

## *Appendix A*

### *Pre-Return to Rugby Personal Assessment Declaration Form.*

*Changed to Pre-Rugby Personal  
Assessment Form*

The updated version is available at <https://bit.ly/IRFU-PADF>

Changes include:

1. Change of form name to "Pre-Rugby Personal Assessment Form"
2. Reformatting of questions
3. Addition of symptoms to Question 5
4. Overseas travel no longer precludes all participation
5. Update to declaration

The form can also be recreated using paperless form tools (e.g. Google Forms, Microsoft Forms) once GDPR guidelines are adhered to. For anyone using Microsoft Forms, a template is available at <https://bit.ly/IRFU-MS-PADF>.

This form will also be available via Rugby Connect.

# Appendix B

## RISK ASSESSMENT

| SUBJECT AREA                             | HAZARDS AND EFFECT                | TO WHOM | PRIMARY RISK BASED ON NO CONTROLS |            |           | EXISTING CONTROL MEASURES  | RESIDUAL RISK |            |           | ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED  |
|--|-----------------------------------|---------|-----------------------------------|------------|-----------|--|---------------|------------|-----------|--|
|  |                                   |         | SEVERITY                          | LIKELIHOOD | RISK      |  | SEVERITY      | LIKELIHOOD | RISK      |  |
| <b>UNIVERSAL RISKS</b>                   |                                   |         |                                   |            |           |  |               |            |           |  |
| <b>Lack of Information</b>               | Serious Illness Spread of Virus   | P, S, V | 4                                 | 3          | <b>12</b> | Provide COVID-19 Induction training to all members before they return to the training<br>Update all relevant documents and communicate the updated information<br>Provide Signage in key locations<br>COVID-19 Compliance officers to check daily updates from the Government.<br>IRFU return to Rugby guidelines for clubs updated (17 <sup>th</sup> July 2020).<br>16 Principles in assessing contact of risk of rugby during the COVID 19 Pandemic. | 4             | 1          | <b>4</b>  | Encourage all members to follow news and guidelines provided by HSE<br><a href="http://www2.hse.ie/coronavirus/">www2.hse.ie/coronavirus/</a><br><br>Perform regular toolbox talks and circulars to remind members of current protocols, and new updates |
| <b>Shaking Hands / Physical Greeting</b> | Serious Illness & Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Provide COVID-19 Induction training to all members before they return to training<br>Signage to be displayed of the spread of the virus<br>COVID-19 Compliance Officers to monitor and discourage.<br>Shaking hands and physical greetings are not to be used at any stage.  | 4             | 3          | <b>12</b> | A culture change is needed to discourage hand shaking and other forms of physical greeting. COVID-19 Compliance Officers to be vigilant in monitoring and reminding members  |

| SUBJECT AREA                           | HAZARDS AND EFFECT                   | TO WHOM | PRIMARY RISK BASED ON NO CONTROLS |            |           | EXISTING CONTROL MEASURES   | RESIDUAL RISK |            |          | ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED  |
|--|--------------------------------------|---------|-----------------------------------|------------|-----------|---|---------------|------------|----------|--|
|  |                                      |         | SEVERITY                          | LIKELIHOOD | RISK      |   | SEVERITY      | LIKELIHOOD | RISK     |  |
| <b>Washing / Cleansing Hands</b>       | Serious Illness<br>Spread of Virus   | P, S, V | 4                                 | 4          | <b>16</b> | Provide COVID-19 Induction training to all persons before they return to training<br>Signage on hygiene to be displayed at the entrances, and other appropriate locations<br>Signage to be displayed at sinks indicating correct method on how to wash hands effectively<br>Hand sanitiser stations to be positioned at entrances and near common touch points  | 4             | 2          | <b>8</b> | Regular Briefings to all to remind members of good hygiene practices   |
| <b>Document sharing</b>                | Spread of Virus                      | P, S, V | 4                                 | 4          | <b>16</b> | No paper documents to be handed out or shared with members where practicable<br>All information to be stored on a share drive. Security protocols to be put in place as required.<br>All documents to be sent via email or link   | 4             | 2          | <b>8</b> |  |
| <b>Travelling to and From Training</b> | Serious Illness &<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Discourage car sharing<br>Encourage players to travel in their own vehicle or with members of their own household<br>Encourage players to regularly sanitise their car<br>Arrive at the club ready to play/train<br>Drivers must Drop off and go or wait in their cars  | 4             | 2          | <b>8</b> |  |
| <b>Physical Distance</b>               | Serious Illness<br>Spread of Virus   | P, S, V | 4                                 | 4          | <b>16</b> | Pitches to be laid out to allow 2m social distancing<br>Rooms to be laid out to allow 2m social distancing, or, where seats are 1m<2m, screens/solid guarding to be provided between members<br>Limit the number of players at training sessions<br>Training rota to be created to reduce number of persons at any one time<br>Limit number of chairs in a meeting room, or where seats cannot be removed, blank off seats less than 2m from each other.<br>Signage to remind members to stay physically distance | 4             | 2          | <b>8</b> | A culture change is needed to discourage people from stopping in passageways to converse or lean in to hear conversations. COVID-19 Compliance Officers to be vigilant in monitoring and reminding members |

| SUBJECT AREA  | HAZARDS AND EFFECT                 | TO WHOM | PRIMARY RISK BASED ON NO CONTROLS |            |           | EXISTING CONTROL MEASURES  | RESIDUAL RISK |            |           | ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED                                     |
|---|------------------------------------|---------|-----------------------------------|------------|-----------|--|---------------|------------|-----------|---|
|   |                                    |         | SEVERITY                          | LIKELIHOOD | RISK      |  | SEVERITY      | LIKELIHOOD | RISK      |   |
|   |                                    |         |                                   |            |           | Provide COVID-19 Induction training to all members before they return to the club<br>All members to complete health declaration<br>Spectators are not permitted to watch training.   |               |            |           |   |
| <b>Unavoidable Close Contact – First Aid</b>                                  | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 5          | <b>20</b> | Persons must wear appropriate PPE and follow strict hygiene protocols<br>Create an exclusion zone around their activity<br>Direct contact log for each person must be kept   | 5             | 3          | <b>15</b> |   |
| <b>Shared Touchpoints: Gates, Toilets, Light switches, Door handles, etc.</b> | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | All hard surfaces, light switches and door handles are to be disinfected on a regular basis, at least twice per day when club facilities are in use.<br>Hand sanitizer to be available at entrances and key locations of shared touchpoints (e.g. pitches, toilets, gates, sign-in areas, etc.)<br>Loose material/items to be tidied away on desks<br>Mechanism for leaving doors/gate open to reduce requirement to touch surface should be considered.<br>High touch items to be cleaned after each training session | 4             | 2          | <b>8</b>  | Disinfectant to be made readily available to all members to allow them to clean down surfaces |
| <b>Handrails</b>  | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Clubs to ensure handrails are cleaned regularly<br>Hand sanitizer made available to allow persons to sanitise their hands after using handrails  | 4             | 2          | <b>8</b>  |   |
| <b>Meetings</b>   | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | To be done remotely if possible<br>Meeting room to be set up to allow social distancing<br>No physical greeting  | 4             | 2          | <b>8</b>  |   |
| <b>Shared Appliances – Kettle, Coffee-</b>                                    | Serious Illness                    | P, S, V | 4                                 | 4          | <b>16</b> | All appliances to be disinfected regularly<br>Users to sanitise hands before and after use<br>Disinfectant to be made available  | 4             | 2          | <b>8</b>  |   |

| SUBJECT AREA                            | HAZARDS AND EFFECT                 | TO WHOM | PRIMARY RISK BASED ON NO CONTROLS |            |           | EXISTING CONTROL MEASURES  | RESIDUAL RISK |            |           | ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED  |
|---|------------------------------------|---------|-----------------------------------|------------|-----------|--|---------------|------------|-----------|--|
|   |                                    |         | SEVERITY                          | LIKELIHOOD | RISK      |  | SEVERITY      | LIKELIHOOD | RISK      |  |
| <b>Machines; cookers, microwaves</b>    | Spread of Virus                    |         |                                   |            |           | Signage to be displayed in relevant areas  |               |            |           |  |
| <b>Water bottles and refill station</b> | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Members shall not share water bottles or other drinking vessels<br>Water bottles should not be allowed to touch the taps or spouts to avoid contamination.<br>Members advised to clean water bottles regularly   | 4             | 2          | <b>8</b>  |  |
| <b>Cutlery, cups, and glass ware</b>    | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Club house and refreshment facilities to remain closed until permitted.<br>Once open, Government and Health Authority advise should be followed.   | 4             | 2          | <b>8</b>  |  |
| <b>Toilets</b>                          | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Flush handles and sink taps to be cleaned regularly<br>Hot water and soap to be provided<br>No towels or hand dryers, disposable tissue only<br>Social distancing should be observed at all times.<br>Limit the number of people permitted in the bathroom at any one time.<br>Ensure that bathrooms that may cause congestion in entryways are closed | 4             | 2          | <b>8</b>  | Persons should avoid taking the sink/urinal beside another person if another is available                            |
| <b>Emergency evacuation</b>             | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | In case of an Emergency Evacuation normal procedures must be followed<br>Installation of new screens or barriers should not impede the evacuation routes   | 4             | 4          | <b>16</b> | In an emergency, the immediate risk to life will override physical distancing protocols.                             |
| <b>Travelling by Public Transport</b>   | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Members advised against using public transport to training.<br>Where public transport is the only option for members, then regular talks reminding them of protocols.  | 4             | 2          | <b>8</b>  | Additional car and bicycle parking may be required to facilitate those who can no longer travel by public transport. |

| SUBJECT AREA      | HAZARDS AND EFFECT                 | TO WHOM | PRIMARY RISK BASED ON NO CONTROLS |            |           | EXISTING CONTROL MEASURES  | RESIDUAL RISK |            |          | ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED |
|-------------------|------------------------------------|---------|-----------------------------------|------------|-----------|--|---------------|------------|----------|---|
|                   |                                    |         | SEVERITY                          | LIKELIHOOD | RISK      |  | SEVERITY      | LIKELIHOOD | RISK     |   |
|                   |                                    |         |                                   |            |           | Persons should be briefed of correct hygiene and protocols when using Public Transport<br>All persons using public transport should wash their hands as soon as they arrive at the club  |               |            |          |   |
| <b>Waste Bins</b> | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | All rubbish to be disposed of accordingly<br>All bins to be disposed of after every day that the club is in use<br>Appropriate PPE gloves to be used when bringing out the bins  | 4             | 2          | <b>8</b> |   |
| <b>Car park</b>   | Serious Illness<br>Spread of Virus | P, S, V | 3                                 | 2          | <b>6</b>  | Gates will be left open by the caretaker and closed by the caretaker when training is finished, and the facility is empty.<br>Appropriate amount of parking facilities within the compound.<br>Members should be discouraged from lingering in carparks before and after training<br>Members should arrive 5 mins before training                    | 4             | 1          | <b>4</b> |   |
| <b>Entrances</b>  | Spread of Virus                    | P, S, V | 4                                 | 4          | <b>16</b> | Hand Sanitizer to be available at every entrance to clubhouse and pitches and use of same promoted.<br>Covid-19 officer to ensure these are adequately stocked<br>Signage to be present at entrances advising on physical distancing<br>Installation of guarding or queue management systems where appropriate.<br>Implementation of one-way systems | 4             | 2          | <b>8</b> |   |
| <b>Visitors</b>   | Spread of Virus                    | P, S, V | 4                                 | 4          | <b>16</b> | Controlled Access of visitors is in place<br>Visitors are allowed access by invitation only and are always escorted .<br>Non-Essential visitors to be restricted<br>All visitors must complete a health declaration prior to arriving on site.   | 4             | 2          | <b>8</b> |   |

| SUBJECT AREA                              | HAZARDS AND EFFECT                 | TO WHOM | PRIMARY RISK BASED ON NO CONTROLS |            |           | EXISTING CONTROL MEASURES  | RESIDUAL RISK |            |          | ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED        |
|---|------------------------------------|---------|-----------------------------------|------------|-----------|--|---------------|------------|----------|--|
|   |                                    |         | SEVERITY                          | LIKELIHOOD | RISK      |  | SEVERITY      | LIKELIHOOD | RISK     |  |
|   |                                    |         |                                   |            |           | If feeling unwell, visitors must not come to the club<br>No hand shaking<br>Pre arrival time to be given, visitors cannot show up unannounced<br>Visitors time to be kept as short as possible   |               |            |          |  |
| <b>Changing rooms / lockers / showers</b> | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Club houses and changing rooms are to remain closed until permitted to do so.<br>Once in use social distancing guidelines must be followed.<br>Must be disinfected throughout the day<br>Must be kept clean and tidy. Personal belongings to be store correctly.<br>Signage to encourage social distancing<br>numbers at anyone time to be limited   | 4             | 2          | <b>8</b> |  |
| <b>Refreshment Facilities</b>             | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Clubhouse and refreshment facilities to remain closed until permitted to do so.<br>Once permitted to open current Government and Health Authority guidelines must be followed – this may include requirement for -<br>queue management systems<br>disposable utensils and cups<br>individual condiment packets<br>Table and chairs to cleaned after use<br>Tables and chairs spaced to allow 2m distancing<br>Gloves for staff handling cash<br>Screen between servery/till and customer<br>Appliances disinfected regularly | 4             | 2          | <b>8</b> | This include BBQs and other outdoor catering.                    |
| <b>Kitchens</b>                           | Serious Illness<br>Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Clubhouse and kitchen facilities to remain closed until permitted to do so.<br>Once permitted to open current Government and Health Authority guidelines must be followed.<br>Follow normal HACCP guidelines   | 4             | 2          | <b>8</b> | Consider Separate utensils and condiments for each prep station. |



| SUBJECT AREA               | HAZARDS AND EFFECT              | TO WHOM | PRIMARY RISK BASED ON NO CONTROLS |            |           | EXISTING CONTROL MEASURES  | RESIDUAL RISK |            |          | ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED |
|----------------------------|---------------------------------|---------|-----------------------------------|------------|-----------|--|---------------|------------|----------|---|
|                            |                                 |         | SEVERITY                          | LIKELIHOOD | RISK      |  | SEVERITY      | LIKELIHOOD | RISK     |   |
|                            |                                 |         |                                   |            |           | Clean surfaces and utensils regularly  |               |            |          |   |
| <b>Bar</b>                 | Serious Illness Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Clubhouse and bar facilities to remain closed until permitted to do so.<br>Once permitted to open current Government and Health Authority guidelines must be followed. This may include -<br>- Removing seating from bar counter<br>Glassware to be carefully washed and collected using gloves<br>All utensils to be regularly cleaned<br>Seating & tables to be spaced to allow 2m separation                                      | 4             | 2          | <b>8</b> |   |
| <b>Balls and Equipment</b> | Serious Illness Spread of Virus | P, S, V | 4                                 | 4          | <b>16</b> | Balls and equipment shall only be used when permitted to do so.<br>Each group has designated equipment (Juniors/ Seniors)<br>Limit the number of persons using the same equipment<br>Clean balls before and after each training session<br>Clean equipment before and after each use<br>Label balls and equipment to assist in identifying same.<br>Tackle bags to be cleaned with warm soapy water and sterile spray or wipes.      | 4             | 2          | <b>8</b> |   |
| <b>Use of Gym</b>          | Serious Illness Spread of Virus | P,S,V   | 4                                 | 4          | <b>16</b> | Max groups of 6 persons are allowed use the gym at any one time. This figure must include CV 19 Officer.<br>Gym sessions are pre-booked with gym co-ordinator.<br>Paperwork with names of contact tracing are complete and issued. No sharing of pens etc.<br>All equipment is cleaned down thoroughly Pre and Post use.<br>Face masks must be worn.<br>Adhere to HSE guidelines at all times.<br>Please adhere to COVID 19 signage. | 4             | 2          | <b>8</b> |   |

| SUBJECT AREA  | HAZARDS AND EFFECT              | TO WHOM | PRIMARY RISK BASED ON NO CONTROLS |            |           | EXISTING CONTROL MEASURES  | RESIDUAL RISK |            |          | ACTION REQUIRED WHERE RISKS ARE NOT ADEQUATELY CONTROLLED |
|---|---------------------------------|---------|-----------------------------------|------------|-----------|--|---------------|------------|----------|---|
|   |                                 |         | SEVERITY                          | LIKELIHOOD | RISK      |  | SEVERITY      | LIKELIHOOD | RISK     |   |
|   |                                 |         |                                   |            |           | Gym use will be monitored, failure to comply with HSE and club protocols will result in gym ban and potentially gym closure.<br>The sharing of water bottles and towels etc is prohibited. Personnel arriving to us the gym must “be gym ready” no changing facilities available in the club house.<br>Ventilation should be open to provide fresh stairs. |               |            |          |   |
| <b>Managing a suspected COVID 19 case (While at a rugby event, Following a rugby event)</b> | Serious Illness Spread of Virus | P,S,V   | 4                                 | 4          | <b>16</b> | Adhere to HSE and Government guidelines at all times. IRFU published document (23 <sup>rd</sup> July 2020) <a href="#">16 Principles in assessing contact risk of rugby during the COVID 19 Pandemic. See Appendix H.</a><br>Ensure COVID 19 Compliance Officer and Club Committee (confidentiality required) are informed of possible cases.              | 4             | 2          | <b>8</b> |   |

# Appendix C

## Key Personnel & Information



### Committee

|                 |                                      |                          |             |
|-----------------|--------------------------------------|--------------------------|-------------|
| John McKeivitt  | President                            | Mckeivitt.j@gmail.com    | 087 2499103 |
| Darren Crilly   | Chairperson                          | darrencrilly@gmail.com   | 087 4120736 |
| Alan Byrne      | Honorary Treasurer                   | abyrne@marshmackey.com   | 046 9023835 |
| Kathy Cranny    | Honorary Secretary                   | kathycranny@gmail.com    | 087 9158847 |
| Mary Murdock    | PRO, Media & Communications Director | Marymurdock199@yahoo.com | 087 3833558 |
| Maurice Murphy  | House & Grounds                      | Murphyma55@gmail.com     | 087 2686476 |
| Adrian Corcoran |                                      | Adrian.corcoran@walls.ie | 086 8361796 |
| Derek Williams  |                                      | trevwilliams@live.ie     | 087 8153650 |
| Denis Cahalane  |                                      | Denis.cahalane@yahoo.com | 086 2361913 |
| John Hennessey  |                                      | John@jhennessey.ie       |             |

## KEY PERSONNEL

|   |                                 |
|---|---------------------------------|
| <b>CLUB RUGBY DIRECTOR</b>                      | Adam Doyle                      |
| <b>CLUB SECRETARY</b>                           | Kathy Cranny                    |
| <b>CLUB HOUSE MANAGER</b>                       | Tommy Campbell                  |
| <b>PRESIDENT AND HOUSE &amp; GROUND MANAGER</b> | John McKeivitt Maurice Murphy   |
| <b>CLUB SAFETY OFFICER</b>                      | Adrian Corcoran                 |
| <b>COVID-19 CLUB SAFETY OFFICER</b>             | Adrian Corcoran                 |
| <b>COVID-19 CLUB COMPLIANCE OFFICERS:</b>       | Adam Doyle                      |
|   | Ciaran McCabe                   |
|   | Niall Foley                     |
|   | M Galbraith                     |
|   | Tony O Connell                  |
|   | Gerry O Hara                    |
|   | Paul Dorian                     |
|   | John McDonnell                  |
|   | Donal Corcoran                  |
|   | John Prendergast                |
|   | Shane O Reilly                  |
|   | Sam Mulligan<br>Robin Magee     |
|   | Mickey Meegan<br>Declan Mc Cabe |

### PARTICULARS OF THE PREMISES

AVERAGE NUMBER OF PEOPLE IN THE PREMISES BY DAY:

5

AVERAGE NUMBER OF PEOPLE IN THE PREMISES BY NIGHT:

15

### LOCATION OF ISOLATION ROOM

ISOLATION ROOM 1:

Old Clubhouse First Aid Treatment room

ISOLATION ROOM 2:

New Changing Rooms Referees Room

### CLEANING PERSONNEL DETAILS

NAME:

Tommy Campbell

TELEPHONE

0429337882 087 636 2778

EMAIL

tommycampbellrfc@gmail.com

CONTACT NAME:

Tommy Campbell

CONTACT DETAILS:

0876362778

### IN HOUSE CLEANING

CONTACT NAME:

Tommy Campbell

### EMERGENCY CONTACTS

AMBULANCE SERVICES

999 / 112

HSE MEDICAL OFFICER OF HEALTH

Mary Murdock 0873833558

## *Appendix D*

### *Visitor Declaration*

Requirement

Visitor Declarations will be completed for contractors and suppliers etc. who may be required to visit the club.

## VISITOR HEALTH DECLARATION

|   | QUESTION  | YES                      | NO                       |
|---|---|--------------------------|--------------------------|
| 1 | Have you been in close contact (<2m for 15minutes or more) with anyone who is confirmed to COVID-19 virus in the last 14 days?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Have you been in close contact (<2m for 15minutes or more) with anyone who is suspected of having COVID-19 virus in the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Have you been advised by a doctor to self-isolate at this time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Are you suffering now, or have you suffered any the following symptoms in the past 14 days?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | A Cough?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | B Breathing difficulties?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | C Fever/ High temperature?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | D Sore Throat   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | E Runny Nose  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | F Flu Like Symptoms   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | G Rash  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | H Loss of Smell/Taste   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Have you been advised by a doctor to cocoon at this time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Have you returned to Ireland from another country within the last 14 days?  | <input type="checkbox"/> | <input type="checkbox"/> |

If "YES", where?

I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising the person I am meeting and excluding myself if this situation changes, (i.e. if a point in the future, I would answer " YES" to any of the above questions).

**NAME:**

**SIGNATURE:**

**DATE:**

**VISITING:**

## Appendix E

# Action/Check Lists for COVID-19 CLUB Compliance Officers

### **Requirement**

*Action/Check lists should be completed at regular intervals –*

- *Before/After Each Training Session*
- *Daily*
- *Weekly*
- *Monthly*

*Included below are sample checklists which should be used or altered as necessary.*



## DAILY CHECKLIST

|                                  |  |              |  |
|----------------------------------|--|--------------|--|
| <b>TRAINING/ACTIVITY SESSION</b> |  | <b>DATE:</b> |  |
| <b>RESPONSIBLE PERSON</b>        |  | <b>TIME:</b> |  |

|               |  | MONDAY                   |                          | TUESDAY                  |                          | WEDNESDAY                |                          | THURSDAY                 |                          | FRIDAY                   |                          | SATURDAY                 |                          | SUNDAY                   |                          |
|---------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| HYGIENE       |  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
| 1             | Hand Sanitizers available at key areas                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2             | Soap is available at all hand washing facilities                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3             | Waste Bins in place  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4             | High Touch Facilities disinfected before and after training                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5             | Disinfectant available for all players to clean down surfaces as required. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DOCUMENTATION |  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
| 6             | Have players provided Pre-Return to Rugby Personal Assessment Declaration  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7             | Are all players cleared to play?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8             | Has the club received any return from illness forms?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DELIVERIES    |  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
| 9             | Were there any schedule deliveries?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10            | Were they wearing appropriate PPE?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11            | Was social distance practiced on arrival?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| COMMUNICATION       |  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
|---------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13                  | Is Signage in place, visible, and up to date?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14                  | Have players received induction training?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15                  | Have toolbox talks been carried out?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHECK-IN            |  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
| 16                  | Queuing system in place and being observed             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17                  | Sanitiser available for players as required.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18                  | Signage in place at check-in                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PLAYERS             |  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
| 19                  | Players briefed on training activities                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TRAINING ACTIVITIES |  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
| 20                  | Training Activities in line with Government Guidelines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EQUIPMENT USE       |  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
| 21                  | Equipment sanitised before training session            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22                  | Equipment sanitised after training session             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Sanitization</b> |  | <b>YES</b> | <b>NO</b> | <b>YES</b> | <b>NO</b> | <b>YES</b> | <b>NO</b> | <b>YES</b> | <b>NO</b> | <b>YES</b> | <b>NO</b> | <b>YES</b> | <b>NO</b> | <b>YES</b> | <b>NO</b> |
|---------------------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| 23                  | Has the rubbish been disposed of appropriately?                            |            |           |            |           |            |           |            |           |            |           |            |           |            |           |
| 24                  | Have all surfaces & touchpoints cleaned thoroughly:                        |            |           |            |           |            |           |            |           |            |           |            |           |            |           |
| 25                  | Have all toilets and sinks been disinfected                                |            |           |            |           |            |           |            |           |            |           |            |           |            |           |
| 26                  | Hand washing facilities include soap hot water, disposable towels in place |            |           |            |           |            |           |            |           |            |           |            |           |            |           |
| <b>INITIALS:</b>    |  |            |           |            |           |            |           |            |           |            |           |            |           |            |           |
| <b>DATE:</b>        |  |            |           |            |           |            |           |            |           |            |           |            |           |            |           |

**MONTHLY CHECKLIST**

| CLUB         |      | RESPONSIBLE PERSON  |   |   |  |  |   |                 |
|--------------|------|---|---|---|--|--|---|-----------------|
| MONTH        | DATE | Have hygiene supplies been checked and in sufficient supply?<br>(Y/N) | Are appropriate levels of PPE available?<br>(Y/N) | Is a high level of cleaning and disinfecting been performed regularly?<br>(Y/N) | Have any additional extra precautions or requirements been requested?<br>(Y/N) | Health and Safety Plan prepared and up to date?<br>(Y/N) | Have Toolbox Talks been carried out regularly?<br>(Y/N) | INSERT INITIALS |
| 1            |      |   |   |   |  |  |   |                 |
| 2            |      |   |   |   |  |  |   |                 |
| 3            |      |   |   |   |  |  |   |                 |
| 4            |      |   |   |   |  |  |   |                 |
| 5            |      |   |   |   |  |  |   |                 |
| 6            |      |   |   |   |  |  |   |                 |
| 7            |      |   |   |   |  |  |   |                 |
| 8            |      |   |   |   |  |  |   |                 |
| 9            |      |   |   |   |  |  |   |                 |
| 10           |      |   |   |   |  |  |   |                 |
| 11           |      |   |   |   |  |  |   |                 |
| 12           |      |   |   |   |  |  |   |                 |
| Inspected by |      |   |   |   |  |  |   |                 |

**TRAINING LOG**

|                           |  |                             |  |
|---------------------------|--|-----------------------------|--|
| <b>TEAM INVOLVED</b>      |  | <b>DATE</b>                 |  |
| <b>RESPONSIBLE PERSON</b> |  | <b>DETAILS OF ACTIVITY:</b> |  |

**PARTICIPANTS**

|     |  |     |  |
|-----|--|-----|--|
| 1.  |  | 16. |  |
| 2.  |  | 17. |  |
| 3.  |  | 18. |  |
| 4.  |  | 19. |  |
| 5.  |  | 20. |  |
| 6.  |  | 21. |  |
| 7.  |  | 22. |  |
| 8.  |  | 23. |  |
| 9.  |  | 24. |  |
| 10. |  | 25. |  |
| 11. |  | 26. |  |
| 12. |  | 27. |  |
| 13. |  | 28. |  |
| 14. |  | 29. |  |
| 15. |  | 30. |  |

**GENERAL NOTES**

- **Do not Share water bottles**
- **Wash hands before and After training**
- **Do not spit or clear nasal passages on the pitch**
- **Adhere to social distancing measures**
- **No horseplay**
- **Do not shake hands, fist pump, chest bump or high five**
- **If you feel unwell, notify your coach immediately.**

## Appendix F

### Occupant Capacities for Rooms

**Requirement**

*Clubs should include details of occupant capacities for their club house based on Government and Health Authority Guidelines.*

| Building  | Zone | Room Name      | Capacity with Physical Distancing     |
|-----------|------|----------------|---------------------------------------|
| Clubhouse |      | Catering       | Capacity analysis not yet carried out |
|           |      | Bar & Lounge   | Capacity analysis not yet carried out |
|           |      | Kitchen        | Capacity analysis not yet carried out |
|           |      | Office         | Capacity analysis not yet carried out |
|           |      | Meeting Room   | Capacity analysis not yet carried out |
|           |      | Equipment Room | Capacity analysis not yet carried out |
|           |      | Changing Rooms | Capacity analysis not yet carried out |
|           |      | Toilets        | Capacity analysis not yet carried out |
|           |      | ETC            | ETC                                   |
|           |      | ETC            | ETC                                   |
|           |      | ETC            | ETC                                   |
|           |      | ETC            | ETC                                   |
|           |      | ETC            | ETC                                   |
|           |      | ETC            | ETC                                   |
|           | ETC  | ETC            |                                       |

## *Appendix G*

# *Dundalk RFC Covid 19 Operating Protocol Document*

See Attached Document



## *Appendix H Critical Documents*

Contact Stage Guidelines - <https://bit.ly/Contact-Stage>.

Training, Education and Engagement - <https://return-to-rugby-injury-prevention.eventbrite.ie/>

IRFU Admin Website - <https://www.irishrugby.ie/2020/07/17/rugbyconnect-irfu-announce-new-online-administration-system-for-clubs/>

[16 Principles in assessing contact of risk of rugby during the COVID 19 Pandemic. \(PDF\)](#)

Pre return to Rugby Assessment Form <https://bit.ly/IRFU-PADE> issued 5<sup>th</sup> August 2020.

The form can also be recreated using paperless form tools (e.g. Google Forms, Microsoft Forms) once GDPR guidelines are adhered to. For anyone using Microsoft Forms, a template is available at <https://bit.ly/IRFU-MS-PADE>.

The IRFU's Return To Rugby Guidelines For Clubs have also been updated at <https://www.irishrugby.ie/running-your-club/return-to-rugby-for-clubs/> Updated 17<sup>th</sup> July 2020.