# Club Covid-19 Resource Pack

#saferballer

18th July 2020
Version 2

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# A Phased Return to Basketball

## Non-Contact Basketball Phase

Stay at Home if you Have Symptoms

No Ball, Towel or Water Bottle Sharing

Use Hand Sanitiser Often

No High Fives, No Handshakes, No Contact

Limited Numbers - Individual Skills

## Red Zone - Clubs

Club organised sessions must be:

- Outdoors
- Small groups each with a coach, maximum of 30 people
- Organised in line with our guidance

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# A Phased Return to Basketball

## Non Contact Basketball Phase

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Limited Numbers - Individual Skills

## Amber Zone

In this phase we must stay safe - non contact strength & conditioning alongside individual skills only.

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# NO SHARING!

# KEEP YOUR STUFF IN YOUR OWN BAG

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# SYMPTOMS?

New persistent cough

Temperature

Loss of taste or smell

# PLEASE DO NOT ENTER


# GO HOME & GET ADVICE

www.basketball.wales enquiries@basketball.wales

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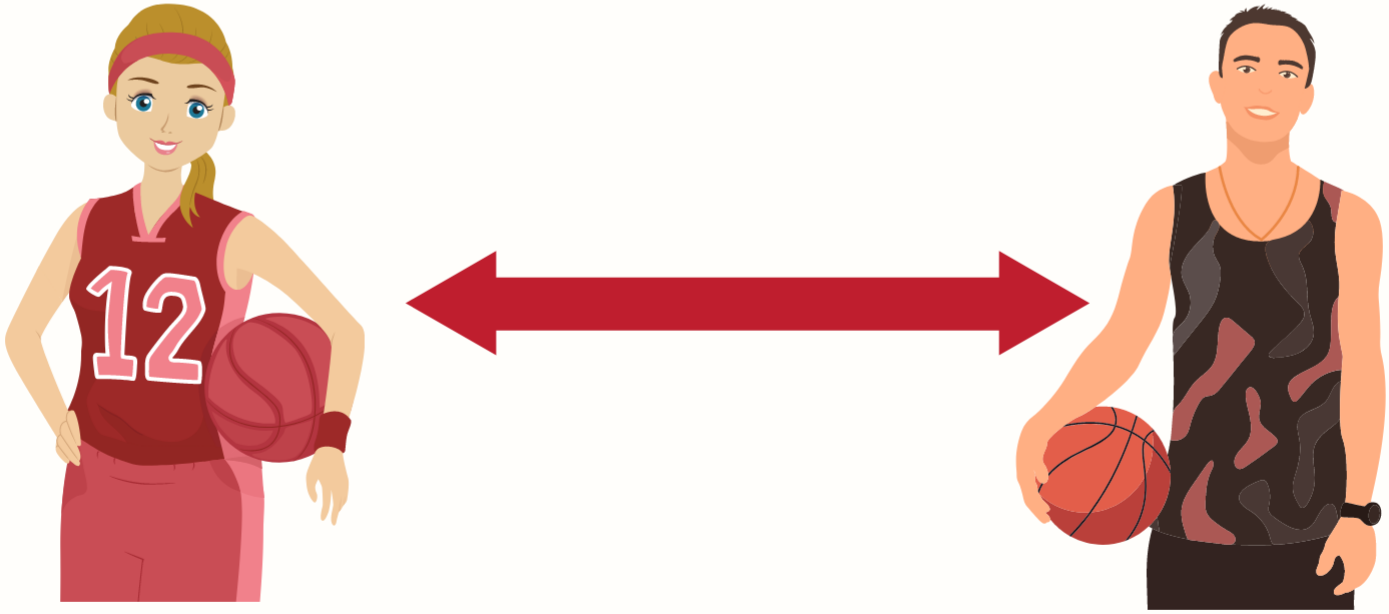
# NO CONTACT!

# HELP KEEP US ALL SAFE




# STAY 2m APART

www.basketball.wales enquiries@basketball.wales

# HEALTH SCREENING CHECK FORM

During this global pandemic there are people that are at a higher risk of contracting Covid-19 than others. If any of the statements below apply to you or a member of your household you need to discuss this with your GP to decide on the approach that suits your specific situation for either yourself or your household.

THIS FORM MUST BE COMPLETED & RETURNED TO YOUR CLUB COVID-19 OFFICER **BEFORE** YOU RETURN TO BASKETBALL.

| | |
|---|---|
| Club Member's Name | |
| Club Member's or Parents Phone Number | |

Please read the statements below for **YOU** & your **HOUSEHOLD**

People who have received an organ transplant & remain on immunosuppression medication

People with cancer who are undergoing active chemotherapy or radiotherapy

People cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment

People with severe chest conditions including cystic fibrosis, severe asthma which require hospital admissions or courses of steroid medication

People with severe diseases of body systems such as severe kidney disease requiring dialysis

People who are Pregnant

People who are over 70 regardless of medical conditions

People who have one or more of the underlying health conditions listed below (e.g. anyone instructed to get a flu jab as an adult each year on medical grounds

- Chronic (long-term) respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD) emphysema or bronchitis
- Chronic heart disease such as heart failure
- Chronic kidney disease
- Chronic liver disease such as hepatitis
- Chronic neurological conditions such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- Diabetes
- Problems with your spleen such as sickle cell anaemia or if you have had your spleen removed
- A weakened immune system as a result of conditions such as HIV & AIDS, medicines such as steroid therapy or chemotherapy

Being seriously overweight (a body mass index (BMI) of 40 or above)

I confirm that none of the above statements apply to me or a member of my household

| | |
|---|---|
| Member Name | |
| Member/Parent Signature | |
| Date: | |

Please return this form to email:

# BASKETBALL SESSION LOG

| | |
|---|---|
| Club Name: | Session Venue: |
| Session Date: | Session Times: |
| Coach Name: | Coach Name: |
| Volunteer Name: | Volunteer Name: |

Before entry is given to players, coaches, volunteers or support staff the following Self Declaration must be made:-

1) I have not been in contact with anyone with or suspected of having Covid-19 in the last 48 hours.
2) No-one in my household had Covid-19 symptoms in the last 2 weeks.
3) I have not been advised to self-isolate due to an infection within another setting such as school or work.
4) I do not have a new persistent cough.
5) I do not have a temperature.
6) I do not have any loss of taste or smell.

Any person NOT able to make this Self Declaration should be sent home.

| **Participants Name** | **Participants Emergency Contact Name** | **Participants Emergency Contact Mobile Number** |
|---|---|---|
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| | |
|---|---|
| Name of person completing this Session Log: | |
| Signature of person completing this Session Log: | |
| Please return this form to the Club Covid-19 Officer: | |
| This document is Confidential & subject to GDPR Regulations. | |

# BASKETBALL COVID SAFE CHECKLIST

| | |
|---|---|
| Club Name: | Session Venue: |
| Session Date: | Session Time: |
| Coach Name: | Covid-19 Officer Name: |

Use this form to help log the actions taken to minimise the risk of contracting Covid-19.

| **Area** | **Yes** | **No** |
|---|---|---|
| Posters displayed in key locations | | |
| Hand sanitisation station set up | | |
| Equipment for the session assembled | | |
| Session Record Log ready to complete | | |
| PPE available for coaches & volunteers | | |
| Cleaning & sanitisation station set up including a spills kit | | |
| Mark any areas of social distancing e.g. entry, exit & personal belongings | | |
| Health Information for participants available for coaches – in particular impairments such as sight or hearing loss & learning disabilities which may affect the persons ability to communication or follow instructions. | | |
| Area's of the court/space marked to identify clear boundaries if required | | |
| Designate area's for storing belongings, hand sanitisation etc. | | |
| **Other** | | |
| | | |
| | | |
| | | |
| | | |

Session Notes including details of cleaning carried out:

| | |
|---|---|
| Name of person completing this Session Log: | |
| Signature of person completing this Session Log: | |
| Please return this form to the Club Covid-19 Officer: | |
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# Self Declaration Statement

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3) I have not been advised to self-isolate due to an infection within another setting such as school or work
4) I do not have a new persistent cough.
5) I do not have a high temperature.
6) I do not have any loss of taste or smell.

Any person NOT able to agree with this statement will be sent home & given advice on next steps.