



Risk Assessment

5th October 2026

Introduction

The Rugby Fives Association (RFA) is the governing body of the sport of Rugby Fives.

The RFA exists primarily to:

- Act as the National Governing Body for the sport of Rugby Fives within Great Britain, including the promotion of the sport and setting and reviewing rules and procedures associated with the sport
- Promote the game of Rugby Fives throughout the rest of the world
- Provide advice, coaching and instruction to encourage and develop individual and team performance at the sport
- Administrate official sporting events, including arranging, scheduling and overseeing tournaments at both school and adult level and club matches at venues throughout Great Britain

As part of the RFA's activities, this Risk Assessment has been completed to review the safety of playing Rugby Fives and help ensure a safe environment for children and adults playing the game. It aims to define the control measures necessary to reduce any risks to as low as reasonably practicable.

The RFA is also involved in the playing and promotion of several other similar forms of fives ("associated games"), which use a similar ball, court and rules. These include Winchester Fives, playing Rugby Fives in a squash rackets court and other variations of both Rugby and Winchester Fives where there is no back-wall. This Risk Assessment is cognisant of these variations and has been completed with these associated games in mind.

The playing of Rugby Fives and the associated games has resulted in very few significant injuries over the long history of the game. This is primarily because these activities:

- Do not involve the use of rackets. This minimises the risk of impact damage.
- Involve the use of a hard ball that does not conform to the shape of the eye during impact: thus minimising the risk of eye damage. This contrasts with a soft ball that can change shape, potentially penetrate the eye socket and lead to significantly more severe injuries.
- Are essentially non-contact: thus minimising the risks associated with collisions.

Nevertheless, some risks do exist and should be managed using the control measures indicated.

A glossary of terms is included in Appendix A for clarification and the guidance of readers not familiar with Health and Safety Risk Assessments.

Publication Dates, changes marked in yellow

Date	Reason for issue
January 2004	Initial release covering the playing of Fives
October 2011	Updated to include consideration of spectators
April 2012	Updated to include “not hitting the ball after play has finished” and consideration of medical issues, coaches, tournament organisers and facility owners and managers together with other minor changes
February 2014	Updated with report of 2012/13 safety record and changes to the management of tournaments and accident reporting
July 2014	Updated with 2013/14 safety record and broken hand/finger added to RA.
July 2015	Updated with 2014/15 safety record
July 2016	Updated with 2015/16 safety record
July 2017	Updated with 2016/17 safety record
July 2018	Updated with 17/18 safety record and collisions/first-aid added to RA
July 2019	Updated with 18/19 safety record and minor changes
2020 & 21	Not updated for lack of activity due to government lock-downs
Sept 2022	Updated with 21/22 safety record and broken arms & ball brushing cornea added to RA
August 2023	Updated with 2022/23 safety record
September 2024	Updated with 2023/24 safety record
January 2026	Updated with 2024/25 safety record
October 2026	Updated with 2025/26 safety record

Existing Control Measures

The following control measures are those currently viewed as being necessary to ensure safe play. Experience suggests that they are standard practice in Clubs, Schools and Universities and so, for the purpose of completing the Risk Assessment, it has been assumed that they are broadly followed.

Coaches and Experienced Players should:

1. Ensure that novice players are taught to follow safe practices.

Coaches, Tournament Organisers and Players should:

2. Challenge any player not exhibiting safe practices.

All players should:

3. Warm-up muscles and hands before starting vigorous play, so as to avoid strains and bruises.
 - Warming-down after play is also recommended to reduce subsequent stiffness, aches and pains; however, in practice this procedure is not often followed.
4. Ensure gloves, together with inner gloves and padding (if used), provide adequate protection, so as to avoid bruises.
 - A few individuals have been known to play without gloves but this is not recommended as bruising and underlying damage will be an inevitable result.
5. Wear appropriate shoes with a good level of grip (e.g. trainers) and ensure shoe laces are properly laced and tied, so as to avoid slipping or tripping.
6. Not play if the floor is slippery or becomes slippery, whether due to condensation, spilt liquid or other debris or for some other reason, so as to avoid players slipping or falling.
7. Ensure that the court is free of obstructions, so as to avoid tripping and collisions.
 - This includes ensuring that the door is firmly closed before starting play and not opening it while others are playing.
8. Ensure that there is sufficient light to avoid tripping or collisions.
 - This includes not turning out the lights while others are playing
9. Take reasonable precautions to avoid being struck or striking another player with the ball.
 - If in-front of a ball that is about to be struck, the player should not turn around to face it, so as to avoid being struck in the face or neck.
 - A player should shout "Turning!" when planning to turn through 360 degrees to hit the ball forwards so that other players can move to avoid collisions or being struck.
 - If significantly forward of a ball about to be struck, the player should correct this quickly by moving towards the back of the court.
 - If a player is in front of the ball when struck, then eyes and neck are vulnerable. The player should face forwards and walk backwards while turning his/her head to look at the ball out of the corners of the eyes, keeping track of what is happening (control measures 10 and 11) while protecting the eyes.
 - Fives balls are hard and rigid, and eyes have good protection from impact by such objects through being recessed and surrounded by bony ridges. The ball has to approach the face from the front if it is to impact the eye. If it approaches from the side then it can hit only the bony ridge at the side of the eye or skim across the front of the eyeball – thus serious damage is prevented.
 - As an alternative control measure, protective goggles could be worn to protect the eyes;

- They prevent impacts to the eyes; however, they also marginally impair the vision of players, making other accidents such as collisions or tripping more likely, thus replacing one risk with another. In addition, protective goggles do not protect the rest of the face and neck. 'Not turning around' is judged to be an effective control measure to reduce the risk to as low as reasonably practicable.
 - Players should not hit or kick the ball after it has gone down, so as to avoid striking other players.
 - Players usually stop watching the ball when it goes down, making them vulnerable.
10. Watch the ball (with the exception of control measure 9), so as to anticipate its movements and move to avoid being struck.
 11. Watch the other players (with the exception of control measure 9), so as to anticipate their movements and move to avoid tripping or collisions.
 12. Stop playing if another player physically blocks their progress or if hitting the ball would cause impact/collision with another player, so as to avoid injury to oneself and/or others.
 - It is likely that the other player will be an opponent and the Rules expect a 'let' to be offered and accepted without loss of a point to either side.
 13. Not play while wearing or carrying sharp or hard objects that might cause injuries in the event of a collision or fall.
 14. Not play while wearing or carrying loose clothing or jewellery that might cause injuries through tangling or tripping.
 15. Play under conditions where a responsible adult is easily contactable to deal with the consequences of any accident that occurs.
 - With adult players, an injury is likely to affect only one player and another player can provide or organise appropriate assistance.
 - In the case of children who have reached a reasonable level of maturity as judged from their adherence to the above control measures, it is common practice and considered acceptable to allow play as long as a responsible adult is easily contactable and an uninjured player can call on the adult for assistance. For such children, the presence of an adult at the back of the court provides no additional protection.
 16. Take responsibility for their own medical health by:
 - Informing coaches, tournament organisers and fellow players of any relevant medical condition, such as asthma, diabetes or epilepsy, any medication they carry and the actions required should an incident occur.
 - Confidentiality should be discussed at this time.
 - Following medical advice concerning the safety of continuing to play.
 - It is important for older players to ensure that they are free from coronary heart disease or high blood pressure, as any exertions may bring on a heart attack or stroke with potentially fatal consequences. This can be checked through a GP or other medical services.

Spectators should:

17. Watch the ball, so as to avoid being struck in the face.
 - Spectators naturally follow the ball as part of watching the game, but it is recognised that occasionally they will be distracted by activities around the court.
 - A few existing courts have metal mesh installed above the back wall which eliminates this risk – although the reason for installation was usually the exclusion

of trespassers. This mesh obscures the view and impedes communication between the playing and viewing areas, thus viewing and coaching are unreasonably hampered.

- It is very unlikely that a spectator would be injured through being struck in the face because:
 - The ball is only occasionally hit out of court during the course of a game.
 - A ball hit out of the court is moving relatively slowly, having had most of its energy absorbed by the impact with the front wall and its flight to the back of the court – consequently it is easy for a spectator to guard against being struck.
 - There are no known incidences of a spectator being injured by a ball flying out of court.
- 'Watching the ball' is judged to be an effective control measure to reduce the risk to as low as reasonably practicable.

Coaches and Tournament Organisers should:

18. Before play begins, ensure that the courts are fit for use, so as to avoid potential accidents such as slipping, tripping, collisions, falls or other accidents. This should include the following actions:

- Check that the court floors are sufficiently dry, free from obstructions, and that there is adequate lighting.
 - If the floors are slightly damp and so potentially slippery then it may be necessary to ask players to advise on the safety of playing through participating in a gentle knock-up.
 - It may be possible to combat dampness by regularly wiping with towels.
- Check for unusual but clearly visible features that could lead to hazardous occurrences. Examples might include:
 - Snow or ice on pathways
 - Door lintels at head height on entry to the courts
- Address participants and spectators concerning the above if anything unusual is found.
 - It is recognised that participants and spectators will arrive at different times and so it will be practically impossible to ensure that all of them are addressed. This control measure, while being only partially effective, is of benefit.

19. Avoid making players feel under pressure to continue playing if the conditions become unsafe, so as to avoid slipping, tripping or collisions.

- Players may feel obliged to play, even though conditions on court are not safe, for example:
 - When they do not want to interrupt a game but the floor has become slippery or the lights have failed.
 - When players have travelled long distances to play in competitions.
 - When children or novice players feel that they should defer to the coach or organiser.
- The onset of unsafe conditions is likely to be noticed by the players in the first instance and will come to the notice of the coach or organiser through players' comments or minor incidents.
 - The coach or organiser should challenge the players to judge if it is safe to continue and encourage them to stop play if it is not safe.
 - For experienced players, responsibility for this judgement remains with

the players but the coach or organiser has a part to play.

- For novices, this is an important opportunity to further train them to follow safe practices: the coach or organiser must play a more active role in shaping their decision to stop play or continue.

20. Make adequate medical preparations to minimise the effects of minor accidents that occur. This specifically means the following:

- Ensure familiarity with the location and route to the nearest hospital accident and emergency department or medical room where assistance can be accessed.
- Make available an in-date basic first aid kit to deal with cuts and abrasions. These can be purchased from all good pharmacies.
- Be prepared to receive information from players, in confidence, concerning personal medical problems which might occur while taking part and to discuss the appropriate action which may be required.

Competition Organisers should, in addition:

21. Ensure that the 'Advice to Players and Spectators' is prominently displayed at the competition. (see Appendix C)

22. Cooperate with the Health and Safety Representative of the RFA in the reporting of any injuries or near misses that may occur.

- Appendix D – Injury and Near-Miss Report can be used for this purpose.

Facility Owners and Managers should:

23. Ensure that all facilities are maintained to avoid unsafe conditions:

- Ensure that floors do not become slippery over the course of time.
 - The subject of playing surfaces for all sports is complex because sufficient grip is required to ensure that players do not fall over but some level of slipperiness is required to avoid overstraining the muscles and tendons of the legs and ankles.
 - Slippery floors may need to be improved by sweeping away dust, washing away dirt, grease or wax, acid etching of concrete floors or more extensive changes such as the renewal of the surface – advice is available from the RFA.
- Ensure that court doors are secure so that they do not burst outwards if a player slams into them.
- Ensure that the fabric of the building and its surroundings do not present any hazards.

24. Ensure that any nearby facilities that pose a high risk to children are kept secure to avoid non-Fives injuries.

- If children are allowed free access to nearby facilities they may become involved in potentially hazardous activities that are unrelated to Fives. Examples of facilities posing unacceptably high risks and acceptably low risks to children are listed below:
 - High Risks: swimming pools, climbing walls, gymnastic equipment, building sites.
 - Low Risks: squash courts, athletics tracks, football pitches, basketball courts and, of course, any other Fives courts.
- The ability of Fives coaches to control children that are not at the Fives courts is limited, consequently, the coach has no effective control measure that he can apply.
- These high risk facilities should be secured, if possible, to exclude children, thereby preventing the risks. In the case of building sites, an 8 foot security fence is

conventionally provided to discourage access by children and reduce the risks to as low as reasonably practicable. The coach may have to remind the owners/managers of this responsibility.

The control measures for players and spectators and have been summarised into a format suitable for placing on notice boards near Fives courts, so as to promote safe practices – see Appendix B: Advice to Players and Spectators.

The control measures for tournament organisers have been summarised as a single page of advice – see Appendix C: Guidance for Tournament Organisers.

Risk Matrix

The following table derives the level of risk from the combination of the probability that a specified undesired event will occur and the severity of the consequences of the event. The risk is given by the intersection of the respective column and row in the risk matrix resulting in a high, medium or low risk rating.

For example, a hazard that was judged to be probable and resulted in a major injury would score 4 for probability and 3 for consequence. The Risk would therefore score 3 times 4 = 12 and would be rated as 'High'. The scoring system allows Risks to be prioritised, and the rating is used to judge the nature of the action required to control it.

		Probability				
		Incredible: Extremely unlikely to ever occur	Improbable: Unlikely but may occur exceptionally	Occasional: Likely to occur some time	Probable: Likely to occur often	Frequent: Regular or continuous occurrence
Consequence		1	2	3	4	5
Multiple fatality	5	Medium	Medium	High	High	High
Single fatality	4	Low	Medium	High	High	High
Major injury	3	Low	Medium	Medium	High	High
Lost time injury (from work or study)	2	Low	Low	Medium	Medium	Medium
First aid injury	1	Low	Low	Low	Low	Medium

There are a number of 'occasional' hazardous events associated with playing Fives that result in minor injury not requiring any first aid, such as bruises, abrasions and muscle strains. These are considered trivial and fall outside the risk matrix classifications; consequently they have not been included in the Risk Assessment – only those events leading to first aid injuries or worse are included.

In addition, only plausible hazardous events and consequences have been included in this Risk Assessment. For example, it may be conceivable that an incident could result in multiple fatalities, but would not be plausible and so is excluded. In effect, these worst-case events are considered to be less likely than 'Incredible: extremely unlikely to ever occur,' and so are not included in the risk matrix classification system.

Action for Risk Reduction

The allocated risk rating determines the level of action required as follows:

- High risks cannot be tolerated under any circumstances and would require immediate action, so as to reduce the level of risk to 'as low as reasonably practicable'. If necessary, this may require temporary suspension of an activity or the installation of temporary control measures.

- For Medium risks, judgement would need to be made on the urgency of further action, so as to reduce the risk to a level that is 'as low as reasonably practicable' – a prioritised action plan may therefore be needed.
- Low risks are broadly tolerable but should be kept under review and reduced further wherever reasonably practicable.

The term 'As low as reasonably practicable' means the point at which further risk reduction would be disproportionate to the time, trouble, difficulty and cost of achieving it. The greater the risk, the more reasonable it would be to go to very substantial expense, trouble and invention to reduce it. Clearly an informed judgement is needed.

Risk Assessment Procedure

In completing this risk assessment, the following steps 1 to 8 have been followed:

1. Create list of potential 'hazardous events' – e.g. player collides with wall, floor or another player
2. Determine 'foreseeable causes' – e.g. wet/damp floor
3. Judge/determine 'consequences' – e.g. torn ligaments, which rates as a level 2 consequence as it could result in lost time from work or study
4. Judge/determine the probability of the event/consequence occurring
5. Determine 'Risk' from Risk Matrix
6. Consider existing 'Control Measures' to judge their effectiveness and whether other control measures could reasonably be implemented to reduce or eliminate the risks
7. Communicate the results of the risk assessment to ensure that all organisations where Fives is played are aware of the control measures specified
8. Review this risk assessment on a regular basis in the light of any events recorded in the intervening period and after any serious event has occurred

Risk Assessment with existing control measures

Hazardous event (what happens)	Foreseeable Cause (cause of hazardous event)	Consequence (details of harm)	Consequence (1 to 5)	Probability (1 to 5)	Risk (1 – 25)	Existing control measures
Player collides with wall, floor or another player	Wet/damp/slippery floor, debris on floor, obstructions, inappropriate footwear, poor light, not anticipating the movements of other players, tangling through wearing loose clothing/ jewellery, misjudgement	Minor impact/bruise to head, torn ligaments, severely twisted ankles, minor cuts/abrasions	1	3	3 – Low	1,2,5, 6,7,8, 11,13, 14,15,16, 18,19, 20,21
ditto	ditto	Impact/bruise to head, torn ligaments, severely twisted ankles	2	2	4 – Low	1,2,5, 6,7,8, 11,13, 14,15,16, 18,19, 20,21
ditto	ditto	Impact to head leading to unconsciousness	3	1	3 - Low	ditto
ditto	ditto	Broken arm	3	3	9 - Medium	ditto
Player has ball pass across/ touching front of eye/ cornea	Turning around to face a player who is about to hit the ball or mishit ball	First aid required	1	3	3 - Low	1,2,9,10, 12,15, 20,21
Player struck in eye with ball	Turning around to face a player who is about to hit the ball	First aid required	1	3	3 - Low	1,2,9,10, 12,15, 20,21
Ditto	ditto	Temporary loss of sight	3	2	6 – Medium	ditto

Hazardous event (what happens)	Foreseeable Cause (cause of hazardous event)	Consequence (details of harm)	Consequence (1 to 5)	Probability (1 to 5)	Risk (1 – 25)	Existing control measures
Player struck in Adam's-apple with ball	Turning around to face a player who is about to hit the ball	Swelling of the throat leading to difficulty breathing requiring first aid	1	2	2 - Low	1,2,9,10, 12,15, 20,21
ditto	ditto	Swelling of the throat leading to asphyxiation	4	1	4 – Low	ditto
Player strikes wall/floor or another player with hand	Misjudging the positions of the walls/floor/other players	Dislocated or broken hand/finger or strained ligaments/severe bruising	1	3	3 - Low	1,2,8, 10,15, 20,21
Player strains muscle/ligament	Not warming-up sufficiently, playing an awkward shot	Severe strained muscle/ligament requiring first aid	1	3	3 - Low	1,2,3, 15,20,21
Player damages hand through hitting ball	Not warming-up sufficiently, inadequate padding in gloves	Severe bruising sufficient to require first aid	1	2	2 - Low	1,2,3, 4,21
Spectator hit in eye with ball	Not following the movement of the ball	Temporary loss of sight	3	1	3 - Low	15,17, 20,21
Ditto	Ditto	Permanent loss of sight	3	1	3 - Low	ditto
Children injured through use of non-Fives facilities	Inadequate security of non-Fives facilities	Various	1,2 3,4	1	4 - Low	24

Hazardous event (what happens)	Foreseeable Cause (cause of hazardous event)	Consequence (details of harm)	Consequence (1 to 5)	Probability (1 to 5)	Risk (1 – 25)	Existing control measures
Player experiences medical emergency	Pre-existing medical condition	First aid required	1	3	3 - Low	16,20
ditto	ditto	Single fatality	4	2	8 - Medium	16

Communication and Review

The Control Measures should be communicated to the Fives playing community in order to emphasise the importance of following them.

For players and spectators: this should be in the form of the 'Advice to Players and Spectators' notice (see Appendix B) that can be attached to a notice board or wall where players and spectators can see it.

For tournament organisers: this should be in the form of the 'Guidance for Tournament Organisers' (see Appendix C) which can be sent to all organisers.

This risk assessment should be reviewed on a regular basis and after any serious incident, so as to examine the effectiveness of the Control Measures in the light of new information. The General Secretary will ensure that the report of the regular annual health and safety review is formally considered by the Board of the RFA at a date which will, if necessary, enable printed advice to be updated in time for the following season.

The collection of data concerning incidents is required as an input to the review but the collection of such data is difficult, given that they are few and far between and that the RFA does not directly manage the facilities at which the game is played. However, the RFA organises many competitions and information from these events is an ideal and regular input to the review process. Control Measure 24 instructs the tournament organisers to cooperate with the Health and Safety Representative of the RFA in the reporting of accidents and near-misses.

This control measure is included in the 'Guidance for Tournament Organisers'.

History of Health and Safety Incidents

The Fives season traditionally runs from the start of the autumn school term.

Note that in general only 'first aid injuries' or worse are listed below, some incidents, such as bruises not requiring first aid, are recorded but not listed.

The process of formally recording injuries and near-misses was started in 2012.

2012/13 Season – 34 competitions have been reviewed with no significant injuries beyond a few bruises and strains. No action required.

2013/14 Season – 51 competitions and other events have been reviewed with two incidents assessed as 'first-aid injuries'. One player broke his hand (4th and 5th metacarpals) by hitting it against the wall requiring an operation and 4 to 6 weeks of not playing fives and one ruptured his Achilles tendon requiring the lower leg to be set in plaster. All Control Measures were being followed and no additional CMs could reasonably be applied. Within the RA 'dislocated finger' changed to 'dislocated or broken hand/finger'

2014/15 Season – 54 competitions and other events have been reviewed with three incidents assessed as 'first-aid injuries'. One twisted ankle (stepping on someone-else's foot), one dislocated finger (hitting the wall) and one cracked finger (hitting another player). No action required.

2015/16 Season – 54 competitions and other events have been reviewed and three incidents assessed as ‘first-aid injuries’. All three were bruised hands of which two required hospital visits to confirm no broken bones – one against the wall and the other against the floor. No action required.

2016/17 Season – 54 RFA competitions and other events have been reviewed with one significant occurrence in which a girl miss-hit the ball into her own face and needed an ice-pack. One very serious incident occurred at an event not organised by the RFA. At the end of a doubles game at an adult Club evening in Eastbourne a 65 year old man collapsed on court and subsequently died from a heart attack. There was no particular sporting event or accident that triggered the outcome and it appears that an underlying medical condition was the root cause. The Control Measures urge players (particularly older players) to ensure that they are fit to play by following professional medical advice. This CM is judged to be sufficient to reduce the risk to ‘as low as reasonably practicable’ and so no changes to this RA are required.

2017/18 Season – 50 competitions and other events have been reviewed with three incidents assessed as ‘first-aid injuries’ - a broken thumb hit against the wall which required a hospital visit and a plaster cast, a bruised cheek from being hit with the ball requiring an ice-pack and finally, a small cut to the top of the head after a player ran into the wall. Additional Risk added to deal with collisions leading to first-aid injuries (not just lost-time and major-injury) and recognition of cuts/abrasions from such events.

2018/19 Season – 48 competitions and one other event have been reviewed with three incidents assessed as ‘first-aid injuries’. One twisted ankle, one hurt wrist from falling over and at a Club evening in Winchester, one player misjudged a shot and fell to the floor leading to a minor cut and black-eye requiring first aid – RA altered to make probable cause less specific, now states ‘misjudgement’ rather than ‘misjudging position of walls’.

2019/20 and 2020/21 Seasons – Most competitions disrupted by Government imposed lock-downs which closed sports facilities and limited gatherings - no reviews took place.

2021/22 Season – 64 competitions have been reviewed with three incidents assessed as ‘first-aid injuries’ or worse. Two broken arms occurred after players lost balance and fell to the floor. One resulted from the player standing on another player’s foot and another from lunging to take a drop shot with no other player involved. Both players required hospital visits and plaster casts. A new line is added to this RA classifying the occurrences as ‘Medium Risks’.

Finally, a ball was mishit and it passed across the front of another player’s eye, touching the cornea. A hospital visit showed that there was no damage. The player was not facing the ball that was about to be hit. The RA does not cover this incident and so an additional line is added classifying it as a ‘Low Risk’.

It is judged that the existing Control Measures are adequate to reduce these new Risks to ‘as low as reasonably practicable’ and no other CMs could reasonably be put into place.

2022/23 Season – 87 competitions were reviewed with one incident occurring. A player turned around to face the ball about to be struck and was hit in the eye. A hospital visit revealed no permanent damage. CM 9 was ignored, hence no RA changes are required.

2023/24 Season – 69 competitions were reviewed with one incident occurring. A player was struck on the side of the eye. An ice pack was applied and there was no permanent damage. CM 9 was being followed and no RA changes are required.

2024/25 Season – 67 events were reviewed with two incidents occurring. A broken nose from being hit by the ball while facing a player about to hit a shot – not following CM 9, and a torn Achilles tendon (not ruptured) with no underlying cause. No RA changes required.

2025/26 Season – 54 events were reviewed with two incidents occurring – a strained Achilles tendon and a strained ham string, none of these required first aid.

Adequacy of Existing Control Measures

Fives is judged to be a relatively safe activity for both adults and children as long as the existing control measures are followed.

The existing control measures are judged to be adequate to reduce the risks to as low as reasonably practicable, and no additional controls are thought to be necessary or desirable.

Insurance

The RFA maintains public liability insurance to protect itself from litigation on the grounds of negligence by the RFA leading to loss or harm to third parties. It is expected that the owners of the facilities will maintain similar insurance.

Individual players and spectators would normally maintain personal liability insurance through their home/home-contents insurance to protect themselves from litigation on the grounds of negligence by themselves leading to loss or harm to third parties.

Individuals should, if necessary, organise additional insurance to cover loss or harm to themselves for which the RFA, facility owners or other players/spectators do not bear liability. Players and spectators participate at their own risk.

APPENDIX A – GLOSSARY

Accident – An unplanned, uncontrolled event causing harm to people.

As Low As Reasonably Practicable – To reduce the risk to a level which is as low as reasonably practicable involves balancing reduction in the risk against time, trouble, difficulty and cost of achieving it. This level represents the point, objectively assessed, at which the time, trouble, difficulty and cost of further reduction measures become unreasonably disproportionate to the additional risk reduction obtained.

Consequence – The outcome of an incident or event in terms of the injury sustained.

Control Measure – A measure put in place to reduce the risk by preventing the hazard from occurring or by providing protection once the hazard has occurred.

Could – An optional course of action.

Foreseeable Causes – The realistic ways in which an incident could arise and the acts, conditions or circumstances which allow or promote it – also known as threats.

Hazard – Something with the potential to cause harm, ill health or injury.

Hazardous Event – An incident, which leads to or has the potential for harm.

Major Injury – Injuries in the category would include: broken bones (not fingers or toes), amputations, dislocations of major limbs, unconsciousness, loss of or damage to sight (including temporary) and injuries requiring admittance to hospital for more than 24 hours.

Prevention – Completely eliminating a hazard, the cause of the hazardous event, or an escalation factor.

Probability – The estimated likelihood of an incident occurring, determined by evaluation of the possible causes.

Risk – A term which combines the probability that a specified undesired event will occur and the severity of the consequences of the event.

Risk Assessment Process – The structured methodology involving hazard identification, assessment, control, communication and review.

Risk Classification – A rating used to derive an appreciation of the relative risk from a hazard.

Risk Matrix – The matrix portraying risk as the product of the probability and consequences, used as the basis for qualitative risk determination.

Should – Indicates a preferred course of action. If an alternative course of action is taken it must be demonstrated that it is at least equally as effective.

Worst-case event – The worst possible consequence arising from a hazardous event in terms of harm.



Advice to Players and Spectators

Playing Rugby Fives has resulted in very few serious injuries over the long history of the game. There is, however, some risk of injury in any sport and this should be guarded against by the measures indicated below. A full risk assessment has been conducted and the document is available from the General Secretary or on the RFA web site (therfa.uk).

To avoid risk of injury to players, the court should at all times be adequately lit, dry and free of obstruction. The door should be closed at all times during play.

Novice players should be trained to follow safe practices and children should only play under conditions where a responsible adult is easily contactable.

The RFA urges players, coaches and spectators to heed the following advice:

Injury / Accident	Measures to guard against injury
Pulled muscles / strained ligaments	Players should 'warm-up' before the game and 'warm-down' afterwards.
Bruising of hands	Players should wear appropriate gloves with padding or inner gloves as preferred. Players should 'knock up' at length and refrain from hitting the ball hard until both hands are warm.
Being struck in the face or neck by ball	Eyes, nose, teeth and ears are the most vulnerable. Players should watch the ball and other players, but if in-front of a ball that is about to be struck, should <u>not</u> turn round to face it. Players should stop play immediately after the ball has gone down. Spectators should watch the ball. Players should shout "Turning!" if rotating through 360° to hit the ball.
Tripping or slipping	Players should wear appropriate footwear with good grip, properly laced and securely tied. Play should not take place on courts wet from condensation or leakage. Play should be abandoned if the floor becomes wet during play.
Colliding with other players	Players should not physically block the movement of any other player, nor should they hit the ball if either of these actions would cause impact or collision with another player. Players should not play while wearing or carrying loose clothing, sharp or hard objects, e.g. jewellery, that might cause injuries.
Medical conditions	Players should confidentially inform coaches, tournament organisers and fellow players of any relevant medical conditions and the actions required should an incident occur. Players should ensure that they are medically fit to play.

Players and spectators participate at their own risk



Guidance for Tournament Organisers

The following advice is summarised from the RFA Risk Assessment and is intended to provide guidance which should be followed by tournament organisers. The full Risk Assessment is available from the General Secretary or on the RFA web site (www.rfa.org.uk)

Before the Tournament:

- 1) Ensure that the 'Advice to Players and Spectators' is prominently displayed at the competition.
- 2) Be prepared to receive information from players, in confidence, concerning personal medical problems which might occur while taking part and to discuss the appropriate action which may be required.
- 3) Check the courts and ensure that they are fit for use before play starts:
 - Check that the court floors are sufficiently dry, free from obstructions, and that there is adequate lighting
 - If there are signs of damp, particularly on the floor; it may be necessary to ask players to advise on the safety of playing through participating in a gentle knock-up. Light dampness can be dealt with by regularly wiping with towels or using sawdust.
 - Check for any unusual but clearly visible potential hazards and give a verbal warning to participants. Examples might include: snow or ice on pathways, door lintels at head height.
- 4) Make medical preparations as follows:
 - Ensure your own familiarity with the location and route to the nearest hospital A&E or medical room where assistance can be accessed and be prepared to guide and help injured players to access medical assistance.
 - Make available an in-date basic first aid kit to deal with cuts and abrasions.

At the Tournament:

- 5) Challenge any player not exhibiting safe practices.
- 6) Avoid pressurisation of players to continue playing if the conditions become unsafe and be prepared to suspend play if conditions are unsafe.

After the Tournament:

- 7) Cooperate with the Health and Safety Representative of the RFA to collate records of any injuries that may have occurred.



Injury and Near-Miss Report

Event/Location:

Date:

Reported by:

What happened?

(e.g. player fell to the floor)

What was the cause of the event?

(e.g. wet floor)

What were the details of the harm?

(e.g. bruised elbow requiring visit to A&E, nothing broken/torn)

Which 'Control Measure(s)' should have protected against this incident?

(e.g. 6. Don't play if the floor is slippery)

To what extent was the above 'Control Measure(s)' being followed?

(e.g. players continued to play when the floor became slippery)

Action to be taken by RFA:

(to be completed by an RFA Health and Safety Sub-Committee)

Please return this form to the RFA General Secretary

via the RFA website contact page: therfa.uk/about/contact