

BARWELL FOOTBALL CLUB

Assessment date:	Assessment number:	Assessed by:
06/08/2020	07	Peter Fisher

Assessment title and task description:	Barwell FC Officials Changing Room and Keeping safe
Hazards:	<ul style="list-style-type: none"> • Covid-19 Virus transferring from person to person
Who might be harmed and how:	<ul style="list-style-type: none"> • Barwell Committee members, FA Officials • Contracting Covid-19 Virus during completion of tasks

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"> • Committee members, FA Officials to have access to PPE to use for specific tasks when they cannot socially distance 1 meter away. • Regular hand washing to maintain hand hygiene. • Effective infection control within the changing rooms regularly wiping down surfaces that may get touched • Waste containing bodily fluids to be disposed of appropriately. • Staffing levels reviewed to maintain social distancing • PPE supplies to be adequate • Hand sanitizer to be available always • FA Officials to receive their payments electronically • FA Officials where possible to come ready changed • Footballs to be sanitized before given to the FA Officials

Information, instruction and training:

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

Monitoring arrangements:	By whom:	Frequency:
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

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

Level of risk with controls:				
		X		
Very likely	Likely	Feasible	Slightly likely	Very unlikely

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