



Covid-19 Safety Operating Procedures Manual

Kilkenny RFC
Foulkstown,
Waterford Road,
Kilkenny.

The purpose of the COVID-19 Safety Operating Procedures Manual is to assist in the completion of Kilkenny RFC's COVID-19 Health & Safety Plan and subsequent Return to Rugby.

This document serves to provide suitable reference and instruction for the appointed Covid-19 Club Safety Officer and Covid-19 Club Compliance Officers and all Club Officials, Members and Volunteers with regard to the implementation of the required control measures as set out in the Covid-19 Health and Safety Plan.

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Preparation for Resumption of Rugby

1 PERSONAL HYGIENE AND ETIQUETTE

Personal hygiene practices and respiratory etiquette are important to prevent the spread of COVID-19. Advice, as well as appropriate HSE/NHS signage should be put in place advising on these practices.

The COVID-19 Club Safety Officer and COVID-19 Club Compliance Officers, herein referred to as COVID-19 response team should ensure that:

- Appropriate hygiene facilities are in place
- Hand sanitisers/hand wipes and/or hand washing facilities are readily available
- Bins/bags for disposal of tissues are available
- Bins to be emptied at regular intervals
- Disinfectant is readily available to allow members to clean areas and equipment.
- A No-Hand Shaking / Physical Greeting Policy is put in place

1.1 Prevention of Spread

In order to reduce the likelihood of spreading the virus Members are advised to:

- Avoid close contact with anyone who has a fever and cough.
- Refrain from shaking hands or offering other forms of physical greeting.
- Do not touch their eyes, nose or mouth if their hands are not clean.
- Not share objects that touch their mouth, for example, bottles, cups, foodstuffs, mouthguards etc.
- Maintain hand hygiene and respiratory etiquette as outlined below.

1.2 Hand Hygiene

Hand Hygiene involves hand washing correctly with soap and water, or an alcohol-based hand sanitiser, for at least 20 seconds;

- Before and after training.
- after coughing or sneezing.
- If they've had contact with a person who is displaying any COVID-19 symptoms.
- before and after being on public transport.
- before and after being in a crowd.
- when arriving and leaving areas.
- when hands are dirty.
- after toilet use.



1.3 Respiratory Etiquette

In addition to hand hygiene, good respiratory hygiene and etiquette is also necessary.

- Cover your mouth when coughing and sneezing with a tissue and then dispose of the tissue in a bin.
- If you don't have a tissue, use the sleeve of your arm and not your hand.
- Wash hands after.

1.4 Physical Distancing Etiquette

Members are expected to:

- Avoid physical greetings while remaining courteous to others.
- Respect the personal space of others by keeping a 2m distance from them where practicable.
- When passing within 2m of another person, do so briskly.
- Walk in single file in walkways if there are others travelling in the opposite direction.
- Avoid stopping for conversations in walkways.
- When in a passageway wide enough for one person only, stand back and allow the other person to pass if they were on the route before you.
- Respect other people's possessions keep your own water bottle, hand sanitiser etc.
- When using common toilet facilities, persons should, where possible, avoid using the sink or urinal directly beside one which is in use by another person.

2 CLEANING TO PREVENT CONTAMINATION

2.1 General Cleaning Guidelines

Cleaning Guidelines for clubs and facilities will need to be enhanced to prevent cross-contamination, particularly in common areas and at touch points including:

- Taps and washing facilities.
- Toilet flush and seats.
- Door handles and push plates.
- Handrails on staircases and ramps.
- Light Switches
- Communications equipment.
- Keyboards, photocopiers and other office equipment.
- Rubbish collection and storage points.
- Welfare facility areas and first aid kits.
- Balls and training equipment.

Consideration should be made to the [ECDC TECHNICAL REPORT: Disinfection of environments in healthcare and nonhealthcare settings potentially contaminated with SARS-CoV-2](#)



2.2 Cleaning after a suspected case

For cleaning of areas where a suspected case has come in contact, refer Section 14.5 of this document.

2.3 Workstations

Consideration should be made to club houses that have workstations and offices. All work areas must be cleaned regularly. Workstations must be left clean and tidy at the end of every day by all users. Should a confirmed case be found on the premises it is important that the cleaners can fully sanitise the workstations so limiting loose material on the desk is necessary.

Each desk should be provided a bottle of hand sanitiser and tissues. However, members are encouraged to wash their hands with warm water and soap.

2.4 Sanitary Facilities

The cleaning of toilets, sinks and other sanitary facilities used by several people should be carefully performed. Consider the use of a disinfectant effective against viruses, such as 0.1% sodium hypochlorite, or other licensed viricidal products following the instructions for use provided by the manufacturer.

Member's engaged in environmental cleaning should wear PPE when performing cleaning activities. The use of the usual set of PPE (e.g. uniform – which is removed and frequently washed in warm water and gloves) is enough for the protection when cleaning general premises.

The cleaning material should be properly cleaned at the end of every cleaning section. Hand hygiene should be performed each time PPE such as gloves are removed. Waste material produced during the cleaning should be placed in the general waste receptacles.

2.5 Cleaning between training sessions

Cleaning of high touch items is advised between Training Sessions to reduce the risk of spread between pods and training groups.

2.6 Balls and Equipment

Once ball work and equipment use are permitted a robust cleaning system must be implemented to reduce the risk of spread of the virus. This would include -

- Cleaning balls before and after each training session.
- Cleaning equipment before and after each training session.



Studies have shown that coronavirus can live on plastics up to 72hours. Clubs may wish to rotate some equipment (tackle bags, hit shields etc) to allow 72hours between use to reduce the risk of spread of infection. This would not negate the requirement for sanitation before and after each use.

Details on the use of equipment is outlined in Section 8 of this document.

3 TRAINING PLANS

3.1 Training Plans

Suitable training plans should be prepared, electronically sent to the COVID-19 Club Safety Officer for approval and such plans should be in line with local government advice in each Step/Phase.

3.2 Minimising numbers in the Clubs

The number of players/coaching staffs in the club should be limited depending on the Governmental advice at any one time. Training session(s) should be appropriately arranged so that players are absolutely clear as to the date and time of their training.

Once arranged, players must stay in their allocated day/time slot and cannot observe, participate or otherwise be involved on other sessions. Multiple additional training sessions may be required to ensure that all players can access training safely. The Club should also consider and implement all activities that can be completed from home, such as Strength and Conditioning programmes.

4 USE OF PPE

The wearing of PPE (gloves, masks, goggles) should not take the place of hygiene and cleaning measures to prevent the spread of COVID-19, as outlined above. PPE should be selected and worn based on the hazard of the specific task / person. Wearing of PPE in line with existing occupational health and safety risk assessments should be maintained.

Guidance on the use of PPE in COVID-19 prevention should be updated when necessary in accordance with Public Health Advice. People who are expected to wear PPE must be trained in their proper use, cleaning, storage and disposal.

4.1 Disposable Gloves

Do not wear disposable gloves in place of washing hands. The virus can get on gloves in the same way it gets on hands. Also, hands can become contaminated when gloves are taken off.

Disposable gloves should be worn in medical settings or in instances where close contact between members is unavoidable.



Be aware that wearing disposable gloves can give a false sense of security. A person might potentially:

- sneeze or cough into the gloves - this creates a new surface for the virus to live on.
- contaminate themselves when taking off the gloves or touching surfaces.
- not wash their hands as often as they need to and touch their face with contaminated gloves.

4.2 Face Masks

Using masks is unlikely to be of any benefit if the wearer is not sick. Sick people will be advised by their doctor when to use a mask. Players/coaches may request masks and other personal protective equipment to protect them from infection during their training. In accordance with current Government guidelines, the wearing of face-masks is compulsory when using public transport. If using public transport to get to and from the Club, or using public transport for any part of your journey to and from the Club, the wearing of face-masks is compulsory. All members and players are strongly advised to adhere to these guidelines.

With the exception of the above, current guidelines from the HSE do not recommend the wearing of face masks and/or the undertaking of temperature testing at training; the preferred approach is to ensure social distancing and good hygiene measures.

5 TRAINING AND COMMUNICATIONS

5.1 COVID-19 Club Officers

The COVID-19 Club Safety Officer and Compliance Officer should be provided with ongoing training on how to communicate with members about COVID-19 as well as deal with any suspected cases. They should keep updated with, IRFU, Government and Health Authority guidelines to update documents, management, and members.

5.2 Inductions

Induction Training should be provided for all Members and participants prior to returning to Rugby and during transitioning from phase to phase. This training will include the latest up-to-date advice and guidance on Public health, including:

- Hygiene techniques, respiratory and physical distancing etiquette.
- Tips for travelling to and from Training
- Changes to Training from the norm
- What a member should do if they or a member of their family develops symptoms of COVID-19
- Details of how the Club is organised to address the risk from COVID-19.
- An outline of the COVID-19 response plan
- Identification of key personnel in the COVID-19 Response Management Team
- Any other relevant advice.



5.3 Updated online IRFU resources/guidelines

COVID-19 Club Compliance Officer should undertake regular Training and education to remind members/teams of rules and Guidelines and to update them of any changes to Public Health or Government guidelines. Attendance at education and training to be logged and recorded.

5.4 Signage

Appropriate signage should be installed in key locations (entrances, circulation spaces, Pitch side Check-in Areas, toilets, etc) to remind all Members and visitors of Health Authority key guidelines.

Signage will also be required to communicate changes to the environment and also to reinforce social distancing, personal hygiene and etiquette. The IRFU will provide all clubs with access to PDF's of current Step/Phase signage however clubs may require additional signage depending on the outcome of their own risk assessments to assist with way finding, directional flow etc.

5.5 Meetings

Face-to-face meetings should be discouraged, and technological options made available (e.g., telephone or video conferencing). When face-to-face meetings are unavoidable the length of the meeting and the numbers attending should be kept to a minimum and participants must always maintain physical distancing.

6 PREPARATION FOR TRAINING

6.1 Health Self-Declaration

Before returning to Rugby each member or members parent/guardian must complete a Pre-Playing Health declaration in the form of the Pre-Return to Rugby Personal Assessment Declaration.

This form seeks confirmation that the member, to the best of their knowledge, has no symptoms of COVID-19 and that the member, or someone they have been in close contact with, is not self-isolating or awaiting the results of a COVID-19 test. If the person answers yes to any questions on the form, they are advised to seek medical advice before returning to Rugby.

The COVID-19 Club Compliance Officer will determine from this declaration if a person is fit to return to rugby.

Members may also be asked if they are a vulnerable person, if they live with a vulnerable person or if a person at home is a frontline worker.

All declarations are private and confidential documents and will be treated in the highest regards.

Members who may not have the appropriate equipment at home may request a temperature check to confirm or rule out a slight fever. A no-contact thermometer should be kept in the isolation area, to allow the COVID-19 Club Compliance Officer, or first aid personnel to perform temperature checks if requested to do so. However, it should be noted, and explained clearly, that some cases of Covid-19 are asymptomatic, and lack of fever does not indicate that a person is virus free.



A sample Pre-Return to Rugby Personal Assessment Declaration is included in the Covid-19 Health and Safety Plan.

6.2 Notification of Training Times

In order to return to rugby safely there is a requirement to limit the number of players on the pitch at any one time. This process will need to be managed carefully by coaches and team managers/Covid-19 Compliance Officer. Players should be advised in advance of their allocated day and time for training. Players should be advised to arrive 5 minutes before training is due to commence and leave directly after training.

Further details on Physical Distancing measure for training are included in Section 7 of this plan.

6.3 Toggling in/out

As all club facilities other than toilets will be closed until permitted to open, players are advised to travel to and from training toggled out and ready to train. Note: it is unsafe to wear rugby boots or just socks when driving and the player/coach should wear suitable footwear to/from training and change at their vehicle.

6.4 Travel to Training

Where a Member exhibits any signs of COVID-19 or has been exposed to a confirmed case they should not attend training.

Players and Coaches are expected to conform to any travel distance related restrictions in place at the time.

Wherever possible, members should travel to training alone or with persons from their own household using their own means of transport. Members should not car share with other households. Additional parking spaces, or bicycle parking may be required. However, this may be lessened by the reduction of members at training sessions.

Where public transport is the only option, members should take care to maintain social distancing, sit down if possible, and minimize contact with frequently touched surfaces. Members should use hand sanitisers before and after using public transport.

Note - Persons travelling to or returning to the island of Ireland should refer to national advice issued by the HSE.

6.5 Drop off/ Collection areas

Members who drive to the club should be advised to park in designated parking areas only. Ideally these should be spaced to allow the recommended social distance between occupants once they have exited their car. If this is not possible members should be advised to wait in their cars until there is room to exit in accordance with social distancing guidelines. Those dropping/collecting to/from training should be discouraged from lingering in the car park and advised to remain in their cars or leave the car park.



6.6 Check-In

Where possible touch free check-in should be practiced. Clubs should also consider the following controls:

- Disposable Gloves, hand sanitisers and disinfectants should be provided behind the desk for the Check-in Managers.
- Check-in area should be sanitised regularly.
- Hand sanitisers should be provided next to Check-in to allow people to sanitise before and after

Recommended social distance should be maintained between the Check-in manager and a person approaching, Clubs should provide markings on the ground back from the check-in managers position. Clubs should provide signage asking persons to stay behind the line and keep distance from others.

6.7 Member entrances/ pitch access

To assist in social distancing some clubs may be required to implement One-way systems, implement stop/go systems, widening of walkways or add extra access points throughout the grounds. This will be determined by the onsite risk assessment. Hand sanitisers and disinfectants should be provided at pedestrian entrances in prominent areas to encourage use. Players should be reminded regularly to use these facilities.

The handles and push plates on manual doors/gates should be cleaned before and after each training session. Hand sanitisers should be provided immediately inside the entrance for those having used the manual door. Consideration should be given to fitting an automatic opening device to the door or locking the door/gate in an open position. Ensure that no new risks are introduced in the process (Fire hazard, Slip/trips).

6.8 Leaving the Club

Members should be advised to use hand washing facilities prior to entering their cars. If possible, outer layer clothing should be removed and placed in sealed bags to be washed at home.

All clothing worn at training should be removed and washed immediately. Members should be advised wash as soon as possible after training and to limit touching surfaces in their home.

Members should be advised not to accept lifts home from other club members and should travel with members of their own household.

7 PHYSICAL DISTANCING

7.1 General Rules



Social distancing, or physical distancing, is a set of interventions or measures taken to prevent the spread of COVID-19 by maintaining a physical distance between people and reducing the number of times people come into contact with each other.

In order to slow the transmission rate of COVID-19 social distancing is recommended by Health Authority.

In order to assist in physical distancing, the COVID-19 Response Management Team should ensure

- A no hand shaking policy is in place.
- A reduction of members presents at the club at any one time and at training.
- Guidance on numbers permitted at training sessions are outlined in Section 3.
- Pitches and clubs should be laid out in such a way to maintain a 2m physical distance.
- Organise players into teams/groups/pods who consistently train together.
- Reduce on-site meetings as far as practicable.
- Provide one-way systems for access/egress where practicable.

7.2 Spectators

No visitors, parents/guardians, partners or other persons not directly involved in the training session are permitted to attend or observe training. In circumstances where a player/coach gets a lift to/from training, the driver must either stay in the vehicle or leave the grounds and return at the appointed collection time.

Participants and spectators must adhere to public health measures and social distancing guidelines once spectators are permitted.

7.3 Visitors

Visitors should be restricted to essential visits only. Meetings, where practicable be should be carried out remotely. Any required visitors have controlled access to the Clubhouse. All visitors are by appointment only and should arrive at an agreed time. Visitors to the Club must be accompanied at all times. They should be given a brief induction on COVID-19 Guidelines at the entrance gate desk.

7.4 Lingerin

Players and coaches are required to leave the training grounds promptly upon completion of the session.

7.5 Ground Markings

Clubs may wish to install ground markings to assist with social distancing. These can include distance markers, directional arrows and standing boxes.

8 USE OF FACILITIES

8.1 Toilets



Depending on the size of the toilet facilities consideration should be made to reduce the number of people permitted in the toilets at any one time.

An appropriate COVID-19 hygiene regime should be implemented. This will include:

- All toilets should have the appropriate signage with instructions for washing hands.
- Disposable paper towels should be provided along with warm water and soap.
- It is advised to turn off hand dryers and remove towels.
- All contact surfaces, particularly flush handles and tap controls should be sanitised regularly.
- Toilet facilities are to be sanitised before and after every training session.
- Depending on the sink controls within the clubs, participants should be encouraged to operate the tap controls with the back of their hand or a closed fist.
- When using common toilet facilities, persons should, where possible, avoid using the sink or urinal directly beside one which is in use by another person.
- Where numbers on site are reduced, consideration should be given to closing off every second sink/urinal to ensure persons don't stand next to each other.
- Suitable and sufficient rubbish bins to be provided for hand towels and these will be removed regularly and disposed of safely.
- Soaps, toilet paper etc are to be checked regularly and replenished in good time.

8.2 Changing Facilities and Rest areas

Changing rooms will not be accessible until permitted to do so. Until such time, players and coaches are required to travel to training in their training gear, other than training footwear. Towels etc that are brought to training must not be shared or waved around and should be put in the boot of the vehicle immediately upon completion of use.

Once changing facilities are opened for use social distancing and COVID-19 hygiene regime should be implemented in accordance with current Health Authority Guidelines.

8.3 Gyms

Physio facilities, gym facilities, showers and other associated areas of the Club should be locked and not accessible in any circumstances until permitted to do so.

Once Gymnasium facilities are opened for use social distancing and COVID-19 hygiene regime should be implemented in accordance with current Health Authority Guidelines. Consideration should be made to –

- Moving equipment to allow for social distancing.
- Limiting the number of persons using the facilities.
- Cleaning and sanitation of equipment.
- Ventilation of spaces after each session.

8.4 Balls and Equipment

Balls and Equipment should only be used within the limitations of phases.



- Balls should be numbered/otherwise identifiable to minimise contact to pods and training groups and aid contact tracing if necessary.
- Where kicking or line out practice is undertaken, the player(s) involved must use the same balls and should use no more than 2 balls for each drill.
- Equipment should be cleaned after each training session and not shared amongst group.

9 CATERING AND REFRESHMENT FACILITIES

9.1 General Rules

Clubhouse catering and bars shall remain closed until permitted to do so. Prior to opening Clubhouses must ensure all facilities adhere to current IRFU, Government and Health Authority guidance with respect to restaurants and pubs. Documentation for same shall be provided in due course.

9.2 Water Coolers/ Drinking Points

Where drinking water points have been left unused during the Stay-at-Home phase, contractors should be contacted to ensure re-instatement of the water source is carried out correctly. Water testing may be required.

Members should wash their hands before and after filling their water bottles. They should be advised not to allow the rim of their bottle to touch the faucet to prevent contamination. Water taps should be cleaned before and after each training session.

10 CONFLICT RESOLUTION

Clubs are responsible through the Executive Committee via the Covid-19 Club Safety and Compliance Officers to resolve conflicts and should they fail to do so the Provincial Branch/IRFU reserve the right to intervene.

Kilkenny RFC will treat each case on its own merits. The individual's natural rights and fair procedures will be upheld and utilised at all times.

11 BREACHES IN COMPLIANCE

Clubs:

Any club found to be acting outside of the Guidelines could be subject to disciplinary measures as decided by Provincial branch/IRFU. Clubs who operate outside of the IRFU guidelines may not be covered under Insurance.

Individuals:



Any club members found to be in breach of the guidelines could be subject to disciplinary measures, from removal from venue/session (Monitored by clubs) to suspension (guided by branch/IRFU).

12 CONTACT TRACING LOG

All members will be asked to keep a log of all persons they have had close contact with while they are at training. If a confirmed case is found at the club, persons who were in close contact with that person may be asked to stay at home for 14 days, pending a risk assessment.

Close contact is defined as anyone who has spent more than 15 minutes, face-to-face, within 2 meters of a person with COVID-19 in any setting, or someone who has shared a closed space with a confirmed case for more than two hours.

The contact log may be provided to the HSE to aid in contact tracing if a confirmed case is found at the club. The COVID-19 Club Compliance Officer will also keep a contact log of members who attend training.

13 ACTION LIST

COVID-19 Club Compliance Officers will be required to carry out routine checks before and after training either on a daily, weekly and monthly basis. These should be completed and signed by the COVID-19 Club Compliance Officers for each training session and provided to the COVID-19 Club Safety Officer.

Template checklists have been provided with the COVID-19 Health and Safety Plan and are available on the Club website.

14 SUSPECTED CASE RESPONSE PLAN

14.1 Initial Response

The COVID-19 Club Compliance Officer will be responsible for implementing the response plan to a suspected case once a Member identifies themselves to them. The response must be quickly dealt with in a private and confidential manner.

If any person on site, suspects themselves, or is suspected of having symptoms, they must report/be reported to the COVID-19 Club Compliance Officer.

The COVID-19 Club Compliance Officer must:

- Provide the person with a mask if one is available.
- If a mask is not immediately available, they should be provided with a disposable tissue and advised to cover their mouth and nose with the tissue.
- when they cough or sneeze and put the tissue in the waste bag provided.



- Accompany the person to the isolation room keeping a two-metre distance between the person and themselves and other individuals. The route to the isolation room needs to be quick and easily accessible with little human interaction as possible.
- Assess whether the unwell individual can immediately be directed to go home.
- If underage call their parent/ guardian.
- Call their doctor.
- Carry out a questionnaire as outlined in below. ****Note:** the COVID-19 Club Compliance Officer cannot diagnose a member with COVID-19 - this can only be done by being tested by a qualified medical person.
- Arrange transport home or to a hospital for medical assessment. Public transport should not be used. Transport should not be provided by another club member.
- Log the incident and report the incident to the Covid-19 Club Safety Officer.
- Arrange for cleaning of the isolation room, equipment that may have been touched by the person, and pending a risk assessment, any other areas that the person may have had contact.

Note: – Safeguarding policies and procedures will need to be considered when developing and implementing the response plan.

14.2 Isolation Room

An isolation room should be provided to be used to quarantine a member who is feeling unwell with the COVID-19 symptoms, to facilitate the person remaining in isolation if they cannot immediately go home, and to allow them to call next of kin and/or their doctor.

The Isolation room should have the following:

- A closed door.
- Ventilation.
- Tissues.
- Hand sanitiser.
- PPE: Gloves and Masks.
- Clinical Waste bags.
- A no-contact Thermometer i.e Hand-held Thermometer

The PPE gear should be kept in the isolation room, and/or an agreed secure area to be used for Emergency cases only. The PPE should be locked away so it cannot be taken for daily use. The Compliance Officers should have a key for the locked PPE.

14.3 Initial Assessment

COVID-19 Club Compliance Officer and cannot diagnose a member with COVID-19. This can only be done by getting a COVID-19 test with a qualified medical person. The purpose of this questionnaire is to establish the next steps in the response plan.

The unwell person must answer the following questionnaire in order to establish if they have a suspected case of COVID-19.

1. Has the member been in contact with any suspected cases, to the best of their awareness?



2. Has the member travelled to any countries outside of Ireland?

If NO:

- a. Ask the unwell person to contact their doctor

If YES:

- The unwell person is to be brought to the Isolating room if not already there.
- The unwell person will need to contact their next of kin and/or doctor or the HSE/NHS for advice.
- Compliance Officer to notify the COVID-19 Club Safety Officer
- The unwell person's contact log to be given to the Compliance Officer as well as names and details of persons who were training with the unwell person.
- The unwell person must stay in the isolation room until they can get in contact with next of kin and/or their doctor,
- they will be asked to not touch any surfaces and to dispose of their tissues in the bin provided.

14.4 Transport of Suspected Case

The member should be advised not to use public transport or a taxi to get home or to go to the doctors. They should use their own personal transport if fit to do so.

Alternatively, arrangements can be made that a household member they live with will collect them from training.

The member with the suspected case should stay in the isolation room and not touch any surfaces or interact with anybody until they are ready to depart in their own vehicle or be collected.

14.5 Cleaning spaces after the present of a suspected or Confirmed Case

The isolation room will need to be deep cleaned as well as the areas where the person came into contact with surfaces. The following should also be completed:

- Where possible close and secure area for 72 hours, if this is not possible then -
- The area should be well ventilated with fresh air for a minimum of 1 hour.
- The spaces should be carefully cleaned with a neutral detergent, followed by decontamination of surfaces using a disinfectant effective against viruses, as follows:
 - Virucidal Products, or
 - 0.05% sodium hypochlorite (NaClO) (dilution 1:100, if household bleach is used, which is usually at an initial concentration of 5%)
- For surfaces that can be damaged by sodium hypochlorite, products based on ethanol (at least 70%) can be used for decontamination after cleaning with a neutral detergent.
- Cleaning of toilets, bathroom sinks and sanitary facilities need to be carefully performed, avoiding splashes. Disinfection should follow normal cleaning using a disinfectant effective against viruses, or 0.1% sodium hypochlorite.
- All textiles (e.g. towels, curtains, etc.) should be washed using a hot-water cycle (90°C) with regular laundry detergent. If a hot-water cycle cannot be used due to the characteristics of the

material, bleach or other laundry products for decontamination of textiles need to be added to the wash cycle.

- Follow manufacturer's instructions for Use of cleaning products and disinfectants.
- Use Disposable, single-use cleaning equipment if practicable, e.g. disposable cloths or paper roll.
- Staff should wear the following PPE while cleaning after a suspected case:
 - surgical mask.
 - uniform and single-use plastic apron.
 - gloves.
 - Hand hygiene should be performed each time after removing gloves or mask.
 - Waste material produced during the cleaning should be placed in a separate bag, which can be disposed in the unsorted garbage.

14.6 Waste Management

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

- Should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known or for 72 hours, whichever occurs first.
- Waste should be stored safely and kept away from children

14.7 Return to Play after Illness

When a member has been absent due to COVID-19 virus, they may only return to rugby if deemed fit to do so and meet the following criteria:

- 14 days since their last "close contact" with a confirmed / suspected case and have not developed symptoms in that time, or
- 14 days since the onset of their symptoms and 5 days since their last fever (high temperature), or
- They have been advised by their GP that they may return to play.

It is advised that a return to rugby doctors note is provided to the COVID-19 Club Compliance Officer. If this is not available the individual must self-declare their fitness for training in the absence of having a fitness for training certificate from their GP/healthcare provider.

15 HEALTH AND SAFETY

All existing Occupational Health and Safety provisions shall continue to apply to all activities within the club during the phased return to rugby. Occupational health and safety risk assessments should be updated, where relevant, to address potential exposure to COVID-19. Any updated documents should be shared with the relevant members.



16 FIRST AID

16.1 Infection Spread

COVID-19 infects people through contact with the mucous membranes. First Aid Responders must think of these as being the mouth, nose and eyes. It does not infect through the skin.

The greatest element of risk for a First Aid Responder is transfer of the virus to the mucous membranes by contact of contaminated hands (including contaminated gloved hands) with the eyes, nose or mouth. The key interventions to manage this risk are to minimise hand contamination, avoid touching your face and clean your hands frequently with soap and water or alcohol-based hand gel.

There is also a significant risk of direct transfer of the virus on to mucous membranes by droplet transmission, that is, by direct impact of larger infectious virus droplets generated from the person's respiratory tract landing directly in your eyes, nose or mouth. This risk is managed by use of appropriate PPE (mask and eye protection) and by providing the ill person with a mask to cover their nose and mouth when coughing or sneezing (respiratory hygiene and cough etiquette).

16.2 Administering First Aid

If, as a First Aid Responder, close contact with a person who may require some level of first aid can be avoided, do so. This, of course, will not be possible in the event of having to provide emergency lifesaving measures such as an incident of cardiac arrest, heart attack, choking, stroke. First Aid Responders should be familiar with the symptoms of COVID-19. They will need to perform a "dynamic risk assessment" based on the scenario they are presented with.

Standard infection control precautions to be applied when responding to any first aid incident in the club. Hand washing with warm water and soap or an alcohol-based hand gel must be performed before and after providing any first aid treatment.

Enclosed eye protection and FFP3 mask should be worn by First Aid Responders when responding to all first aid incidents where close contact cannot be avoided.

Any person presenting with symptoms consistent with COVID-19 should be treated as a suspected case and actions as set out in Section 14 of this document should be followed. A mask should be made available to give to person if they are displaying symptoms consistent with COVID-19 to limit droplet dispersion.

If you suspect a person has experienced a cardiac arrest, do not listen or feel for breathing by placing your ear and cheek close to the person's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions only until help arrives. To iterate the point, a person in cardiac arrest should have compression only CPR applied.

Persons with minor injuries (cuts, abrasions, minor burns) - where practical, a First Aid Responder should avoid close contact and advise the injured party what steps to take in treating their injury.

No reusable equipment should be returned to service without being cleaned/disinfected appropriately.



16.3 First Aid PPE Requirements

The following PPE must be available for responding to first aid incidents:

1. Disposable gloves (nitrile/latex).
 2. FFP3 or FFP2 Face masks.
 3. Disposable plastic aprons.
 4. Enclosed eye protection.
 5. Full Face Shield/Visor.
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- First Aid Responder must ensure that the mask covers both the mouth and nose and is fitted correctly to create an adequate seal to the face.
 - Following first aid treatment, disposable PPE and any waste should be disposed of appropriately and reusable PPE cleaned/disinfected thoroughly.
 - Wash hands thoroughly with warm water and soap before putting on and after taking off PPE.
 - Replenish PPE stock as appropriate.
 - Liaise with your Club Safety Officer to ensure any issues with first aid PPE are resolved in as timely a manner as possible.

16.4 Mental Health and Wellbeing

Clubs should put in place support for members who may be suffering from anxiety or stress due to COVID-19. Information about prevention and control measures at the club should be delivered to all members to help ease concerns about risk of infection.