**Fife Athletic Club Risk Assessment: Athletics Group**

| **Date:**  | **Assessed by:**  | **Location :** | **Review :** |
| --- | --- | --- | --- |
|  / /20 | <Insert Name> | <Insert location> | < Review Date> |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **What has the potential to cause harm (hazards)?** | **Who might be harmed and how?** | **What are you already doing to minimise the risk?** | **Risk Rating** | **What else can you do to control this risk?** | **Resultant Risk Rating** | **Action by whom** | **Target date** | **Complete** |
| ***Ensuring all******training groups******meet the******guidelines for******group sizes and******social distancing******measures*** | ***Personnel coming into******contact with others in******excess of guidelines*** | Athletes, Coaches | *Ensure a list of all proposed training groups is compiled and checked prior torecommencing training.* | M | * Ensure this list is kept ‘live’ any

movement of athletes in groups isrecorded and updated.* Use an online attendance record to ensure guidelines are met.
 | L | Lead Coach |  |  |
| ***Preparation of traffic at the facility*** | ***Personnel coming into******contact with other******facility users not in******their training bubble*** | *Athletes, coaches, parents* | * *Prepare guidelines, diagrams and*

*timetables if applicable for users arriving, meeting.** *Distribute to all coaches, athletes, and parents prior to training recommencing.*
 | *M* |  | *L* | *Lead Coach* |  |  |
| ***Preperation of all******equipment*** | ***Equipment has not******been used for some******time*** | Athletes/coaches | Check all equipment is in good use. | L | Ensure any faulty equipment isRemoved. | L | Coaches | Every Session |  |
| ***Using all******equipment*** | ***Cross contamination*** | Athletes/coaches | * After use, the equipment will be cleaned with anti- bacterial spray or anti- bacterial wipes
 | L | Where possible, athletes will use their own equipmentAthletes will use hand-sanitiserafter handling equipment | L | Coaches/Athletes | Every Session |  |
| ***Ensure allattendance isrecorded for Track& Trace purposes*** | ***Spread of Covid-19*** | Athletes/coaches/volunteer/parents | * After each session and attendance record is submitted provided the following information:
* Date and time of session – Location, Name of coach, Names of athletes
 | L | This is required for all sessions.  | L | Lead Coach | After every session |  |