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| **ST IVES TOWN FC (COVID -19)** **First Aid Risk Assessment July 18th Up date** |
| **Hazard/****Activity** | **Persons at Risk** | **Risk** | **Control measures in use** | **Residual Risk Rating** **HIGH****MED****LOW** | **Are Existing Controls Adequate?** |
| **Yes** | **No\*** |
| Checking your healthy | Everyone | Tranferenace of Covid 19 | * All players, manager’s and coaches to compete a health self assessment prior to attending training or games.
* The assessment to be sent to the manager via email or handed in as a hard copy
* To be sent to the secretary for further information from track and trace.
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| What to do if someone develops a symptoms consistent with Covid 19 during a match or training session |  |  | * Separate the player immediately from the wider group.
* Determine if the players needs urgent medical attention and if so call for help (may include an ambulance) and manage any medical emergency as set out below, including correct use of Personal Protective Equipment (PPE) – see Table 2.
* If they are a child they should be taken home, or to seek medical attention if required, by a member of their household waiting in the car, and follow government guidance for symptoms of Covid-19.
* If they are an adult: - and symptoms are mild, advise them to return home and follow government guidance for symptoms of Covid-19.
* - if the symptoms are moderate-severe, advise they

do not drive, but get support from a householdmember to return home, they should not be takenhome by someone who is not a member of theirhousehold/social bubble. They should then seekmedical attention as appropriate. Please referto the NHS 111 website for further details onaccessing medical care and when this is advisable.If other players/coaches present have followed the* social-distancing protocols, they need not follow any specific advice unless they develop symptoms. If they develop symptoms they would then need to isolate as per Government guidance.
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| What to do if your are required to come in to close contact with someone as part of your first aid requirments  | Manager/ Coach | Keep safe | * Those who respond because of an emergency arising in front of them (laypeople);
* First responders/aiders with a duty of care (workplace firstaiders and sports coaches) running a training session.
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| Sufficient first aid materials  | Everyone | Ill Health Incidents  | * There are no hazardous or high-risk activities/equipment etc. within the Club that would cause fatal or disabling injuries when used as instructed/appropriately.
* The response time for an ambulance/for persons to reach the hospital is estimated at 10 minutes.
* The Club has a sufficient number of qualified first aiders.
* Regular refresher training is undertaken prior to expiry date to ensure competence/knowledge is up to date.
* First aid kits available.
* First aid provision is checked on a weekly basis by Manager/ Coach/ Designated first aider/ Club Physio and any used stock is replenished.
* A 999 call will be made for any serious injuries that are beyond the capabilities of the trained first aid persons.
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| Dealing with injuries | Managers / Coaches | Ill Health Incidents  | * All staff are aware of how to summon first aid assistance.
* Accident forms are used to record serious incidents.
* There must be no illegal items in the first aid kits i.e. Aspirin, Paracetamol, creams etc.
* Wear PPE fabric masks, medical surgical masks, gloves and aprons . .
* Should first aid equipment be used, safe handling and disposal should prevail. (See Equipment )
* Ensure gloves are disposed of in a waste bag then double bagged, kept for 72 hours and disposed of appropriately.
* Wash hands as per guidance using soap and water and or hand gel

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| If there is a bleeding wound | Everyone | Covid 19 | * Nasal or oral wounds with the potential for spitting, coughing or sneezing would be considered a potential for an aerosol generating procedure and a higher level of PPE is required for any management (not applicable for first aiders).
* If this occurs during training, ensure more than a two-metre distance (current guidance) is maintained from the player by all concerned, and seek urgent medical assistance.
* Where parents or household members are close by they can be allowed to assist, whereby the first responder can advise from a safe distance.
* Postural drainage positions – such as leaning forwards or sidelying with the head facing towards the ground can help drain fluids from the face or nose. This can be considered if injuries allow, whilst awaiting medical help from those in appropriate PPE, or the emergency services. If the player is unconscious then the recovery position can be used.
* Keep other players/parents away from the area. Use a spill kit if available, using the PPE in the kit or PPE provided by your club, and follow the instructions provided. If no spill-kit is available, place paper towels/roll onto the spill, and seek

further advice from emergency services when they arrive.* Head Injuries/cervical injuries/medical emergencies that don’t involve the airway/fractures and muscular injuries Are not considered aerosol generating procedures and can be dealt with as normal by a first aider with appropriate training, wearing the appropriate PPE (disposal gloves, apron and

fluid-resistant face mask)17.* If no first aider is present then the coach can assist from a distance (ideally more than two metres away) until a parent, an household member or the first aider or ambulance arrive (will vary dependent on club EAP)
* Dressings or guaze used for injuries should be disposed of as per guideline double bag and store for 72 hours before dis-garding in normal waste.
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| Dealing with sudden cardiac arrest | Everyone | Covid 19 | * Chest compressions are considered an aerosol

generating procedure17 (AGP), which has a higher risk of Covid-19 transmission, and so for the safety of the responders the following precautions are required:– Before commencing chest compressions a covering should be placed over the player’s face, this canin the form of a hand towel or cloth. This covering should provide sufficient cover to cover the players mouth and nose whilst still permitting breathing to restart following successful resuscitation3.The responder should place their hands together in the centre of the chest and push hard and fast (a rate of 100- 120 compressions per minute, at a depth of 5-6cm of the chest width) providing continuous chest compressions. – Compression-only CPR may be as effective as combined ventilation and compression in the firs few minutes after cardiac arrest12.* All other players and individuals involved in the training session should be asked to vacate the vicinity if they are not involved in the resuscitation.
* If available the first aider/coach should wear appropriatePPE (gloves, apron, fluid-resistant face mask and goggles) and all other helpers advised the same:

– The club EAP should account for this scenario and ensure the availability of appropriate PPE torespond to this situation.* The AED should be applied as soon as it arrives:

– Follow the guidance as advocated by the AED (see Figure 2).* If possible, swap responders providing chest
* compressions as often as required and at least following every AED analysis (or every two minutes in the absence of an AED) to ensure appropriate rate and depth is achieved;
* Once the ambulance service arrives please hand over responsibility to the ambulance service;
* After performing compression-only CPR, all rescuers should wash their hands (and face if no mask or eye protection worn) 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 and their club medical adviser if concerned about Covid-19 symptoms.
* If treatment rooms are used, continue to social distance.
* Do not let player congregate in the treatment area.
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