| **Athlete Details** |  | | |  |  |  | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete Name:** |  | | |  | **Sport:** |  | | | | | | | | | | | | |
|  |  | | |  |  | | | | | | | | | | | | |
|  |  | | | **Discipline:** |  | | | | | | | | | | | | |
|  |  | | |  |  | | | | | | | | | | | | |
| **Training Details** |  | | |  |  | | | | | | | | | | | | |
| **Training Venue:** |  | | |  | **Venue Risk Assessment completed:** | | Yes / No | | **Completed by:** | | |  | | **Date:** | |  | | |
|  |  | | |  |  |  | | | | |  | |  | | | | | |
| **Athlete Readiness to Return** | | | |  |  | | |  | | | |  |  | |  | | |  |
| **Athlete has:** | Opted in / Opted out | | |  | **Covid-19 Screening completed:** | | Yes / No | | **Completed by:** | | |  | | **Date:** | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **Is/has athlete (been) Shielding:** | | Yes / No | |  | **Is athlete in a home with others who are Vulnerable or Extremely Vulnerable?** | | | | | | | | | | Yes / No | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Does athlete require sign off to train by medical professional?** | | | Yes / No |  | **Has the athlete gained medical sign off to train?** | | | | | Yes / No | |  |  | |  | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key:** | **S** | Severity |  | **L** | Likelihood |  | **R** | Risk |  | **RR** | RAG Rating |  | HH |  | H |  | MH |  | M |  | L |  | VL |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Risk level before measures**  **(S x L = R)** | | | | **Existing Control Measures** | **Athlete Health Conditions** | **Athlete Functional Ability** | **Additional Implications** | **Additional Measures** | **To be actioned by** | **By when:** | **Risk level after measures**  **(S x L = R)** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| ***What is the issue relevant to Covid-19 that needs to be considered?*** |  |  |  |  | ***What does WG guidance ask/require?*** | ***Are there any underlying health conditions?*** | ***What is the functional ability of the athlete and what equipment (if any) does the athlete use to increase functional ability?*** | ***What are the implications of the athlete’s functional ability or use of equipment regarding Covid-19*** | ***What additional measures need to be put in to place to reduce the risk to the athlete linked to the Hazard.*** | ***Who will action the interventions?*** | ***For when?*** |  |  |  |  |
| Catching / Spreading Covid-19 | 5 | 3 | 15 |  | * Good hand hygiene * Physical distancing (2m) * Reduce contact with others * Cleaning of surfaces, facility and equipment * Temperature checks * Aware of what to do is symptomatic |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Travelling to training | 4 | 4 | 16 |  | * 5 mile travel radius * Location of training facility to minimise travelling * Advise against public transport |  |  |  |  |  |  |  |  |  |  |
| Lack of Awareness | 5 | 5 | 25 |  | * Frequent communications * Provision of Covid-19 training for athletes & coaches |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Risk level before measures**  **(S x L = R)** | | | | **Existing Control Measures** | **Athlete Health Conditions** | **Athlete Functional Ability** | **Additional Implications** | **Additional Measures** | **To be actioned by** | **By when:** | **Risk level after measures**  **(S x L = R)** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Receiving coaching | 5 | 4 | 20 |  | * Provision of Covid-19 training for athletes & coaches * Using PPE (?) |  |  |  |  |  |  |  |  |  |  |

| **Risk Assessment discussed with athlete:** | | Yes / No | |  | **Athlete made aware of their responsibility?** | | | Yes / No | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  |  | | | | |
|  | | |  |  | **Recommended phase of return to training:** | | Phase 1 / Phase 2 | | | |
|  |  | | |  |  |  | | | | |
| **Risk Assessment Officer:** |  | | |  | **Role:** |  | | | | |
|  |  | | |  |  |  | | | | |
| **Date of Assessment:** |  | | |  | **Date of Review:** |  | | |  |  |