

South Shields Football Club Risk Assessment Form



Risk Assessment Form.

Activity/Area: COVID-19 Compliance (Return of Spectators)

Date: 21/08/2020

Ass. No: SSFC RA 04

Assessed by: Dave Clough

No	Hazards (see guide 1)	Persons in danger (see guide 2)	No. of persons	Foreseeable Causes (Guide 3)	Existing Control Measures (see guide 4)	Are Existing Controls Adequate Yes/ No	Severity (S) 1-6 (see guide 5)	Likelihood (L) 1- 6 (see guide 6)	Risk Rating (S x L) (see guide 7)
1	Individuals Displaying Symptoms of Coronavirus	SSFC & away team players/ Coaches/SSFC Staff/Volunteers/ Spectators/Match officials	1 or More	Individual(s) with COVID- 19 virus could potentially infect others with the virus through 1-1 or surface contact transmission	<p>1. Season ticket holders only permitted into ground and information posted on SSFC website informing spectators of the following; 'Should any spectators display symptoms of a high or raised temperature, new/persistent cough or loss of smell or taste, self-isolating or someone in their household is self-isolating then they are requested not to come to the ground and follow government guidelines accordingly'.</p> <p>2. Ground capacity minimised to adhere to government and The Football Association guidance with current season ticket holders only allowed access to minimise transmission of COVID-19</p> <p>3. Spectators requested by SSFC as per government guidance, not to attend matches to assist with the reduction of COVID-19 cases. Where spectators choose to attend, contact details of all permitted spectators are held by SSFC via information provided when obtaining their individual season ticket. This shall assist and comply with the governments 'Track & Trace requirements.</p> <p>4. Information for spectators posted on SSFC website and by signage posted around the ground informing spectators that if they</p>	Yes	6	2	12

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					<p>develop COVID-19 symptoms of a high or raised temperature, new/persistent cough or loss of smell or taste, then they are requested to inform the nearest match steward who will advise accordingly.</p> <p>5. All spectators notified by means of notice posted on SSFC website to adhere to the 'Supporters Code of Conduct' at all times while attending matches.</p>				
2	Lack of Supervision/ Management arrangements/ COVID-19 knowledge	SSFC & away team players/ Coaches/SSFC Staff/Volunteers/ Spectators/Match officials	1 or More	Lack of control over social distancing measures/ Surface contact/1-1 contact resulting in SSFC & away team players/ Coaches/ Volunteers/ Spectators Match officials being at risk of transmission of the Covid-19 virus	<p>1. A named SSFC appointed COVID-19 officer (Colin Docherty) has been appointed to oversee the implementation of risk assessments and ensure compliance with current government/FA COVID-19 guidance/ That procedures in place within SSFC are adhered to at all times, including spectator access/egress arrangements and spectator code of conduct.</p> <p>2. A named appointed COVID-19 medical officer (Andy Morris) has been appointed and ensures that any new cases of transmission are managed accordingly in line with current government guidance. The named appointed COVID-19 medical officer shall be in attendance at the ground for all scheduled matches.</p> <p>3. The COVID-19 medical officer shall oversee all cases with regards the return to football matches with spectators following suspected or confirmed cases of COVID-19.</p> <p>4. Regular Contact will be maintained by the appointed COVID-19 officer and appointed COVID-19 medical officer to establish what precautions are in place and that the COVID-19 risk assessments and associated control measures are adhered to, ensuring that SSFC &</p>	Yes	6	2	12

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					<p>away team players/Coaches/Volunteers/Match officials and spectators are kept safe during their visit, including safe access/egress to the ground.</p> <p>5. The COVID-19 officer ensures where possible that any person returning to the football environment from isolation due to suspected or confirmed cases of COVID-19 is medically assessed prior to their return.</p>				
3	Transmission of infection (Shared vehicles used by spectators while travelling to/from the ground)	Spectators	>1	Inability to maintain social distancing or coming into contact with contaminated surfaces may lead to transmission of the Covid-19 virus.	<p>1. All occupants of vehicles are advised via information posted on the SSFC website to wash hands for 20 seconds with soap and water or use sanitiser, before and after any journey and should refrain from touching their face.</p> <p>2. Vehicles – Should it be necessary to travel to/from the ground in cars then only those from the same household (or support bubble) should travel in the vehicle where possible. Should vehicle sharing be necessary then the numbers of those sharing shall be minimised using fixed partners only with occupants wearing a face covering, avoid sitting face to face and open windows to increase ventilation.</p> <p>3. Vehicle occupants are instructed to maintain social distancing when getting in and out of their vehicles and where practicable to park while leaving enough space to ensure social distancing measures observed from other vehicle users and spectators making their way to/from the ground.</p>	Yes	6	2	12

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4.	Transmission of infection (Spectator Arrival/Entry/ leaving the ground)	Spectators/SSFC Staff/Stewards/ Volunteers	>1	Inability to maintain social distancing or coming into contact with contaminated surfaces may lead to transmission of the Covid-19 virus.	<p>1. Information posted on SSFC website requesting that all spectators arriving/leaving the ground maintain social distancing as per government guidance at all times and following good hygiene measures.</p> <p>2. SSFC stewards/officials positioned at designated posts on arrival routes and turnstiles to monitor and advise on social distancing requirements and good hygiene measures for spectators making their way to, into and leaving the ground.</p> <p>3. Maximum number of turnstiles (x3) to be utilised to reduce risk of 1-1 COVID-19 transmission during spectator queueing.</p> <p>4. Markings are placed on the ground to advise on social distancing requirements while queueing at turnstiles, in addition adequate number of match stewards shall be on hand to monitor requirements.</p> <p>5. Turnstiles to be thoroughly cleaned on matchdays prior to the game. Each turnstile shall be cleaned using single use disposable cloths using soap and water then wiped down with appropriate disinfectant. In addition, turnstiles shall be wiped down at regular intervals during spectator access/egress activities.</p> <p>6. Spectators shall have their season tickets scanned to reduce risk of surface transmission of COVID-19.</p> <p>7. Sanitising stations situated on all entry/egress points and signage posted instructing their use.</p>	Yes	6	2	12

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5	Transmission of infection (Spectator gatherings whilst in the ground)	Spectators/SSFC Staff/Stewards/Volunteers	>1	Inability to maintain social distancing inside the ground may lead to transmission of the Covid-19 virus.	<p>1. Standing areas – All safe standing areas indicated by markings on the ground to instruct on maintaining social distancing requirements therefore reducing risk of 1-1 contact and transmission of COVID-19.</p> <p>2. Each marked area will permit up to 6 x members of the same household (or bubble) therefore promoting social distancing from other persons or groups outside of their bubble.</p> <p>3. Seated areas – Allocated accordingly by match stewards who will be present to supervise seating allocation and leaving two empty seats between each group of persons from the same household (or bubble) to reduce risk of 1-1 contact and transmission of COVID-19. Seating shall be thoroughly cleaned prior to each game.</p> <p>4. All spectators who enter the ground shall be requested to wear face coverings at all times.</p> <p>5. Toilets – Queue management system by means of social distancing markings in place at all toilet locations.</p> <p>6. Signage and instruction posted on all toilet locations to instruct spectators of social distancing requirements as well as good hygiene measures.</p> <p>7. At busier periods i.e. half time/full time stewards shall be at hand to co ordinate entry/egress from the toilet facilities ensuring that controls are adhered to and the risk of transmission of COVID-19 virus through 1-1/surface contact is minimised.</p>	Yes	6	2	12

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					<p>8. Single use paper towels and non-touch bins situated within toilets to reduce surface contact transmission of the COVID-19 virus.</p> <p>9. Stock levels of soap checked and maintained at regular intervals by SSFC staff and replenished as required.</p>				
6	Transmission of infection (obtaining refreshments/ Merchandise should kiosks be permitted to open as per government guidance)	Spectators/SSFC Stewards/Staff Volunteers	>1	Transmission of Covid19 through 1-1 contact/ Surface contact	<p>1. All staff working within kiosks to wear face coverings by means of face visors to reduce 1-1 transmission of COVID-19 through airborne droplet/Aerosol transmission.</p> <p>2. Staff to thoroughly wash hands for 20 seconds with soap and water at regular intervals. Where soap and water not available then hand sanitiser to be used.</p> <p>3. Queue management system in place by means of markings on ground to maintain social distancing requirements which shall be monitored by stewards.</p> <p>4. A one-way system to/from kiosk by means of floor markings in place to ensure social distancing maintained.</p> <p>5. Single use plastic glasses and food containers utilised at all times which shall be disposed of following use in open top waste receptacles.</p> <p>6. Contactless payments only will be accepted as payment for drinks, food and merchandise.</p>	Yes	6	2	12

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7	Transmission of infection (Surface contact with waste materials)	Spectators Volunteers/SSFC Staff/First Aid personnel	1 or more	Transmission of Covid19 through 1-1 contact/ contaminated waste	<p>1. General waste accrued from the days' match activities shall be removed from the premises on a daily basis, into waste receptacles in compliance with SSFC waste procedures.</p> <p>2. Any waste from areas where symptomatic people have attended- including the PPE and cleaning items that have been used will be double-bagged and labelled, stored in an isolated area and disposed of after 72 hours with normal collection arrangements.</p> <p>3. If unable to store the waste then arrangements for clinical waste collection shall be made.</p> <p>4. All areas where a suspected infected person was present will be thoroughly cleaned using an appropriate disinfectant product following manufacturers' instruction for dilution rate and relevant COSHH assessment for use and PPE requirements (Apron and disposable Nitrile/washing up gloves as a minimum). Disposable cloths to be used where possible to reduce transmission. /Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use.</p>	Yes	6	2	12
8	Transmission of infection (Bar/Marquee activities)	Spectators/Club staff/Bar staff	>1	Exposure to the virus due to inability to maintain social distancing leading to potentially contracting the virus. / Exposure to coronavirus	<p>1.. One-way system implemented for entry/egress from the clubhouse/Marquee with signage posted accordingly.</p> <p>2. Tables situated 2 x Metres apart to maintain social distancing where possible. There shall be no queueing at the bar areas and payment shall be made by credit/debit card where possible.</p> <p>3. Only those from the same family plus one other household (or supporting bubble) permitted to sit together and where necessary</p>	Yes	6	2	12

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				through surface contact	<p>maintain 2 x Metre social distancing or 1 x Metre plus sitting side by side and not to sit face to face. /Tables to be pre booked in advance of the match.</p> <p>4. Pre match meals and drinks shall be available and served to individual via table service only.</p> <p>5. Disposable single use glasses, plates and cutlery shall be used at all times and disposed of into non- touch open bins.</p> <p>6. Staff ensure they wash hands regularly using soap and water for 20 seconds or use sanitiser if not available.</p> <p>7. Staff to work in same allocated teams where possible, team numbers minimised and be allocated the same table to serve food/drink.</p> <p>8. Staff ensure each table is thoroughly cleaned prior to and following use. Appropriate disinfectant to be used in line with the COSHH assessment - The product will be used in line with instructions for use and dilution rates. /Disposable cloths will be used where possible to reduce transmission.</p> <p>9. Only 1 x person permitted to enter toilets at any one time with social distancing markers placed on floor for queueing to reduce 1-1 contact and reduce transmission of the virus.</p> <p>10. Signage posted within toilets advising persons to wash hands thoroughly using soap and water for 20 seconds and dispose of single use hand towels into non-touch bins provided.</p>				

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9	Accidents/ Incidents	Spectators Volunteers/SSFC Staff/First Aid personnel	1 or more	Exposure of people to coronavirus by touching contaminated surfaces or being in proximity to people carrying coronavirus. / Exposure to coronavirus could lead to COVID-19, illness, which in some cases could be serious or fatal	<p>1. There may be emergency incidents where social distancing is not safe to achieve i.e. to vacate premises quickly should a fire occur. Where possible social distancing will be maintained if safe to do at the assembly point.</p> <p>2. First aid kits – updated to include (where already not supplied) Disposable apron, surgical masks type IIR and FFP3 face mask, rubber gloves, goggles, full face visor and hand sanitiser. Adequate replacement of all first aid equipment including PPE are provided and checked by SSFC.</p> <p>3. In line with Government advice, First Aiders to make sure they have washed their hands or used hand sanitiser prior to donning the appropriate PPE before treating a casualty and again after treating a casualty. /First Aiders to consider cross contamination that could occur which was covered in their training.</p> <p>4. All trained first aid personnel must exercise extreme caution when treating any injury to any party as the social distancing measure of 2 metres may have to be breached to facilitate treatment by close and direct contact. First aid personnel must assess the injured party from a distance of 2 metres.</p> <p>5. If a casualty requires CPR then this should be administered by chest compressions only and not rescue breaths as adequate infection control for first aid personnel cannot be guaranteed. An ambulance shall be called immediately. An AED is located within the changing room area and shall be utilised by trained personnel if deemed necessary. Should the first aider be concerned about COVID-19 symptoms They should also seek advice from the NHS 111</p>	Yes	6	2	12

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					<p>coronavirus advice service and their club medical adviser.</p> <p>6. All first aid personnel have valid in date certification.</p>				
10	Information/ Instruction/ Training	Staff/Visitors/ Contractors	>1	Exposure of people to coronavirus by touching contaminated surfaces or being in proximity to people carrying coronavirus. / Exposure to coronavirus could lead to COVID-19, illness, which in some cases could be serious or fatal	<p>1. COVID-19 risk assessment and associated documentation communicated via SSFC club website /Hard copy placed on SSFC notice board for reference.</p> <p>2. Communication to persons of any changes or updates to Government COVID-19 guidance and supporting H&S guidance by means of direct communication and posters etc.</p> <p>3. COVID-19 safe signage posted throughout SSFC premises</p> <p>4. All persons who intend to be present on match days advised to follow government guidance and not to leave their home if they, or someone they live with has developed symptoms;</p> <ul style="list-style-type: none"> • New continuous dry cough • High temperature • Lack of taste or smell 	Yes	6	2	12

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Additional Control Measures

No	Risk High/Med/Low (see guide 8)	Suggested Improvements	Date for improvements:	Have the risks been adequately controlled?(Y/ N)	Revised Risk Rating with improvements in place (S x L)	Comments	Relevant Standards & References
	Medium	Undertake monthly review of risk assessment and update as necessary in line with government guidelines	Ongoing	Yes	6 x 2 = 12		Department for Business, Energy and Government strategy. Working safely during COVID-19
Signed Risk Assessor(s)		Dave Clough		Signed: Accountable Manager		C. Docherty	
PERIODIC REVIEWS	Date	1st Review	2nd Review	3rd Review	4th Review	5th Review	
<i>Risk High ONGOING</i>	Signature	18/09/2020 D. Clough					
Medium - 6 Months Low - 2 Years	Position	H&S Advisor					

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Guide 1.

Possible Hazards.

Physical Agents:

e.g. Gravity (falls of people and objects) Slips / trips / falls. Falling objects.
Leakage and spillage.
Emissions to atmosphere.
Dangerous parts of machinery / plant.
(Trapping. Impact. Cuts. Entanglement. Flying Parts).
Vehicles (whether on tracks or free moving) Traffic / FLT's and/or their loads.
Electricity (shock, fire/explosions,) Fire, Burns, Dust, Explosion.
Pressure (including explosions), Overloading.
Ionising and non-ionising radiation.
Hand/arm Vibration, Noise.
Asphyxiation, Fumes, Light, Temperature, Confined space, Poor Ventilation.
Manual handling. Posture. Natural hazards. (wind, rain, cold etc.)
Heat exhaustion, Lone worker, Access/Egress.
Unsuitable equipment.

Chemical Agencies:

e.g. Corrosion;
Oxygen enrichment, fire, explosions and contamination (direct by contact or
Indirect via airborne particulate) from any harmful chemical, Fume or dust sources.
Asphyxiants.
Cryogenics.
Flammable materials.
Pollutants.
Potential ozone depletants.
Waste collection, storage and disposal.

Biological Agencies:

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e.g Insects, Vermin.

Micro-organisms, e.g. Legionella, Tetanus, Fungi, Moulds

Guide 2

Persons in danger

Contractors, Electricians, Fitters, Mechanics, Technicians.
Laboratory Technicians, Operators Members of the Public,
Young Persons, Pregnant workers, Administrative Operatives,
Other persons.

Guide 3

Foreseeable Causes.

Lack of maintenance, Controls abused/removed,
Lack of training. External influence (weather etc.)
Lack of supervision, Management, Housekeeping,
Corrosion.

Guide 4

Existing Control Measures.

Procedural Chemical awareness.....Engineering
Administrative control Permit to Work Instrument/Electrical Training and competence Mechanical Control Confined Entry awareness
Control of ignition sources Static Earthing Management of Change Authorisation Guards PPE/RPE

Guide 5

Severity

1. No Injury / Loss.

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2. Damage to plant, process or environment.
3. Minor injury (first aid treatment required e.g. minor burn or cut)
4. Serious injury (e.g. cut requiring stitches)
5. Major injury (as defined in the Reporting of Diseases and Dangerous Occurrences Regulations e.g. major broken bones, amputation, loss of an eye etc.)
6. Fatality / Permanent disability.

Guide 6

Likelihood

1. Improbable
2. Remote
3. Possible
4. Probable
5. Inevitable
6. Frequent

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Guide 7

Risk Rating = (S x L) RISK ASSESSMENT CALCULATOR PER HAZARD.
(RISK = LIKELIHOOD X SEVERITY)

SEVERITY

LIKELIHOOD	1. No Injury / Loss	2 Minor Damage to plant, process or environment	3 Minor injury	4. Serious injury	5. Major injury / Major Plant damage	6. Fatality or Permanent disability
1. Improbable	1	2	3	4	5	6
2. Remote	2	4	6	8	10	12
3. Possible	3	6	9	12	15	18
4. Probable	4	8	12	16	20	24
5. Inevitable	5	10	15	20	25	30
6. Frequent	6	12	18	24	30	36

Green = Low risk

1 to 8

Amber = Med Risk

9 to 12

Red = High Risk

13 and above

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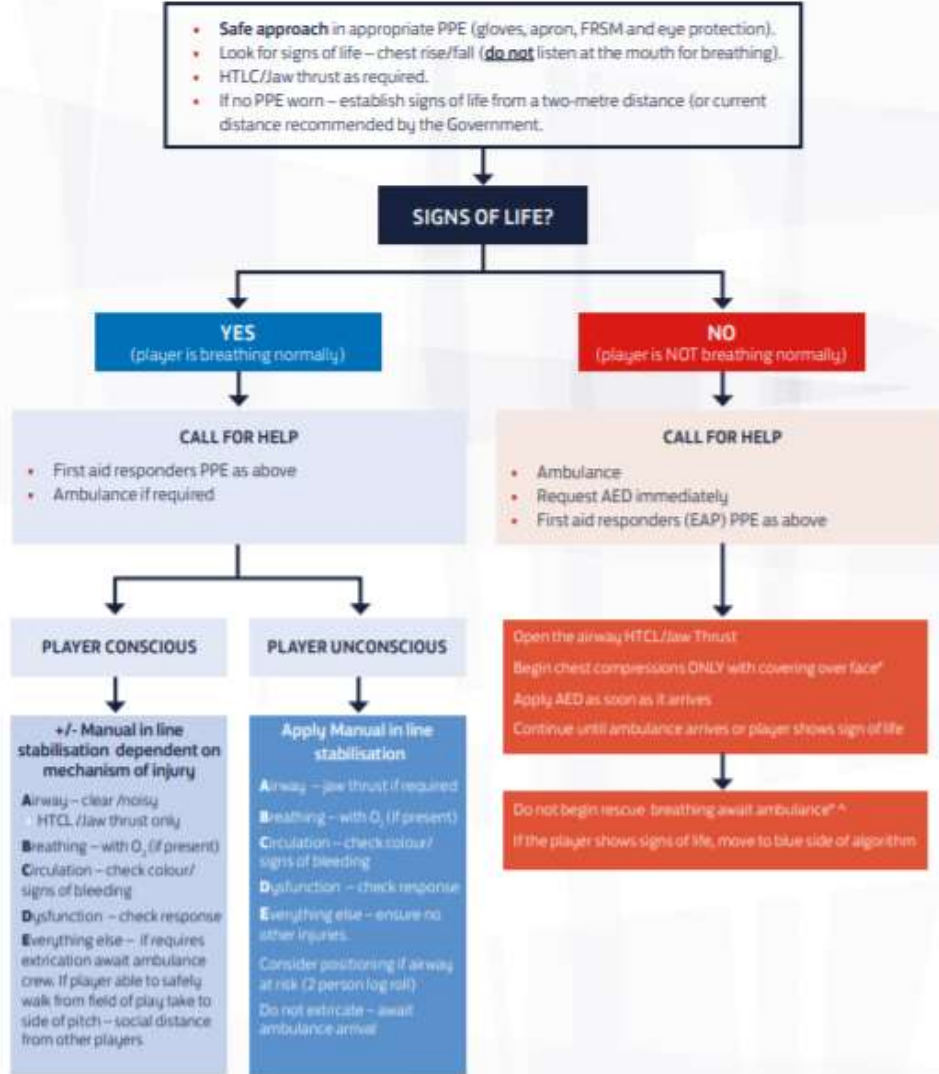
Appendix 1

What are the hazards?	Gloves	Apron	Fluid-resistant long-armed gown/coveralls	Fabric/cloth mask [^]	Fluid-resistant Surgical Face mask Type IIR	Filtering Face Piece Respirator 3 (FFP3) mask ^{^^}	Eye Protection Goggles/Full face visor in addition to personal spectacles
	SINGLE USE*	SINGLE USE*	SESSIONAL USE**	SESSIONAL USE**	SESSIONAL USE**	SESSIONAL USE REUSABLE***	SESSIONAL USE REUSABLE***
NON-MEDICAL SCENARIO Where social distancing may be compromised ⁷ including at training	X	X	X	✓	X	X	X
LEVEL 1 Where government-advised distancing may not be maintained at all times	X	X	X	X	✓	X	X
LEVEL 2 Within 2m of player, which may include face to face contact for assessment and management of all individuals including those who are positive or symptomatic	✓	✓	X	X	✓	X	✓
LEVEL 3/AGP Aerosol-generating procedure (AGP or high potential for aerosol)	✓	X	✓	X	X	✓	✓

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Appendix 2

FIGURE 2: ADULT EMERGENCY FIRST AID ALGORITHM FOR NON-ELITE FOOTBALL DURING COVID-19 IN THE ABSENCE OF LEVEL 3 PPE



^{*} if the club has health care professionals (HCPs) on venue a face covering can be a non-rebreather mask attached to oxygen at 15L/min. If suitably qualified and Level 3 PPE available rescue breathing with airway adjuncts can be commenced before ambulance arrives.

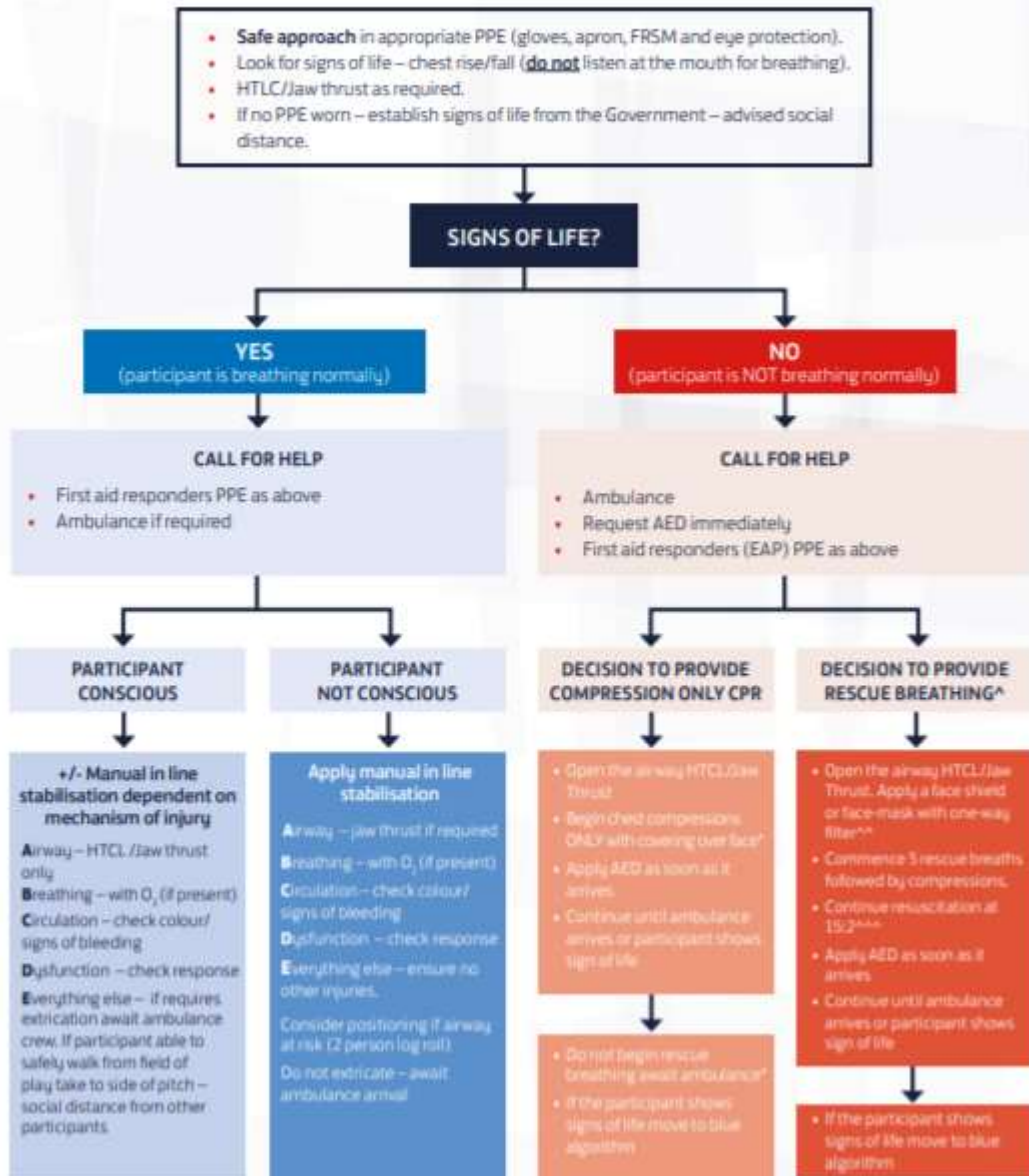
Once airway intervention has occurred all staff in Level 2 PPE must move away two-metre pitchside (or out of the room indoors), leaving only responders wearing Level 3 PPE.

^{**} in a paediatric arrest, if the decision is made to provide rescue breathing this can be done at 30:2 or 15:2 via a pocket mask with filter or face shield (if rescuer is wearing a mask this will have to be removed). HCPs can use a bag valve mask with a viral filter (elite sport framework³).

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Appendix 3

FIGURE 3: PAEDIATRIC EMERGENCY AND FIRST AID CARE ALGORITHM FOR NON-ELITE FOOTBALL DURING COVID-19 IN ABSENCE OF LEVEL 3 PPE



* If the club has health care professionals (HCPs) on site a face covering can be a non-rebreather mask attached to oxygen at 15L/min. If suitably qualified and Level 3 PPE available rescue breathing with airway adjuncts can be commenced before ambulance arrives (elite sport framework^{††}). Once airway intervention has occurred all staff in Level 2 PPE must move away 2m pitchside (or out of the room indoors), leaving only responders wearing Level 3 PPE.

[†] An individual decision to perform rescue breathing due to compression only CPR likely to be less effective if a respiratory problem is the cause in a child

^{††} If rescuer is wearing a mask this will have to be removed. There are no additional actions to be taken after providing rescue breathing other than to monitor for symptoms of possible COVID-19 over the following 14 days. HCPs can use a bag valve mask with a viral filter.

^{†††} The paediatric ratio of 15:2 (15 compressions to 2 rescue breaths) can be provided or if more familiar with the adult provision of 30:2 this can be equally applied. The emphasis is on the speedy provision of resuscitation. Breath provision is one second as per an adult and depress the chest 4-5cm in a younger child/adolescent.