

Date: August 2020

Assessors Name:	Greg Sambridge	Reference Number:	001		Review Date:	Ongoing – as per government guidance updates		
Endorsed By:	TMFC	Signature:		Position:	Chairman/COV-19 officer	Date:	20 th August 2020	

Description of assessment Coronavirus (COVID-19) Match Days

Location Details Manor Fields Primary School, Grange Paddocks, Herts and Essex Sports Centre

Identified Who may be Hazards affected		Ris	n	el bef neasu S x L =		Mitigation Measures		Final Risk level S x L = R		
		S	L	R	RR		S	L		R
Communication	Players, Coaches and Parents	2	4	8	MEDIUM	 Thorley Manor FC(TMFC) will follow all the guidelines issued by the government, RCYFL and the FA for the return to football. All TMFC Players, coaches, volunteers, Officials will be provided with access and asked to read the FA "code of behaviour". Email will be sent to all giving instructions and information on the Match Day procedure. A copy will be sent to the visiting team and any match officals. All will be reassured and instructed to ensure they wash their hands and comply with the latest social distancing guidelines All visitors are requested to carry out a self assessment with regards to COV19 symptoms and self isolate All players, parents/guardians and team visiting will be recorded for a period of 21 days in line with the governments NHS track and trace project. No indoor training or matches will take place 	1	4	4	Low

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Identified Who may be Hazards affected		Ris	n	el befo neasu S x L =		Additional Control measures required	Final Risk level S x L = R			el
		S	L	R	RR		S	L	R	RR
Spectators	Parents and family members	3	4	12	HIGH	 Supporters will be asked to stand behind the respect barriers and observe the latest social distancing guidelines at all times All match officials, volunteers and players will be asked to sign a track and trace form. This will be kept for the required 21 days 	2	4	8	Medium
First Aid	Players, coaches	2	4	8	Medium	 Medical and PPE provisions is available at the venue of HOME matches to follow the FA PPE level requirements for First Aid 1st Aiders are advised to wash hands after treatment Anyone assisting 1st Aid on the pitch musty have gloves and face mask All equipment used will be disposed of or sanitised 	1	4	4	Low
Travelling, car park and external areas	Everyone	3	4	12	HIGH	All participants will be reminded of the need to comply with the latest GOV legislation for		4	4	Low

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Identified Hazards	Who may be affected	Ris	n	el befo neasu S x L =		Additional Control measures required		Additional Control measures required		Final Risk level S x L = R		el
		S	L	R	RR		S	L	R	RR		
Warm Ups, Breaks, Half times and post match	Players and Coaches	3	4	12	HIGH	 Players will follow the latest social distancing guidelines during any breaks Players will bring their own water bottles, hand sanitiser and sun cream for their training or match session. These are to be used during, before and after any break 	2	4	8	Medium		
Competitive match Play and training	All attending matches and training	3	4	12	HIGH	 TMFC is affiliated to Herts County FA Players and spectators are reminded before any match play of the FA code of behaviour and to follow the latest social distancing guidelines No pre or post-match handshakes All players asked to sanitise hands before match No huddles to take place. Team talks with social distancing enforced is acceptable Subs, coaches and volunteers are allowed on the touch line but must observe the latest social distancing guidelines Set plays not to be delayed and referees to encourage fluid play Goal post to be wiped down when the change of ends occurs or the match finishes Goal celebrations to be at a minimum Footballs only to be handled at throw ins or to place the ball for a set piece. Sanitising of the football should occur as often as possible as well as spare clean footballs to be placed around the pitch to help keep the match flowing GKs to be encouraged to sanitise and wash goals regularly 	2	4	8	Medium		

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Guidance Notes

	4	5 4	8	15	16	25 20			
S	3	3	6	9	12	15			
SEVERITY	2	2	4	6	8	10			
ΓY	1	1	2	3	4	5			
		1	2	3	4	5			
	LIKELIHOOD								

	LIKELIHOOD
5	Almost Certain – Very High Risk
4	Probable – High Risk
3	50/50 - Medium Risk
2	Improbable – Low Risk
1	Almost impossible – Low Risk

	SEVERITY
5	Catastrophic – Very High Risk
4	Major – High Risk
3	Moderate – Medium Risk
2	Minor - Low Risk
1	Insignificant – Low Risk

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1–4 LOW	5–9 MEDIUM	10–15 HIGH	16–25 VERY HIGH
Continue with existing control, however monitor for changes. Implement any additional control measures required, within the timescales given in the risk assessment.	Requires attention to reduce the rating as well as regular ongoing monitoring. Implement any additional control measures required, within the timescales given in the risk assessment.	Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level.	Stop immediately – the risk is too high. Take immediate action to reduce the risk to the lowest level possible.

Additional comments:

- 1. This risk assessment needs to be discussed with coaches before they operate the plant/equipment to ensure compliance with all control measures through their understanding
- 2. Coaches are to sign an acknowledgement sheet for their understanding of this risk assessment
- 3. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss
- 4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document

Assessor 1 name:	Signature:	Date:	
Assessor 2 name:	Signature:	Date:	

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I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level. I fully understand my duties as a coach or volunteer, to follow the control measures in this risk assessment and the method statement.

Volunteers name	Job description	Date	Employee comments/recommendations	Signature

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