

# BARWELL FOOTBALL CLUB

<b>Assessment date:</b>	<b>Assessment number:</b>	<b>Assessed by:</b>
06/08/2020	04	Peter Fisher

<b>Assessment title and task description:</b>	<b>Barwell FC Physio Room and Keeping safe</b>
<b>Hazards:</b>	<ul style="list-style-type: none"> <li>• Covid-19 Virus transferring from person to person</li> </ul>
<b>Who might be harmed and how:</b>	<ul style="list-style-type: none"> <li>• Barwell Football Club Physio, Barwell Football Club Players</li> <li>• Contracting Covid-19 Virus during completion of tasks</li> </ul>

Level of risk without controls:				
X				
Fatality	Major illness/injury	Serious illness /injury	Significant illness/ injury	Minor illness/injury

Control measures currently in place:
<ul style="list-style-type: none"> <li>• Physio and players to have access to PPE to use for specific tasks when they cannot socially distance 2 meters away.</li> <li>• Physio and Players to wear face mask for duration of time in the physio room. This is due to new guidance to wear masks even if social distancing can be maintained.</li> <li>• Regular hand washing to maintain hand hygiene.</li> <li>• Effective infection control within the physio room regularly wiping down surfaces that may get touched</li> <li>• Waste containing bodily fluids to be disposed of appropriately.</li> <li>• PPE supplies to be adequate</li> <li>• Only one Physio and one player to be in the physio room at one time</li> <li>• Only one physio bed to be in the physio room</li> </ul>

**Information, instruction and training:**

- Barwell Football club to provide regular information issued by the FA, Government and Department of Health.

<b>Monitoring arrangements:</b>	<b>By whom:</b>	<b>Frequency:</b>
Local review of assessment:	Health & Safety Officer	Weekly or more frequently if required
Visual checks to ensure procedure is being followed:	Health & Safety Officer	Weekly or more frequently if required

<b>Additional controls required following local review:</b>	<b>By whom:</b>	<b>Target date:</b>
<ul style="list-style-type: none"> <li>• Ensure adequate stock of PPE for the Committee and access to additional PPE if required</li> </ul>	Chairman/Health & Safety Officer	Ongoing

<b>Level of risk with controls:</b>				
		<b>X</b>		
<b>Very likely</b>	<b>Likely</b>	<b>Feasible</b>	<b>Slightly likely</b>	<b>Very unlikely</b>

<b>Review period:</b>	<b>By whom:</b>	<b>Signature:</b>	<b>Date:</b>
Weekly or more frequently as required	Chairman/Health & Safety Officer		