

COVID-19 SPECIFIC CONSIDERATIONS FOR A SAFEGUARDING RISK ASSESSMENT (CONTINUED)

HEALTH CHECKS, INJURIES AND ILLNESS

Please refer to medical training and check if a current Medical Emergency Action Plan (MEAP) has been written for the event or venue. See also The FA First Aid Guidance.

If there is a first aider or other medical personnel present, they should be equipped with the appropriate Personal Protective Equipment (PPE) before treating anyone to protect themselves and others should they need to compromise social distancing guidelines to provide medical assistance during training or matches. They should have updated themselves on any changes in first aid procedure that will be required as a result of the pandemic. This should be obtained from their training organisation or from Resuscitation Council guidance.

1. HEALTH CHECKS AND INSURANCE

Before travelling to the session

Clubs should request that each participant undertakes the following self-screen check list before travelling to a training session or other football activity. If they answer 'yes' to any one of them they should not travel to the training session and follow all applicable Government Guidance (e.g. call NHS 111). It is important to remember some people can pass on the virus before they develop symptoms, or never have symptoms despite being infectious. Despite everyone's best efforts, these cannot be screened out of training.

Each participant should self-screen prior to arrival at training to ensure they do not have any of the following symptoms (confirmed by a parent for those under age 18), as these are potential indicators of Covid-19 infection.	Check negative	Check positive
A high temperature (above 37.8°C) <ul style="list-style-type: none"> Some clubs may include on-site temperature checking of participants as part of their SOP, this is more relevant to clubs who employ medical staff. 	<input type="checkbox"/>	<input type="checkbox"/>
A new continuous cough.	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath.	<input type="checkbox"/>	<input type="checkbox"/>
A sore throat.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of or change in normal sense of taste or smell.	<input type="checkbox"/>	<input type="checkbox"/>
Feeling generally unwell.	<input type="checkbox"/>	<input type="checkbox"/>
Been in close contact with/living with a suspected or confirmed case of COVID-19 in the previous two weeks.	<input type="checkbox"/>	<input type="checkbox"/>