
 - For surfaces that can be damaged by sodium hypochlorite, products based on ethanol (at least 70%) can be used for decontamination after cleaning with a neutral detergent.
 - Cleaning of toilets, bathroom sinks and sanitary facilities need to be carefully performed, avoiding splashes. Disinfection should follow normal cleaning using a disinfectant effective against viruses, or 0.1% sodium hypochlorite.
 - All textiles (e.g. towels, curtains, etc.) should be washed using a hot-water cycle (90°C) with regular laundry detergent. If a hot-water cycle cannot be used due to the characteristics of the material, bleach, or other laundry products for decontamination of textiles need to be added to the wash cycle.

Cont.

- Follow manufacturer's instructions for Use of cleaning products and disinfectants
- Use Disposable, single-use cleaning equipment if practicable, e.g. disposable cloths or paper roll.
- Staff should wear the following PPE while cleaning after a suspected case:
- Surgical mask
- Single-use plastic apron and gloves.
- Hand hygiene should be performed each time after removing gloves or mask.
- Waste material produced during the cleaning should be placed in a separate bag, which can be disposed in the unsorted garbage.

Workstations

Consideration should be made to club houses that have workstations and offices. All work areas must be cleaned regularly. Workstations must be left clean and tidy at the end of every day by all users. Should a confirmed case be found on the premises it is important that the cleaners can fully sanitise the workstations so limiting loose material on the desk is necessary.

Each desk should be provided a bottle of hand sanitiser and tissues. However, members are encouraged to wash their hands with warm water and soap.

Sanitary Facilities

The cleaning of toilets sinks and other sanitary facilities used by several people should be carefully performed. Consider the use of a disinfectant effective against viruses, such as 0.1% sodium hypochlorite, or other licensed viricidal products following the instructions for use provided by the manufacturer.

Member's engaged in environmental cleaning should wear PPE when performing cleaning activities. The use of the usual set of PPE (e.g. uniform – which is removed and frequently washed in warm water and gloves) is enough for the protection when cleaning general premises.

The cleaning material should be thoroughly cleaned at the end of every cleaning section. Hand hygiene should be performed each time PPE such as gloves are removed. Waste material produced during the cleaning should be placed in the general waste receptacles.

Cleaning between training sessions

Cleaning of high touch items is advised between Training Sessions to reduce the risk of spread between pods and training groups.

Balls and Equipment

Once ball work and equipment use are permitted a robust cleaning system must be implemented to reduce the risk of spread of the virus. This would include -

- Cleaning balls before and after each training session.
- Cleaning equipment before and after each training session

Studies have shown that coronavirus can live on plastics up to 72 hours. Clubs may wish to rotate some equipment (tackle bags, hit shields etc) to allow 72 hours between use to reduce the risk of spread of infection. This would not negate the requirement for sanitation before and after each use.

Training Plans

Suitable training plans should be prepared, electronically sent to the COVID-19 Club Safety Committee for approval and such plans should be in line with local government advice in each Step/Phase.

Minimising numbers in the Clubs

The number of players/coaching staffs in the club should be limited depending on the Governmental advice at any one time. Training session(s) should be appropriately arranged so that players are absolutely clear as to the date and time of their training. Once arranged, players must stay in their allocated day/time slot and cannot observe, participate or otherwise be involved on other sessions. Multiple additional training sessions may be required to ensure that all players can access training safely. The Club should also consider and implement all activities that can be completed from home, such as Strength and Conditioning programmes.

Training can only involve the type of training permitted at that time. The Safety Committee will keep updated on all government advice.

Use of PPE

The wearing of PPE (gloves, masks, goggles) should not take the place of hygiene and cleaning measures to prevent spread of COVID-19, as outlined above. PPE should be selected and worn based on the hazard of the specific task / person. Wearing of PPE in line with existing occupational health and safety risk assessments should be maintained.

Guidance on the use of PPE in COVID-19 prevention should be updated when necessary in accordance with Public Health Advice. People who are expected to wear PPE must be trained in their proper use, cleaning, storage and disposal.

Disposable Gloves and Face Masks

Please adhere to the current government advice on the use of face masks and disposable gloves.

Training and Communications

COVID-19 Club Officer/s

The COVID-19 Club Safety Officer and Compliance Officers should be provided with ongoing training on how to communicate with members about COVID-19 as well as deal with any suspected cases. They should keep updated with, IRFU, Government and Health Authority guidelines to update documents, management, and members.

Inductions

Induction Training should be provided for all Members and participants prior to returning to Rugby and during transitioning from phase to phase. This training will include the latest up- to-date advice and guidance on Public Health, including

- Hygiene techniques, respiratory and physical distancing etiquette.
- Tips for travelling to and from training
- What a member should do if they or a member of their family develops symptoms of COVID-19
- Details of how the Club is organised to address the risk from COVID-19
- An outline of the COVID-19 response plan
- Identification of key personnel in the COVID-19 Response Management Team
- As well as the club providing, the Club ask that everyone should have their own sanitizing gel & mask with them in their car.
- Any other relevant advice.

Updated online IRFU resources

COVID-19 Club Compliance Officers should undertake regular training and education to remind members/teams of Rules and Guidelines and to update them of any changes to Public Health or Government guidelines. Attendance at education and training to be logged and recorded.

Signage

Appropriate signage should be installed in key locations (entrances, circulation spaces, Pitch side Check-in Areas, toilets, etc) to remind all Members and visitors of Health Authority key guidelines.

Signage will also be required to communicate changes to the environment and also to reinforce social distancing, personal hygiene and etiquette. The IRFU will provide all clubs with access to PDF's of current Step/Phase signage however clubs may require additional signage depending on the outcome of their own risk assessments to assist with way finding, directional flow etc.

Meetings

Face-to-face meetings should be discouraged, and technological options made available (e.g., telephone or video conferencing). When face-to-face meetings are unavoidable the length of the meeting and the numbers attending should be kept to a minimum and participants must always maintain physical distancing.

Preparation for Training

Health Self-Declaration

Before returning to Rugby each member or members parent/guardian must complete a Pre-Playing Health declaration in the form of the Pre-Return to Rugby Personal Assessment Declaration.

This form seeks confirmation that the member, to the best of their knowledge, has no symptoms of COVID-19 and that the member, or someone they have been in close contact with, is not self-isolating or awaiting the results of a COVID-19 test. If the person answers yes to any questions on the form, they are advised to seek medical advice before returning to Rugby.

The COVID-19 Club Compliance Officer will determine from this declaration if a person is fit to return to rugby.

Members may also be asked if they are a vulnerable person, if they live with a vulnerable person or if a person at home is a frontline worker.

All declarations are private and confidential documents and will be treated in the highest regards.

Members who may not have the appropriate equipment at home may request a temperature check to confirm or rule out a slight fever. A no-contact thermometer should be kept in the isolation area, to allow the COVID-19 Club Compliance Officer, or first aid personnel to perform temperature checks if requested to do so. However, it should be noted, and explained clearly, that some cases of Covid-19 are asymptomatic, and lack of fever does not indicate that a person is virus free.

Pre-Return to Rugby Personal Assessment Declaration is included in Appendix A (pg28) of this document.

Notification of Training Times

In order to return to rugby safely there is a requirement to limit the number of players on the pitch at any one time. This process will need to be managed carefully by coaches and team managers/Covid-19 Compliance Officer. Players should be advised in advance of their allocated day and time for training. Players should be advised to arrive 5 minutes before training is due to commence and leave directly after training.

Further details on Physical Distancing measure for training are included in Physical Distancing section of this plan.

Toggling in/out

As all club facilities other than toilets will be closed until permitted to open, players are advised to travel to and from training toggled out and ready to train. Note: it is unsafe to wear rugby boots or just socks when driving and the player/coach should wear suitable footwear to/from training and change at their vehicle.

Travel to Training

Where a Member exhibits any signs of COVID-19 or has been exposed to a confirmed case they should not attend training.

Players and Coaches are expected to conform to any travel distance related restrictions in place at the time.

Wherever possible, members should travel to training alone or with persons from their own household using their own means of transport. Members should not car share with other households. Additional parking spaces, or bicycle parking may be required. However, this may be lessened by the reduction of members at training sessions.

Where public transport is the only option, members should take care to maintain social distancing, sit down if possible, and minimize contact with frequently touched surfaces. Members should use hand sanitisers before and after using public transport.

Note - Persons travelling to or returning to the island of Ireland should refer to national advice issued by the HSE

Drop off/ Collection areas

Members who drive to the club should be advised to park in designated parking areas only. Ideally these should space to allow the recommended social distance between occupants once they have exited their car. If this is not possible members should be advised to wait in their cars until there is room to exit in accordance with social distancing guidelines. Those dropping/collecting to/from training should be discouraged from lingering in the car park and advised to remain in their cars or leave the car park.

Check-In

Where possible touch free check-in should be practiced. Clubs should also consider the following controls:

- Disposable Gloves, hand sanitisers and disinfectants should be provided behind the desk for the Check-in Managers
- Check-in area should be sanitised regularly
- Hand sanitisers should be provided next to Check-in to allow people to sanitise before and after

Recommended social distance should be maintained between the Check-in manager and a person approaching, Clubs should provide markings on the ground back from the check-in managers position. Clubs should provide signage asking persons to stay behind the line and keep distance from others.

Member entrances/ pitch access

To assist in social distancing Ballincollig RFC may be required to implement one-way systems or implement stop/go systems. Hand sanitisers and disinfectants should be provided at registration areas to encourage use. Players should be reminded regularly to use these facilities.

To assist in the prevention of spread, players should provide their own individual water bottles, with their names clearly marked at the top. Water bottles (or any other objects that touch their mouths) should NOT be shared.

The handles and push plates on manual doors/gates should be cleaned before and after each training session. Hand sanitisers should be provided immediately inside the entrance for those having used the manual door. Consideration should be given to fitting an automatic opening device to the door or locking the door/gate in an open position. Ensure that no new risks are introduced in the process (Fire hazard, Slip/trips).

Leaving the Club

Members should be advised to use hand washing facilities prior to entering their cars. If possible, outer layer clothing should be removed and placed in sealed bags to be washed at home.

All clothing worn at training should be removed and washed immediately. Members should be advised wash as soon as possible after training and to limit touching surfaces in their home.

Members should be advised not to accept lifts home of other club members and should travel with members of their own household.

Physical Distancing

General Rules

Social distancing, or physical distancing, is a set of interventions or measures taken to prevent the spread of COVID-19 by maintaining a physical distance between people and reducing the number of times people come into contact with each other.

To slow the transmission rate of COVID-19 social distancing is recommended by Health Authority.

To assist in physical distancing, the COVID-19 Response Management Team should ensure

- A no hand shaking policy is in place
- A reduction of members present at the club at any one time and at training. Follow current guidance on numbers permitted at training sessions.
- Pitches and clubs should be laid out in such a way to maintain a 2m physical distance.
- Organise players into teams/groups/pods who consistently train together.
- Reduce on-site meetings as far as practicable.
- Provide one-way systems for access/egress where practicable

Spectators

No visitors, parents/guardians, partners or other persons not directly involved in the training session are permitted to attend or observe training. In circumstances where a player/coach gets a lift to/from training, the driver must either stay in the vehicle or leave the grounds and return at the appointed collection time. (As per current guidelines).

Participants and spectators must adhere to public health measures and social distancing guidelines once spectators are permitted.

Visitors

Visitors should be restricted to essential visits only. Meetings, where practicable, should be carried out remotely. Any required visitors have controlled access to the clubhouse. All visitors are by appointment only and should arrive at an agreed time. Visitors to the clubs must be accompanied at all times. (As per current guidelines)

They should be given a brief induction on COVID-19 Guidelines at the entrance gate desk.

Lingering

Players and coaches are required to leave the training grounds promptly upon completion of the session.

Ground Markings

Clubs may wish to install ground markings to assist with social distancing. These can include distance markers, directional arrows and standing boxes.

Use of Facilities

Toilets

Depending on the size of the toilet facilities consideration should be made to reduce the number of people permitted in the toilets at any one time.

An appropriate COVID-19 hygiene regime should be implemented. This will include:

- All toilets should have the appropriate signage with instructions for washing hands.
- Disposable paper towels should be provided along with warm water and soap.
- It is advised to turn off hand dryers and remove towels.
- All contact surfaces, particularly flush handles and tap controls should be sanitised regularly.
- Toilet facilities are to be sanitised before and after every training session.
- Depending on the Sink controls within the clubs, participants should be encouraged to operate the tap controls with the back of their hand or a closed fist.
- When using common toilet facilities, persons should, where possible, avoid using the sink or urinal directly beside one which is in use by another person.
- Where numbers on site are reduced, consideration should be given to closing off every second sink/urinal to ensure persons don't stand next to each other.
- Suitable and sufficient rubbish bins to be provided for hand towels and these will be removed regularly and disposed of safely.
- Soaps, toilet paper etc are to be checked regularly and replenished in good time.

Changing Facilities and Rest areas

Changing rooms will not be accessible until permitted to do so. Until such time, players and coaches are required to travel to training in their training gear, other than training footwear.

Towels etc that are brought to training must not be shared or waved around and should be put in the boot of the vehicle immediately upon completion of use.

Once changing facilities are opened for use social distancing and COVID-19 hygiene regime should be implemented in accordance with current Health Authority Guidelines.

Gyms

Physio facilities, gym facilities, showers and other associated areas of the Club should be locked and not accessible in any circumstances until permitted to do so.

Once Gymnasium facilities are opened for use social distancing and COVID-19 hygiene regime should be implemented in accordance with current Health Authority Guidelines. Consideration should be made to –

- Moving equipment to allow for social distancing
- Limiting the number of persons using the facilities
- Cleaning and sanitation of equipment
- Ventilation of spaces after each session

Balls and Equipment

Balls and Equipment should only be used within the limitations of phases.

Catering and Refreshment Facilities

General Rules

Club house catering and bars shall remain closed until permitted to do so. Prior to opening clubhouses must ensure all facilities adhere to current IRFU, Government and Health Authority guidance with respect to restaurants and pubs.

Water Coolers/ Drinking Points

Where there are Water Coolers/ drinking water points that have been left unused during the Stay-at-Home phase, contractors should be contacted to ensure reinstatement of the water source is carried out correctly. Water testing may be required.

Members should wash their hands before and after filling their water bottles. They should be advised not to allow the rim of their bottle to touch the faucet to prevent contamination. Water coolers/taps should be cleaned before and after each training session.

Conflict Resolution

Clubs are responsible through the ordinary club committees via the Safety and Compliance Officers to resolve conflicts and should they fail to do so the Munster Branch/IRFU reserve the right to intervene.

Breaches in Compliance

Clubs: Any club found to be acting outside of the Guidelines could be subject to disciplinary measures as decided by Munster branch/IRFU. Clubs who operate outside of the IRFU guidelines may not be covered under Insurance.

Individuals: Any club members found to be in breach of the guidelines could be subject to disciplinary measures from removal from venue/session (monitored by clubs) to suspension (guided by branch/IRFU).

Contact Log

The Club encourage downloading the Irish Government “Covid Tracker” App – www.covidtracker.ie

All members will be asked to keep a log of all persons they have had close contact with while they are at training. If a confirmed case is found at the club, persons who were in close contact with that person may be asked to stay at home for 14 days, pending a risk assessment.

Close contact is defined as anyone who has spent more than 15 minutes, face-to face, within 2 meters of a person with COVID-19 in any setting, or someone who has shared a closed space with a confirmed case for more than two hours.

The contact log may be provided to the HSE/NHS to aid in contact tracing if a confirmed case is found at the club. The COVID-19 Club Compliance Officer will also keep a contact log of members who attend training.

Action List

COVID-19 Club Compliance Officers will be required to carry out routine checks before and after training either on a daily, weekly and monthly basis. These should be completed and signed by the COVID-19 Club Compliance Officers for each training session and provided to the COVID-19 Club Safety Officer. Checklist can be found at Appendix C.

Suspected Case Response Plan

Initial Response

The COVID-19 Club Compliance Officer will be responsible to implementing the response plan to a suspected case once a Member identifies themselves to them. The response must be quickly dealt with in a private and confidential manner.

If any person on site, suspects themselves, or is suspected of having symptoms, they must report/be reported to the COVID-19 Club Compliance Officer.

The COVID-19 Club Compliance Officer must:

- Provide the person with a mask if one is available
- If a mask is not immediately available, they should be provided with a disposable tissue and advised to cover their mouth and nose with the tissue when they cough or sneeze and put the tissue in the waste bag provided.
- Accompany the person to the isolation room (Green container at the back of the dressing rooms) keeping a two-metre distance between the person and themselves and other individuals. The route to the isolation room needs to be quick and easily accessible with little human interaction as possible.
- Assess whether the unwell individual can immediately be directed to go home.
- If underage call their parent/ guardian.
- Advise them to call their doctor.
- Carry out the 'Initial Assessment' as outlined below
- Arrange transport home or to a hospital for medical assessment. Public transport should not be used. Transport should not be provided by another club member.
- Log the incident.
- Arrange for cleaning of the isolation room, equipment that may have been touched by the person, and pending a risk assessment, any other areas that the person may have had contact.

****Note:** the COVID-19 Club Compliance Officer cannot diagnose a member with COVID-19, this can only be done by being tested by a qualified medical person.

Note – Safeguarding policies and procedures will need to be considered when developing and implementing the response plan.

Isolation Room (Location: Green container at the back of the dressing rooms)

An isolation room should be provided to be used to quarantine a member who is feeling unwell with the COVID-19 symptoms, to facilitate the person remaining in isolation if they cannot immediately go home, and to allow them to call next of kin and/or their doctor.

The Isolation room should have the following:

- A closed door
- Ventilation
- Tissues
- Hand sanitiser
- PPE: Gloves and Masks
- Clinical Waste bags
- A no-contact Thermometer

The PPE gear should be kept in the isolation room, and/or an agreed secure area to be used for Emergency cases only. The PPE should be locked away so it cannot be taken for daily use. The Compliance Officers should have a key for the locked PPE.

Initial Assessment

COVID-19 Club Compliance Officer and cannot diagnose a member with COVID-19. This can only be done by getting a COVID-19 test with a qualified medical person. The purpose of these questions is to establish the next steps in the response plan.

The unwell person must answer the following questions in order to establish if they have a suspected case of COVID-19.

- Has the member been in contact with any suspected cases, to the best of their awareness?
- Has the member travelled to any countries outside of Ireland?

If NO:

- Ask the unwell person to contact their doctor

If YES:

- The unwell person is to be brought to the Isolation room if not already there
- The unwell person will need to contact their next of kin and/or doctor or the HSE/NHS for advice.
- Compliance officer to notify the COVID-19 Club Safety Officer
- The unwell person's contact log to be given to the Compliance officer as well as names and details of persons who were training with the unwell person.
- The unwell person must stay in the isolation room until they can get in contact with next of kin and/or their doctor,
- The unwell person will be asked to not touch any surfaces and to dispose of their tissues in the bin provided.

Transport of Suspected Case

The unwell person should be advised not to use public transport or a taxi to get home or to go to the doctors. They should use their own personal transport if fit to do so.

Alternatively, arrangements can be made that a household member they live with will collect them from training.

The unwell person with the suspected case should stay in the isolation room and not touch any surfaces or interact with anybody until they are ready to depart in their own vehicle or be collected.

Cleaning spaces after the presentation of a suspected or confirmed Case

The isolation room will need to be deep cleaned as well as the areas where the person came into contact with surfaces, as described in the general cleaning guidelines (page 15).

Waste Management

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

- Should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known or for 72 hours, whichever occurs first.
- Waste should be stored safely and kept away from children

Return to Play after Illness

When a member has been absent due to COVID-19 virus, they may only return to rugby if deemed fit to do so and meet the following criteria:

- 14 days since their last "close contact" with a confirmed / suspected case and have not developed symptoms in that time, or
- 14 days since the onset of their symptoms and 5 days since their last fever (high temperature), or
- They have been advised by their GP that they may return to play.

It is advised that a 'Return to rugby' doctors note is provided to the COVID-19 Club Compliance Officer. If this is not available the Individual must self-declare their fitness for training in the absence of having a fitness for training certificate from their GP/healthcare provider.

Health and Safety

All existing Occupational Health and Safety provisions shall continue to apply to all activities within the club during the phased return to rugby. Occupational health and safety

risk assessments should be updated, where relevant, to address potential exposure to COVID-19. Any updated documents should be shared with the relevant members.

First Aid

Infection Spread

COVID-19 infects people through contact with the mucous membranes. First Aid Responders must think of these as being the mouth, nose and eyes. It does not infect through the skin.

The greatest element of risk for a First Aid Responder is transfer of the virus to the mucous membranes by contact of contaminated hands (including contaminated gloved hands) with the eyes, nose or mouth. The key interventions to manage this risk are to minimise hand contamination, avoid touching your face and clean your hands frequently with soap and water or alcohol-based hand gel.

There is also a significant risk of direct transfer of the virus on to mucous membranes by droplet transmission, that is, by direct impact of larger infectious virus droplets generated from the person's respiratory tract landing directly in your eyes, nose or mouth. This risk is managed by use of appropriate PPE (mask and eye protection) and by providing the ill person with a mask to cover their nose and mouth when coughing or sneezing (respiratory hygiene and cough etiquette).

Administering First Aid

If, as a First Aid Responder, close contact with a person who may require some level of first aid can be avoided, do so. This, of course, will not be possible in the event of having to provide emergency lifesaving measures such as an incident of cardiac arrest, heart attack, choking, stroke. First Aid Responders should be familiar with the symptoms of COVID-19. They will need to perform a “dynamic risk assessment” based on the scenario they are presented with.

Standard infection control precautions must be applied when responding to any first aid incident in the club. Hand washing with warm water and soap or an alcohol-based hand gel must be performed before and after providing any first aid treatment.

Enclosed eye protection and FFP3 mask should be worn by First Aid Responders when responding to all first aid incidents where close contact cannot be avoided.

Any person presenting with symptoms consistent with COVID-19 should be treated as a suspected case and actions as set out in page 23 of this document should be followed. A mask should be made available to give to person if they are displaying symptoms consistent with COVID-19 to limit droplet dispersion.

If you suspect a person has experienced a cardiac arrest, do not listen or feel for breathing by placing your ear and cheek close to the person’s mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions only until help arrives. To iterate the point, a person in cardiac arrest should have compression only CPR applied.

Persons with minor injuries (cuts, abrasions, minor burns) - where practical, a First Aid Responder should avoid close contact and advise the injured party what steps to take in treating their injury.

No reusable equipment should be returned to service without being cleaned/disinfected appropriately.

First Aid PPE Requirements

The following PPE must be available for responding to first aid incidents:

- Disposable gloves (nitrile/latex)
- FFP3 or FFP2 Face masks
- Disposable plastic aprons
- Enclosed eye protection
- First Aid Responder must ensure that the mask covers both the mouth and nose and is fitted correctly to create an adequate seal to the face.
- Following first aid treatment, disposable PPE and any waste should be disposed of appropriately and reusable PPE cleaned/disinfected thoroughly.
- Wash hands thoroughly with warm water and soap before putting on and after taking off PPE
- Replenish PPE stock as appropriate.
- Liaise with your Club Safety Officer to ensure any issues with first aid PPE are resolved in as timely a manner as possible.

Mental Health and Wellbeing

Clubs should put in place support for members who may be suffering from anxiety or stress due to COVID-19. Information about prevention and control measures at the club should be delivered to all members to help ease concerns about risk of infection.



Ballincollig RFC

COVID-19 Pre-return Personal Assessment Declaration

May also be used for the Visitor Health Declaration

If you answer “YES” to any of the questions below you should NOT attend training or playing in Ballincollig RFC.

Name:	Team	
Question		Yes / No
1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathing difficulties or flu like symptoms, rash, Loss of smell/taste now or in the past 14 days?		
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?		
4. Have you been advised by a doctor to self-isolate at this time?		
5. Have you been advised by a doctor to cocoon at this time?		
6. Please provide details below of any other circumstances relating to COVID- 19, not included in the above, which may need to be considered to allow your safe return to work.		
7. I confirm that I have not travelled from another country in the past 14 days , that I have not been in close contact with anyone who has been outside of the country in the past 14 days, that I have not been in close contact with anyone who is in self-isolation in relation to COVID-19 in the past 14 days, that I am not suffering from any COVID-19 symptoms nor do I believe for any reason that I have contracted the virus. I commit to advising Management/Covid Compliance Officer and excluding myself if this situation changes, (i.e. if at a point in the future, I would answer “yes” to any of the above questions).		
8. I confirm that I have read and understand the ‘Ballincollig RFC Return to Play Safety Plan’ as seen on the club website.		

** If your situation changes after you complete and submit this form, please tell Management/Covid Compliance Officer.

Print Name:

Signature.....

Date:.....



Contact and Tracing Form

Name	
Contact Address	
Email Address	
Phone	
Team	
Training Pod	
Date	

Ballincollig RFC
COVID-19 Return to Rugby Safely Protocol –
Compliance Officer Daily Action/
Checklist

These checklists have been prepared to help get the clubs activities up and running again in a way that will help prevent the spread of COVID-19. By putting in place control measures, you can help to protect your workers.

No	Topic	Yes/No	Action Required
	Hand Hygiene Facilities:		
1.	Are there enough hand washing and hand sanitising stations in place to accommodate workers, visitors/customers adhering to hand hygiene measures?		
2.	Are hand washing and hand sanitising stations in convenient locations that can be easily and frequently accessed? Have you considered: <ul style="list-style-type: none"> • all entry/exit points • high traffic areas • the need for workers to wash their hands before, during or after a work task • the distance workers are from hand washing /hand sanitising facilities including wash/bathrooms • the number of workers and any shift arrangements 		
3.	Have you made arrangements to ensure hand hygiene facilities are regularly checked and well-stocked e.g. hot running water, soap dispensers, paper towels, touch-free bins and hand-sanitiser?		
	Hand sanitising		
4.	Does the alcohol-based hand sanitiser have at least 60% ethanol or 70% isopropanol as the active ingredient?		
5.	Are there stations at entry/exit points to the workplace?		
6.	Are there stations in areas that have high touchpoints or high footfall?		
	Employee awareness around hand hygiene in the workplace		
7.	Have you informed all about the importance of hand washing?		
8.	Have you trained/shown members/players/ visitors how to wash their hands (with soap and water for at least 20 seconds) and dry them correctly? (HSE video resource available)		
9.	Have you shown members and players how to use hand sanitiser correctly and where hand-sanitising stations are located?		
10.	Have you displayed posters on how to wash hands correctly in appropriate locations?		
11.	Have you told members/players/visitors and others when they need to wash their hands? This includes: <ul style="list-style-type: none"> • before and after eating and preparing food • after coughing or sneezing • after using the toilet 		

	<ul style="list-style-type: none"> • before smoking or vaping • where hands are dirty • before and after wearing gloves • before and after being on public transport • before leaving home • when arriving/leaving the workplace/other sites • after changing tasks • after touching potentially contaminated surfaces • if in contact with someone displaying any COVID-19 symptoms 		
12.	Have you provided facilities outdoors for players and coaches to frequently practice hand hygiene?		
13.	Have you provided employees with hand sanitiser for use in work vehicles?		
	Respiratory hygiene		
14.	Have you told members/ players/visitors of good respiratory measures to limit the spread of the virus: <ul style="list-style-type: none"> <input type="checkbox"/> avoid touching the face, eyes, nose and mouth <input type="checkbox"/> cover coughs and sneezes with an elbow or a tissue <input type="checkbox"/> dispose of tissues in a covered bin 		
15.	Have you made tissues available to members/players/ visitors and covered bins or bin bags for their safe disposal?		
16.	Is there a system in place to regularly empty bins so they don't over fill?		
	Physical Distancing – staying 2 metres apart		
17.	Have you looked at how you can change the layout of your workplace to allow for physical distancing?		
18.	Have you a system to regularly remind all to stay 2 metres apart?		
19.	Have you identified the activities that involve interacting with customers, visitors and others and put in place measures to help prevent contact and ensure physical distancing, as far as possible?		
20.	Can you rearrange working times and shifts to minimise the number of people at work together?		
21.	Can you rearrange break areas and times to comply with physical distancing? (e.g. placing tables and chairs further apart, staggering breaks)		
22.	Can you organise players into groups who consistently train and take breaks together?		
23.	If it's not possible to maintain physical distancing in the club, have you considered making alternative arrangements?		
24.	Can you provide a one way system for entering and exiting the workplace, where practical?		
25.	Have you implemented physical distancing for outdoor work activities?		
26.			
27.	Have you reduced the number of people working in enclosed spaces by: <ul style="list-style-type: none"> • facilitating working from home • reducing the number of work tasks • postponing non-essential work • modifying work tasks? 		
28.	Have you put floor markings in place to remind everyone in the workplace of the 2 metre physical distance required?		

29.	<p>If it is not possible to ensure a 2 metre physical distance between workers, have you put in place alternative measures:</p> <ul style="list-style-type: none"> • installed physical barriers, such as clear plastic sneeze guards between workers • to maintain at least a distance of 1 metre or as much distance as is practical • to minimise any direct worker close contact • to provide hand washing or hand sanitising aids nearby, so that hands can be cleaned as soon as the task is complete • made face masks available to workers in line with Public Health advice and ensuring that masks are clean and not shared or handled by other workers. <p>Note: wearing face masks is not a substitute for other measures outlined above.</p>		
30.	Have you staggered entry into the workplace including the entry of customers or clients?		
	Minimising Contact		
31.	Have you minimised the need for business trips or for officers and members to gather for meetings and interactions		
32.	If club officers have to meet, do you make sure they meet in a large space where physical distancing can be done and for as short a time as possible?		
34.	In the case where vehicles must be shared, have you told players/coaches to sit as far apart as possible, to wear face coverings, and to clean the frequently touched surfaces in the vehicle as a minimum at the start and end of each shift?		
35.	Have you advised players/coaches/members to travel alone if using their cars for work?		
36.	Have you told workers to clean and disinfect surfaces and shared equipment, not to shake hands and to avoid any physical contact?		
	Personal Protective Equipment (PPE) [Guidance open to change]		
37.	Note: PPE use cannot take the place of other preventative measures. For COVID-19, employees/members/players should check public health advice. Gloves are generally not required for infection prevention and control and are not a substitute for hand hygiene.		
38.	Has the correct PPE been identified based on the hazard and worker work activity?		
39.	Is there a sufficient supply of relevant PPE required to allow a safe return to work?		
40.	Have you trained compliance officers in the correct fitting, use, removal, cleaning, storing and disposal of PPE?		
41.	Have you made arrangements for the cleaning, inspection, maintenance and disposal of PPE, where appropriate?		
	At Risk Groups		
42.	Have you determined which, if any of your workers are at higher risk from COVID-19?		

43.	Have you enabled at risk or vulnerable workers to work from home where possible?		
44.	Have you enabled at risk workers to maintain a physical distance of 2 metres?		
	Changes to Work Practices		
45.	Have you considered other changes to work practices to minimise the spread of COVID-19?		
46.	Have you arranged for safe delivery of goods to the workplace?		
	Visiting Contractors / Workers		
47.	Are there arrangements in place to inform other workers, contractors or visitors of the workplace measures to help prevent the spread of infection?		
48.	Is there a system for recording visits to the site/workplace by workers and others, as well as visits by workers to other sites? (COVID-19 Contact log)		
	Additional Information		

Name.....

Signature.....

Date.....

Ballincollig RFC
Covid-19
Induction / Familiarisation Checklist

These checklists have been prepared to help Ballincollig RFC to get their club activities up and running again in a way that will help prevent the spread of COVID-19.

All players/coaches/employees' and visitors must be brought through this COVID induction before starting back to work.

	Control	Yes	No	Action needed
1.	Have you a system in place to keep up to date with the latest COVID-19 advice from Government and to pass that advice on to workers?			
2.	Have you a completed COVID-19 return-to-work/ rugby form for each player at the induction? (See template Return-to-Work form)			
3.	<u>Have you covered the signs and symptoms of COVID-19?</u>			
4.	Have you explained to players and members how the virus is spread?			
5.	Have you covered the control measures you have put in place to minimise the risk of members and players being exposed to COVID-19?			
6.	Have you demonstrated physical distancing, good hand hygiene and respiratory etiquette to workers?			
7.	Have you given members information on At Risk Groups and asked them to let you know privately if they fall into any of these categories?			
8.	Have you told employees/members/players they must stay at home if sick or if they have any symptoms of COVID-19			
9.	Workers, players & coaches are responsible for cleaning personal items that have been brought to work, training or games and are likely to be handled at work or during breaks. e.g. mobile phone. Have you told workers, members, players, manger's and coaches to clean personal items that they have brought to work or the club house or grounds, such as mobile phones, to avoid leaving them down on communal surfaces or they will need to clean the surface after the personal item is removed?			
10.	Have you told employee/members/players of the purpose of the COVID-19 contact log in the workplace?			
11.	Have you covered any relevant changes in your COVID-19 response plan?			
12.	Have you included any relevant updates (to minimise the risk of you and others being exposed to COVID-19) in your risk assessments and safety statement?			
13.	Have you included information on changes to your emergency plans?			
14.	Have you explained any changes to first aid procedures to minimise the risk of you and others being exposed to COVID- 19?			

		Yes	No	Action needed
15	Have you told workers to wash their hands before leaving home and on arrival at the training sessions, and at regular intervals throughout the day?			
16.	Have you explained the importance of employees/members/players/coaches/visitors avoiding touching their faces?			
17.	Have you explained the need for all to avoid physical contact with colleagues, customers or visitors?			
18.	Have you explained the need for the twice-daily cleaning regime of frequently touched surfaces such as door handles, light switches, kettles, coffee machines, toasters, microwaves, fridge doors etc.?			
19.	Have you explained the need to avoid sharing items such as cups, bottles, cutlery, pens etc.?			
20.	Have you provided cleaning materials, including disinfectant wipes, and advised staff to clean their own workspace twice daily?			
21.	Have you advised all of the public health recommendation to use a face covering on public transport?			
22.	Have you advised employees/ players/coaches to reduce work- related travel as far as possible and provided means for them to have meeting in other ways e.g. phone/ online rather than in person?			
23.	Have you advised players/coaches to travel alone if using their cars for attending training?			
24.	Have you advised players/members/coaches who have to share a vehicle to wear a face covering and to clean the vehicle's frequently touched surfaces at the start and end of each shift?			
25.	Have you told employees about the supports available to them if they are feeling anxious or stressed?			
26.	Have you explained the proper fitting, use, removal, cleaning, storing and disposal of any required PPE?			
27.	Have you a system that allows your players/members/coaches to raise issues or concerns and have these responded to?			
	Additional Information			

Name.....

Signature.....

Date.....

Ballincollig RFC COVID-19 Return to Work Safely Protocol Checklist for Workers

This checklist has been developed to help inform workers about what they need to do to help prevent the spread of COVID-19 in their workplace. Employers and workers must work together to protect everyone at the workplace.

	Control	Yes / No	Action needed
1.	Do you feel well and fit enough to return to work?		
2.	Are you keeping up to date with the latest COVID-19 advice from Government?		
3.	Are you aware of the signs and symptoms of COVID-19?		
4.	Do you know how the virus is spread?		
5.	Have you completed COVID-19 return-to-work form and given it to your employer? (See template Return-to-Work form)		
6.	Have you told your employer if you fall into any of the <u>at-risk categories</u> ?		
7.	Have you been given an induction before returning to work and made aware of the control measures your employer has put in place to minimise the risk of you and others being exposed to COVID-19? (See Checklist No. 2 Control Measures) ?		
8.	Did your employer consult ¹ with you when putting these control measures in place?		
9.	Have you co-operated with your employer to make sure these control measures are maintained?		
10.	Do you know who your Worker Representative is and how to contact him / her?		
11.	Do you know how to contact your Worker Representative if you have any concerns about exposure to COVID-19, control measures not been maintained or have any suggestions that could help prevent the spread of the virus?		
12.	Do you know what to do in relation to physical distancing, good hand hygiene and respiratory etiquette?		
13.	Do you know how to wash your hands properly?		
14.	Do you know when to wash your hands: i.e. <ul style="list-style-type: none"> • before and after eating and preparing food • after coughing or sneezing • after using the toilet • before smoking or vaping • where hands are dirty • before and after wearing gloves • before and after being on public transport • before leaving home • when arriving/leaving the workplace/other sites • after changing tasks • after touching potentially contaminated surfaces • if in contact with someone displaying any COVID-19 symptoms 		

15.	Do you know where your nearest hand washing / hand sanitising stations are?		
16.	Do you know to avoid touching your face?		
17.	Do you know to keep 2 metres physical distancing from others at all times at work, including in any canteen or wash/changing room?		
18.	Do you know to avoid any physical contact with colleagues, customers or visitors?		
19.	Do you know what to do if you start to develop symptoms of COVID-19 while at work, including where the isolation area is? (See Checklist No. 4)		
20.	Do you understand the purpose of giving your employer any necessary information to maintain a COVID-19 contact log?		
21.	Do you understand any proposed new staff rosters, changing of start / finish times, rostering of breaks etc?		
22.	Have you been made aware of any changes to risk assessments relevant to your work activities and any changes in the safety statement in response to controls to minimise the risk of you and others being exposed to COVID-19??		
23.	Have you been made aware of any changes to the emergency plans or first aid procedures for your workplace in response to controls to minimise the risk of you and others being exposed to COVID-19?		
24.	Do you know to avoid sharing items such as cups, bottles, cutlery, pens etc.?		
25.	Have you been made aware that any personal items brought into work must be cleaned and to avoid leaving them down on communal surfaces or to clean the surface after the personal item is removed?		
26.	Have you been provided with cleaning materials, including gloves and disinfectant to clean your own workspace twice daily?		
27.	Do you know to clean your hands before and after using public transport when commuting and when you enter and exit the workplace?		
28.	Can you avoid work-related travel as far as possible and are you able to conduct meetings with colleagues / clients / customers in other forms e.g. phone, online rather than in person?		
29.	If using your own car for work, will you travel alone?		
30.	If you have to share a work vehicle, have you access to a face covering and products such as wipes to clean the vehicle's frequently touched surfaces at the start and end of each shift?		
31.	Do you know when you have to wear PPE and how to fit, use, remove, clean, store and dispose of any required PPE?		

32.	Do you know what supports are available to you if you are feeling anxious or stressed?		
	Additional Information		

Name.....

Signature.....

Date.....

Ballincollig RFC
COVID-19 Return to Rugby Safely Protocol
Cleaning and Disinfection

No.	Topic	Yes/No	Action Required
1.	Have you a system in place for checking and keeping up to date with the latest public health advice from Government and to adjust your cleaning procedures in line with that advice?		
2.	Have you a system in place of thorough and regular cleaning of frequently touched surfaces?		
3.	If disinfection of contaminated surfaces is required, has it been done following cleaning?		
4.	Have the following frequently touched surfaces been included in your cleaning plan: for example <input type="checkbox"/> table tops and desks <input type="checkbox"/> door handles and light switches <input type="checkbox"/> toilets and toilet doors, taps <input type="checkbox"/> remote controls <input type="checkbox"/> kettles, coffee machines, toasters, microwave, fridge handles <input type="checkbox"/> kitchen surfaces and cupboard handles?		
5.	Are frequently touched surfaces visibly clean at all times and cleaned at least twice a day?		
6.	Are washrooms and surfaces in communal areas being cleaned at least twice a day and whenever visibly dirty?		
7.	Have you provided workers with cleaning materials such as disinfectant or wipes to keep their own workspace clean?		
8.	Have you told workers what they need to do to keep their own workspace clean?		
9.	Workers are responsible for cleaning personal items that have been brought to work and are likely to be handled at work or during breaks. e.g. mobile phone. Have you told workers to clean personal items that they have brought to work, such as mobile phones, to avoid leaving them down on communal surfaces or they will need to clean the surface after the personal item is removed?		
10.	Have no-touch bins been provided, where practical?		
11.	Have arrangements been made for the regular and safe emptying of bins?		
12.	Have you sufficient cleaning materials available to allow for increased cleaning?		
13.	Have cleaning staff been trained in the new cleaning arrangements?		
14.	Have staff been instructed to read and follow instructions on the product label/ Safety Data Sheet for any cleaning product(s) before use and that where relevant appropriate PPE is worn by cleaners?		
15.	If cleaning staff have been instructed to wear gloves when cleaning are they aware of the need to wash their hands		

	thoroughly with soap and water, both before and after wearing gloves?		
16.	Is there is system in place for the disposable of cleaning cloths and used wipes in a rubbish bag? Current HSE guidance recommends waste such as cleaning waste, tissues etc. from a person suspected of having COVID-19 should be double bagged and stored in a secure area for 72 hours before being presented for general waste collection.		
17.	Is there a system in place to make sure reusable cleaning equipment including mop heads and non-disposable cloths are clean before re-use?		
18.	Is there a system in place to ensure that equipment such as buckets are emptied and cleaned with a fresh solution of disinfectant before re-use?		
	Additional Information		

Name.....

Signature.....

Date.....

Ballincollig RFC
COVID-19 Return to Work Protocol – Employer Checklist
Dealing with a Suspected Case of Covid-19

These checklists have been prepared to help compliance officers to get their club up and running again in a way that will help prevent the spread of COVID-19.

No	Control	Yes/No	Action needed
	Procedures and Information		
1.	Have you a system in place to identify and isolate workers or others who start to display symptoms of COVID-19 in the workplace?		
2.	Have you a COVID-19 contact / group work log in place to facilitate contact tracing?		
3.	Have you informed Players/ members of the purpose of the log?		
4.	Have you consulted with players/memberson the purpose of the isolation procedure and when it should be used?		
5.	Have you displayed the COVID-19 posters in suitable locations highlighting the signs and symptoms of COVID-19?		
	Instructions if a person(s) develops signs and symptoms of COVID-19 at work		
6.	Have you instructed your workers about what they need to do if they develop signs and symptoms at work?		
7.	Have you provided your Players with up to date public health information on COVID-19 issued by the HSE , HPSC and GOV.ie?		
	Reporting		
8.	Have you made your players aware of reporting procedures if they develop signs and symptoms at work for COVID-19?		
	Response team		
9.	Have you appointed a Compliance officer to deal with any suspected case of COVID-19?		
10.	Have you allocated members to support a response team(s) to deal with a suspected case of COVID-19 in the club and trained this team in what actions to take?		
	Isolation area(s)		
11.	Have you identified a place that can be used as an isolation area, preferably with a door that can be closed, in the event of a suspected case of COVID-19?		
12.	Is this isolation area accessible, including to workers with disabilities?		
13.	Is the route to the isolation area accessible?		
14.	Have you a contingency plan for dealing with more than one suspected COVID-19 case? e.g. If more than one person is displaying signs and symptoms of COVID-19, are there additional isolation areas?		
15.	Are the following available in the isolation area(s)?		

	<ul style="list-style-type: none"> • ventilation, e.g. fresh air ventilation/ability to open a window • tissues • hand sanitiser • disinfectant and/or wipes • gloves, masks • waste bags • pedal-operated, closed bin 		
	Isolating a person(s) displaying COVID-19 symptoms		
16.	Are procedures in place for a member of the isolation team to accompany the affected person to the isolation area, along the isolation route, while maintaining physical distancing (2 metres) from them?		
17.	Is the member and response team familiar with this procedure?		
18.	Have others been advised to maintain a distance of at least 2 metres from the affected person at all times?		
19.	Is there a disposable mask available for the affected person to wear while in a common area and when exiting the building?		
	Arranging for the person to leave workplace/Exit Strategy		
20.	Have you established, by asking them, if the affected person feels well enough to travel home?		
21.	If the affected person considers themselves able to travel home, have you directed them to do so and to call their GP and self-isolate at home?		
22.	If the affected person feels unable to go home, has the manager/isolation team let them remain in isolation, and enabled them to call their GP?		
23.	Has the affected person been advised to avoid touching other people, surfaces and objects?		
24.	Has the affected person been advised to cover their mouth and nose with the disposable tissue(s) provided when they cough or sneeze, and to put the tissue in the waste bag provided?		
25.	Has transport home or to an assessment centre been arranged if the affected person has been directed to go there by their GP?		
26.	Has the affected person been advised not to go to their GP's surgery or any pharmacy or hospital?		
27.	Has the affected person been advised they must not use public transport?		
28.	Has the affected person been advised to continue wearing the face mask until they reach home?		
	Follow-up		
29.	Have you carried out an assessment of the incident to identify any follow-up actions needed?		
30.	Are you available to provide advice and assistance if contacted by the HSE?		
	Disinfection		
31.	Have you taken the isolation area and any work areas where the person was involved out-of-use until cleaned and disinfected?		
32.	Have you arranged for cleaning and disinfection of the isolation area and any work areas involved, at least one hour after the affected person has left the building?		

33.	Have the cleaners been trained in dealing with contaminated areas and supplied with the appropriate PPE?		
	Additional Information		

Name.....

Signature.....

Date.....

Ballincollig RFC
COVID-19 Return to Rugby Protocol –
Dealing with a Suspected Case of Covid-19
Checklist

No	Control	Yes/No	Action needed
	Procedures and Information		
1.	Have you a system in place to identify and isolate players/members or others who start to display symptoms of COVID-19 in the club/workplace?		
2.	Have you a COVID-19 contact / group log in place to facilitate contact tracing?		
3.	Have you informed players/members of the purpose of the log?		
4.	Have you consulted with players/members on the purpose of the isolation procedure and when it should be used?		
5.	Have you displayed the COVID-19 posters in suitable locations highlighting the signs and symptoms of COVID-19?		
	Instructions if a person(s) develops signs and symptoms of COVID-19 at work		
6.	Have you instructed your players/members about what they need to do if they develop signs and symptoms at rugby activities?		
7.	Have you provided your players/members with up to date public health information on COVID-19 issued by the HSE , HPSC and GOV.ie?		
	Reporting		
8.	Have you made your Compliances Officers aware of reporting procedures if they develop signs and symptoms at work for COVID-19?		
	Response team		
9.	Have you allocated players/members to support a response team to deal with a suspected case of COVID-19 in the Club		
10.	Have you trained this team in what actions to take?		
	Isolation area(s)		
11.	Have you identified a place that can be used as an isolation area, preferably with a door that can be closed, in the event of a suspected case of COVID- 19?		
12.	Is this area accessible, including to players/members with disabilities?		

13.	Is the route to the isolation area accessible?		
14.	Have you a contingency plan for dealing with more than one suspected Covid-19? Eg. If more than one person is displaying signs and symptoms of Covid-19, are there additional isolation areas?		
15.	Are the following available in the isolation area(s)? <ul style="list-style-type: none"> • ventilation, eg. Fresh air ventilation/ability to open a window • tissues • hand sanitiser • disinfectant and/or wipes • gloves, masks • waste bags • pedal-operated, closed bin 		
	Isolating a person(s) displaying COVID-19 symptoms		
16.	Are procedures in place for the a player/member of the isolation team to accompany the affected person to the isolation area, along the isolation route, while maintaining physical distancing (2 metres) from them?		
17.	Are the Covid-19 Compliance officers and response team familiar with this procedure?		
18.	Have others been advised to maintain a distance of a least 2 metres from the affected person at all times?		
19.	Is there a disposable mask available for the affected person to wear while in a common area and when exiting the building?		
	Arranging for the person to leave rugby activity area/Exit Strategy		
20.	Have you established, by asking them, if the affected person feels well enough to travel home?		
21.	If the affected person considers themselves able to travel home, have you directed them to do so and to call their GP and self-isolate at home?		
22.	If the affected person feels unable to go home, have the manager/isolation team let them remain in isolation, and enabled them to call their GP?		
23.	Has the affected person been advised to avoid touching other people, surfaces and objects?		
24.	Has the affected person been advised to cover the mouth and nose with the disposable tissue(s) provided when they cough or sneeze, and to put the tissue in the waste bag provided?		
25.	Has transport home or to an assessment centre been arranged if the affected person has been directed to go there by their GP?		
26.	Has the affected person been advised not to go to their GP's surgery or any pharmacy or hospital?		

27.	Has the affected person been advised they must not use public transport?		
28.	Has the affected person been advised to continue wearing the face mask until they reach home?		
	Follow-up		
29.	Have you carried out an assessment of the incident to identify any follow-up actions needed?		
30	Are you available to provide advice and assistance if contacted by the HSE?		
	Disinfection		
31	Have you arranged for cleaning and disinfection of the isolation area and any work areas involved, at least one hour after the affected person has left the building?		
32	Have the cleaners been trained in dealing with contaminated areas and supplied with the appropriate PPE?		
	Additional Information		

Name.....

Signature.....

Date.....



Ballincollig RFC Training Log

<i>Trainer</i>		<i>Date</i>	
<i>Trainer</i>		<i>Subject</i>	

<i>1</i>		<i>18</i>	
<i>2</i>		<i>19</i>	
<i>3</i>		<i>20</i>	
<i>4</i>		<i>21</i>	
<i>5</i>		<i>22</i>	
<i>6</i>		<i>23</i>	
<i>7</i>		<i>24</i>	
<i>8</i>		<i>25</i>	
<i>9</i>		<i>26</i>	
<i>10</i>		<i>27</i>	
<i>11</i>		<i>28</i>	
<i>13</i>		<i>29</i>	
<i>14</i>		<i>30</i>	
<i>15</i>			
<i>16</i>			
<i>17</i>			

General notes

Informal education may include

- *Don't share water bottles*
- *Wash hands before and after training*
- *Don't spit or clear nasal passages on the pitch*
- *Adhere to social distancing measures*
- *No Horseplay*
- *No handshakes, fist bumps or high fives*
- *If you feel unwell, notify your coach immediately.*



Site Specific Risk Assessment on Ballincollig RFC on Return to Play

SUBJECT	HAZARDS AND EFFECT	TO WHOM	PRIMARY RISK BASED ON NO CONTROLS			EXISTING CONTROL MEASURES	RESIDUAL RISK			ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED
			SEVERITY	LIKELIHOOD	RISK		SEVERITY	LIKELIHOOD	RISK	
UNIVERSAL RISKS										
Lack of Information	Serious Illness Spread of Virus	M, P, S, V E, T	4	3	12	<ul style="list-style-type: none"> • Provide COVID-19 Induction training to all members before they return to the training • Update all relevant documents and communicate the updated information • Provide Signage in key locations • COVID-19 Compliance officers to check daily updates from the Government • Post all relevant information on to club website • Email all players induction documents prior to training 	4	1	4	<p>Encourage all members to follow news and guidelines provided by HSE www2.hse.ie/coronavirus/</p> <p>Perform regular toolbox talks and circulars to remind members of current protocols, and new updates</p>
Shaking Hands / Physical Greeting	Serious Illness & Spread of Virus	M, P, S, V E, T	4	4	16	<ul style="list-style-type: none"> • Provide COVID-19 Induction training to all members before they return to training. • Develop Behavior change • Signage to be displayed of the spread of the virus • COVID-19 Compliance Officers to monitor and discourage. 	4	3	12	A culture change is needed to discourage hand shaking and other forms of physical greeting. COVID-19 Compliance Officers to be vigilant in monitoring and reminding members

M=members, P=Players V= Visitor S=Spectators E=Employee, T= Tenants

- Pitches to be laid out to allow 2m social distancing

SUBJECT AREA HAZARDS	AND EFFECT		ON NO CONTROLS				NOT ADEQUATELY CONTROLLED			
			SEVERE LIKELIHOOD	LIKE LIKELIHOOD	RISK		SEVERE LIKELIHOOD	LIKE LIKELIHOOD	RISK	
Washing / Cleansing Hands	Serious Illness Spread of Virus	P, S, V, M, E, T	4	2	8	Provide COVID-19 Induction training to all persons before they return to training <ul style="list-style-type: none"> • Signage on hygiene to be displayed at the entrances, and other appropriate locations • Signage to be displayed at sinks indicating correct method on how to wash hands effectively • Hand sanitiser stations to be positioned at entrances and near common touch points 	4	2	8	Regular Toolbox Talks to remind members of good hygiene practices Position Sanitiser units at entrance to Pitches
Docume nt sharing	Spread of Virus	P, S, V, M, E, T, •	4	2	8	<ul style="list-style-type: none"> • Compliance officers to encourage and monitor • Stress the importance on induction training • No paper documents to be handed out or shared with members where practicable • All information to be stored on a share drive. Security protocols to be put in place as required. • All documents to be sent via email or link 	4	1	4	
Travelling to and From Training	Serious Illness & Spread of Virus	P, S, V, M, E, T	4	5	20	<ul style="list-style-type: none"> • Where possible use digital methods to collect and disseminate information and data • Discourage car sharing. Walk or cycle to grounds • Encourage players to travel in their own vehicle or with members of their own household • Encourage players to regularly sanitise their car • Arrive at the club ready to play • Drivers must Drop off and go or wait in their cars • All cars must park with 2m distance between cars 	4	2	8	
Physical Distance	Serious Illness Spread of Virus	M, E, T, P, S, V	4	5	20	<ul style="list-style-type: none"> • Pitches to be laid out to allow 2m social distancing • Rooms to be laid out to allow 2m social distancing, or, where seats are 1m < 2m, screens/solid 	4	3	12	A culture change is needed stopping in passageways to converse or lean in to hear conversations. COVID-19 Compliance Officers to be vigilant in monitoring

SUBJECT AREA	HAZARDS AND EFFECT	TO WHOM	PRIMARY RISK-BASED ON NO CONTROLS			EXISTING CONTROL MEASURES	RESIDUAL RISK			ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED	
			SEVERITY	LIKELIHOOD	RISK		SEVERITY	LIKELIHOOD	RISK		
Unavoidable Close Contact – First Aid						<ul style="list-style-type: none"> Limit number of chairs in a meeting room, or where seats can't be removed, blank off seats less than 2m from each other. Signage to remind members to stay physically distance 					
	Serious Illness	P, S, V First Aiders-	4	5	20	<ul style="list-style-type: none"> Provide COVID-19 Induction training to all members before they return to the club All members to complete health declaration Spectators are not permitted to watch training. Persons must wear appropriate PPE and follow strict hygiene protocols Create an exclusion zone around their activity 	4	3	12	All first responders must keep updated on all Guidelines issued by HSE, PHECC, IHF	
	Shared Touchpoints : Gates, Toilets, Light switches, Door handles, etc.	Spread of Virus Serious Illness	AED Responders, , M, E, T. P, S, V, M, E, T,	4	4	16	<ul style="list-style-type: none"> Direct contact log for each person must be kept Update all First responders on HSE and PHECC Covid first aid guidelines 	4	2	8	Disinfectant and anti-viral fluids to be made readily available to all members to allow them clean down surfaces. Toilets must be sanitised after all training sessions
	Handrails	Serious Illness Spread of Virus	P, S, V	4	4	16	<ul style="list-style-type: none"> Mechanism for leaving doors/gate open to reduce requirement to touch surface should be considered. High touch items to be cleaned after each training session Clubs to ensure handrails are cleaned regularly Hand sanitizer made available to allow persons to sanitise their hands after using handrails 	4	2	8	

SUBJECT AREA	HAZARDS AND EFFECT	TO WHOM	PRIMARY RISK BASED ON NO CONTROLS			EXISTING CONTROL MEASURES	RESIDUAL RISK			ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED
			SEVERITY	LIKELIHOOD	RISK		SEVERITY	LIKELIHOOD	RISK	
Workstations	Spread of Virus	P, S, V, M, E, T,	4	5	20	<ul style="list-style-type: none"> All desks to be disinfected by the user at the end of each use. Desks to be kept clean and tidy Workstations to be arranged to allow a 2m distance between users 	4	2	8	Hot desking is not permitted. Screen to be erected where 2m distance is not possible
Meetings	Serious Illness Spread of Virus	P, S, V, M, E, T.	4	5	20	<ul style="list-style-type: none"> To be done remotely if possible Meeting room to be set up to allow social distancing No physical greeting Meetings to be held outdoors if possible 	4	2	8	
Shared Appliances – Kettle, Coffee-Machines; Water Coolers, Printers	Serious Illness Spread of Virus	P, S, V, M, E, T.	4	5	20	<ul style="list-style-type: none"> All appliances to be disinfected regularly Users to sanitise hands before and after use Disinfectant to be made available Signage to be displayed in relevant areas Only one person allowed to handle Appliances. Taps on water coolers to be cleaned down after each use Sanitise to be available beside watercoolers 	4	2	8	
Water bottles and refill station	Serious Illness Spread of Virus	P, S, V, M, E, T,	4	5	20	<ul style="list-style-type: none"> Members shall not share water bottles or other drinking vessels Water bottles should not be allowed to touch the taps or spouts to avoid contamination. Members advised to clean water bottles regularly Players should bring full water bottles with them to training 	4	2	8	
Cutlery, cups and glass ware	Serious Illness Spread of Virus	P, S, V, M, T, V.	4	3	12	<ul style="list-style-type: none"> Club house and refreshment facilities to remain closed until permitted. Once open, Government and Health Authority advise should be followed. 	4	1	4	Club facilities closed. No club canteen equipment is to be used
Toilets	Serious Illness	P, S, V, M, T, E.	4	5	20	<ul style="list-style-type: none"> Flush handles and sink taps to be cleaned regularly Hot water and soap to be provided 	4	2	8	Persons should avoid taking the sink/urinal beside

SUBJECT AREA	HAZARDS AND EFFECT	TO WHOM	PRIMARY RISK BASED ON NO CONTROLS			EXISTING CONTROL MEASURES	RESIDUAL RISK			ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED
			SEVERITY	LIKELIHOOD	RISK		SEVERITY	LIKELIHOOD	RISK	
	Spread of Virus					<ul style="list-style-type: none"> No towels or hand dryers, disposable tissue only Social distancing should be observed at all times. Limit the number of people permitted in the bathroom at any one time. 				another person if another is available. Toilets in Pavilion can only be used one at a time
Emergency evacuation	Serious Illness Spread of Virus	P, S, V, M, E, T.	4	4	16	<ul style="list-style-type: none"> In case of an Emergency Evacuation normal procedures must be followed Installation of new screens or barriers should not impede the evacuation routes 	4	4	16	In an emergency, the immediate risk to life will override physical distancing protocols.
Travelling by Public Transport	Serious Illness Spread of Virus	P, S, V, M, E, T.	4	5	20	<ul style="list-style-type: none"> Members advised against using public transport to training. Where public transport is the only option for members, then regular talks reminding them of protocols. Persons should be briefed of correct hygiene and protocols when using Public Transport All persons using public transport should wash their hands as soon as they arrive at the club 	4	3	12	Additional car and bicycle parking may be required to facilitate those who can no longer travel by public transport.
Waste Bins	Serious Illness Spread of Virus	M, E, T, P, S, V	4	3	12	<ul style="list-style-type: none"> All rubbish to be disposed of accordingly All bins to be disposed of after every day that the club is in use Appropriate PPE gloves to be used when bringing out the bins 	4	1	4	
Deliveries	Serious Illness Spread of Virus	P, S, T., V, M. E.	4	3	12	<ul style="list-style-type: none"> Deliveries to be scheduled at a specific time Physical distance to be implemented Do not sign for the deliveries but advise them of your name Request invoices and receipts to be sent via email. Paperless to be encouraged 	4	1	4	COVID-19 Compliance officer to keep a log of all deliveries

SUBJECT AREA	HAZARDS AND EFFECT	TO WHOM	PRIMARY RISK BASED ON NO CONTROLS			EXISTING CONTROL MEASURES	RESIDUAL RISK			ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED
			SEVERITY	LIKELIHOOD	RISK		SEVERITY	LIKELIHOOD	RISK	
Car park	Serious Illness Spread of Virus	P, S, V, M, E, T,	3	2	6	<ul style="list-style-type: none"> If Controlled Access present consideration should be made to leaving gates open. Clubs may wish to designate parking spaces to encourage social distancing. Members should be discouraged from lingering in car parks before and after training Members should arrive no more than 5 mins before training 	4	1	4	If Gates are to remain open a method to control unauthorized access is required
Entrances	Spread of Virus	P, S, V, M, E, T.	4	3	12	<ul style="list-style-type: none"> If present, swipe cards to be disinfected regularly, pin pads to be disinfected regularly – consider deactivating locking mechanism while in use. Hand Sanitizer to be available at every entrance to clubhouse and pitches and use of same promoted. Covid-19 officer to ensure these are adequately stocked Signage to be present at entrances advising on physical distancing Installation of guarding or queue management systems where appropriate. Implementation of one-way systems 	4	2	8	Consider “Tap-on” or proximity Cards on electronic doors pads
Visitors	Spread of Virus	P, S, V, M, E, T.	4	3	12	<ul style="list-style-type: none"> Controlled Access of visitors is in place Visitors are allowed access by invitation only and are escorted at all times. Non-Essential visitors to be restricted All visitors must complete a health declaration prior to arriving on site. See Appendix A If feeling unwell, visitors must not come to the club No hand shaking Pre arrival time to be given, visitors cannot show up unannounced 	4	1	4	

SUBJECT AREA	HAZARDS AND EFFECT	TO WHOM	PRIMARY RISK BASED ON NO CONTROLS			EXISTING CONTROL MEASURES	RESIDUAL RISK			ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED
			SEVERITY	LIKELIHOOD	RISK		SEVERITY	LIKELIHOOD	RISK	
Changing rooms / lockers / showers	Serious Illness Spread of Virus	P, S, V, M, E, T.	4	3	12	<ul style="list-style-type: none"> Club houses and changing rooms are to remain closed until permitted to do so. Once in use social distancing guidelines must be followed. Must be disinfected throughout the day Must be kept clean and tidy. Personal belongings to be store correctly. Signage to encourage social distancing Numbers at any time to be limited 	4	1	4	Signs on floor to indicate 2m distance
Refreshment Facilities	Serious Illness Spread of Virus	P, S, V, M, E, T.	4	3	12	<ul style="list-style-type: none"> Clubhouse and refreshment facilities to remain closed until permitted to do so. Once permitted to open current Government and Health Authority guidelines must be followed – this may include requirement for - queue management systems disposable utensils and cups individual condiment packets Table and chairs to cleaned after use Tables and chairs spaced to allow 2m distancing Gloves for staff handling cash Screen between servery/till and customer Appliances disinfected regularly 	4	1	4	This include BBQs and other outdoor catering.
Kitchens	Serious Illness Spread of Virus	P, S, V, M, E, T.	4	3	12	<ul style="list-style-type: none"> Clubhouse and kitchen facilities to remain closed until permitted to do so. Once permitted to open current Government and Health Authority guidelines must be followed. Follow normal HAACP guidelines Clean surfaces and utensils regularly 	4	2	8	Consider Separate utensils and condiments for each prep station.

SUBJECT AREA	HAZARDS AND EFFECT	TO WHOM	PRIMARY RISK BASED ON NO CONTROLS			EXISTING CONTROL MEASURES	RESIDUAL RISK			ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED
			SEVERITY	LIKELIHOOD	RISK		SEVERITY	LIKELIHOOD	RISK	
Bar	Serious Illness Spread of Virus	P, S, V, M, E, T.	4	3	12	<ul style="list-style-type: none"> Clubhouse and bar facilities to remain closed until permitted to do so. Once permitted to open current Government and Health Authority guidelines must be followed. This may include - Removing seating from bar counter Glassware to be carefully washed and collected using gloves All utensils to be regularly cleaned Seating & tables to be spaced to allow 2m separation Install screen at bar. Cashless transactions only 	4	2	8	PPE supplied to bar workers. Sanitiser to be available behind the bar for workers.
Balls and Equipment	Serious Illness Spread of Virus	P, S, V	4	4	16	<ul style="list-style-type: none"> Balls and equipment shall only be used when permitted to do so. Limit the number of persons using the same equipment Clean balls before and after each training session Clean equipment before and after each use Label balls and equipment to assist in identifying same 	4	2	8	