

RARC Risk Assessment

Anyone assessing risk should be competant to do so. It is the responsibility of anyone assessing risk to ensure that a risk assessment is suitable and sufficent before carrying out an activity.

Any need for additional control measures should allocated an action owner and date for when the control will be implemented.

Scope of risk	Training activities
assessment	
Date	31st July v1.4 (16 th June 2020 v 1.1/1.2) (4 th July 2020 v1.3)
Review Date	Next renewal 21st Aug 2020
Person completing	Annabelle Thorpe Tech IOSH, Health & Safety Consultant
Responsible Manager	John Gavin
	M: 079465 29888
	TOUGH 9 TAG

Brief description of what is intended:

This COVID-19 risk assessment is to primarily put in place actions to minimise the risk of transmission in order to re-start the Blackheath tag rugby league. This usually consists of game play for a 20 min a side game. The number of players on the pitch is normally 12(6-a-side); where possible a structure is being undertaken to ensure that RFU and government guidelines can be met.

Information/ Notes:



The Virus

Covid 19 is a new virus which causes flu-like illness sometimes leading to serious respiratory failure particularly in the elderly or those with underlying health conditions. The main symptoms are a new persistent cough, a high temperature, and loss of smell or taste. Individuals can be infectious before they experience any symptoms (between 3 and 5 days).

The virus is spread primarily in droplets coughed or sneezed from infected individuals which can be inhaled by others in close proximity (less than 2m) or which fall onto surfaces where the virus can be picked up on the hands and infect the individual when they touch their face.

Protocols

It is envisaged that the current UK government restrictions will be released gradually with some restrictions remaining in place until vaccines and treatments are successfully developed. Usual protocols and guidance should be examined in their current ways of working to see if changes can be made to help produce content in the safest way possible until restrictions are lifted fully, and life returns to "normal".

At the moment it is acceptable to spend time outdoors in groups of up to six people from different households, following social distancing guidelines.

When assessing the hazards of covid-19 infection prevention and control, there are 4 key elements to consider:

- 1. Social distancing
- 2. Personal Hygiene
- 3. Cleaning
- 4. Health monitoring

Government Updates SEE LINK https://www.gov.uk/coronavirus



Hazards Identified and Risks Arising Identify and list what hazards could cause significant harm, how and to whom.	Who could be harmed? This includes anybody who may be present and affected by your activity, not only your team (e.g. public, disabled and those who may be more vulnerable to certain hazards)	Risk Assessment & Proposed Precautions Evaluate the risks and decide if existing precautions/controls are sufficient or more needs to be done.
Vulnerable persons Increased risk of contracting infection Two categories	Players / Members / Staff / Visitors (in this context referred to as "individuals")	If any individual has a condition that is listed as moderate risk by the UK government, whilst this may not prevent the player from participating, NCRSports will want to discuss their circumstances to see if more controls are required to protect them. If an individual has a condition that is listed as high risk by the government, they will not be permitted to participate at this time. If an individual lives with someone who has been identified as clinically extremely vulnerable and who may be currently shielding, it is not recommended that those individuals participate at this time.
Breach of Social Distancing due to nature of game (close proximity/ soft contact) Failing to adhere to SD guidelines	Individuals/ public	Wherever possible physical separation of at least 2m will be maintained for players and the ref. Due to the nature of tag rugby(non-contact) however where a "tackle" or "tag" is initiated by pulling off the



Complacency
Person to person transmission

tag at arm's length, there are non-high-risk factors involved.

In this instance players could be as close as 0.5m but with limited face to face moments.

In the case of "Roll the Ball" (face to face) this can occasionally last more than 3 secs and so to mitigate this an amendment to rule will be introduced.

An amendment to the "marker" rule (person who make the tag) is to stand at least 2m away from "Roll the Ball". A penalty will ensue if there is a breach in this new ruling.

Another area which will be addressed, where we can make a reasonable amendment to avoid breaching social distancing, is the situation near the try line if someone is tagged. In normal circumstances "roll the ball" can occur less than 2m from the try line. From now on this will not be the case, a min. of 2m will be a ruling. Again, the ref will position a maker of 2m from the try line to make it clear with lines drawn or cones placed either side of the pitch. A penalty will ensue if there is a breach in this new ruling.



Outside Gameplay: Leagues will be in open outside space only. Individuals are requested to maintain social distancing when socialising during breaks, and, before and after training. A regular reminder for all participants will be #GETIN **#PLAY #GETOUT** Officials are relatively not needed to be at close range during match play, hence they are low risk. However, they will be made aware about keeping at a safe distance to adhere as best to social distancing rules. To further reduce risk going forward there will be NO more >pre-game coin toss. (ref decides) >handshakes or alternatives >spitting (will be an offense) >shorts loan or rental To further reduce risk also there will be a *temperature checker at hand to do a self-temperature check. There will also be a Self-Health Declaration for venues.



		To curb a tendency to gather on the side-line for rolling subs (max. 2) there will be strict instructions to adhere to social distancing. During half time extra special efforts will be made to keep both teams apart. In this instance two camps will be designated on either side of the pitch. The team size on the pitch will be limited to the minimum which allows the activity to take place. In this case, the max on a team is 6 players (not including subs) No tag shorts will be for rental or on loan until further notice.
	The same of the same	Spectating is discouraged at this time.
Poor Hygiene procedures Person to person transmission Contaminated surfaces/equipment transmission	Individuals/ Public	PERSONAL HYGIENE Good personal hygiene is important. Individuals should wash their hand regularly. Due to the absence of hand washing facilities at the training location, all individuals should bring hand sanitiser with them (at least 70% alcohol/ or antimicrobial).
		Follow <u>Catch it, Bin it, Kill it</u> and to avoid touching face, eyes, nose or mouth with unclean hands.



		Gloves are not encouraged. They are essentially a second skin and is not a replacement for good hand hygiene. Gloves will become easily contaminated if touching your face and then potentially contaminated surfaces, and vice versa. Washing your hands is one of the easiest ways to protect yourself and others from illnesses such as food poisoning and flu. HERE IS A USEFUL LINK https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/
		It's important to note that overuse of alcohol based sanitising gels can lead to dry skin.
	TRug b	Emollients are moisturising treatments applied directly to the skin to soothe and hydrate it. They cover the skin with a protective film to trap in moisture. HERE IS A USEFUL LINK https://www.nhs.uk/conditions/emollients/
Poor Cleaning Regimes Contaminated surfaces/equipment transmission	Individuals	Enhanced cleaning procedures will be in place. The bags and equipment i.e. ball, tags will be sanitised before and after each use, by organisers.
		Use of disposable gloves will be used when carrying out cleaning of bag and equipment, ensuring correct and safe removal and disposal. HERE IS A USEFUL LINK https://www.youtube.com/watch?v=1zwmny4vwel



Absence of health monitoring Slow to identify and react Delay with enacting track and trace	Individuals	Self-monitoring can reduce person to person transmission if symptoms are identified without delay. All individuals are required to complete a self (health) declaration form before they are permitted to participate in any match play or session activities. Individuals are expected to monitor their health before and after participating and report if there are any changes which may indicate they have covid-19.
	TIRUS 3. TOUCH & TAK	If an individual believes they have covid-19 and has participated in NCRSports activity within the last 14 days, they must report this without delay to John Gavin. This will enable a track and trace protocol to be enacted (see policy). Note: *Temperature checking is what is referred to as health monitoring, forming part of a collective set of measures designed to more accurately identify if someone has covid-19. A raised temperature (above 37.8c) indicates unwellness, with the possibility of having covid-19.



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Suspected or confirmed case of COVID-19	Individuals	If an individual believes they have covid-19 and has participated in NCRSports activity within the last 14 days, they must report this without delay to John Gavin. This will enable a track and trace protocol to be enacted (see policy).
		If an individual becomes unwell during the training session, And it seems symptoms are concurrent with those of covid-19, they should leave the session without delay, use private transport if possible. They should self-isolate and follow government advice.
Food and Drink Increased risk of breaking social distancing measures Person to person transmission	Individuals/ Public	It's important to keep hydrated when exercising and therefore all individuals are encouraged to bring their own personal water bottles, however, should avoid sharing with others.
	TOUCH & TA	Food should not be shared or left out for communal access. Food items such as snacks should remain wrapped and with personal belongings until being consumed. Wrappings should remain with personal belongings or be disposed of in a closed bin.
Travel to and from training location Increased risk of breaking social distancing measures Person to person transmission	Individuals/ Public	It is an individual's legal and moral responsibility to travel safely, abiding by government guidelines. Therefore, travelling to a training or match play location should be by foot, bike, or private transport.



Use of public transport should be avoided.

Note: from 24th July (in England), <u>you must wear a face</u> <u>covering by law</u> in the following settings:

- public transport
- indoor transport hubs (airports, rail and tram stations and terminals, maritime ports and terminals, bus and coach stations and terminals)
- shops and supermarkets (places which are open to the public and that wholly or mainly offer goods or services for retail sale or hire)
- indoor shopping centres
- banks, building societies, and post offices (including credit unions, short-term loan providers, savings clubs, and money service businesses)

<u>Note:</u> from 15th June wearing of face covering was mandatory when travelling on public transport in England.



Emergency Arrangements e.g. Fire, First Aid

First Aid

General Guidance to be applied by existing first aiders

- 1. Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.
- 2. If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model preserve life, prevent worsening, promote recovery.

Preserve life: CPR

- Call 999 immediately tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation
- If available, use:
 - o a fluid-repellent surgical mask
 - o disposable gloves
 - o eye protection
 - o apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) don't do rescue breaths



Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible

Guidance for resuscitation

Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings. This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting.

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999. Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- 1. Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- 2. Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- 3. If there is a perceived risk of infection, rescuers should attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- 4. Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.



- 5. If the rescuer has access to personal protective equipment (PPE) (e.g. FFP₃ face mask, disposable gloves, eye protection), these should be worn.
- 6. After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Further information, including an instructional video, can be found at https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/

Detail how this risk assessment will be communicated to all relevant parties:

- This is legal document and should be suitable and sufficient for the activities being undertaken.
- Copies of final risk assessment must be communicated and remain accessible to all participating individuals and anyone involved else in the defined scope of activities.
- It is the responsibility of individuals to familiarise themselves with this risk assessment document and adhere to controls measures.

Sign Off			
Name:	Role:	Signature:	7
John Gavin	NCR Sports Organiser	J. Gavin	

Overall Risk Level when all controls are in place: (Please Tick) 🗸			
LOW – Tolerable If the controls are fully implemented, this should reduce the risk from these activities to a low level.	MEDIUM – Further Consideration required (Seek to implement further controls to reduce risk)	HIGH – Not acceptable (Risk level not acceptable, further control required. Do not go ahead without consulting Organiser)	