

Model Risk Assessment				Ref no.	
Activity Location Section	Prevention Activities			Status	Active
				Initial assess.	20/05/2020
				Reviewed	
Assessed by	Danny Bruin	Specific		Next review	
Role /No/Dept.	Health and Safety AM	Generic	X	Version no.	Issue 1

Severity		Likelihood					Risk Rating	
		1. Rare	2. Unlikely	3. Possible	4. Very Likely	5. Almost Certain		
1	No Infection/Healthy	1	2	3	4	5	Low Risk 1-8	No Further action Required
2	Symptoms/7 Day Isolation	2	4	6	8	10	Medium Risk 9-15	Action Plan Required and Implemented Before Proceeding.
3	14 Day Isolation	3	6	9	12	15	High risk 16-25	Do Not Proceed
4	Confirmed COVID-19 with Hospitalisation	4	8	12	16	20		
5	Intensive Care/Fatality	5	10	15	20	25		

Generic Hazard and Risk Information:

Strategic Intention

In line with the requirement under the Fire and Rescue Services Act 2004 for each Fire and Rescue Authority to promote fire safety we will adopt a risk-based approach to Home Fire Safety Checks, the promotion of safety messages in educational establishments and wider community-based prevention promotion including road and water safety.

This risk assessment should read in conjunction with Strategic Intention COVID-19 – Prevention.

Prevention activities to include:

- Home Fire Safety Visits**
- Safe and Well Visits**
- Safeguarding Visits**
- Referral Visits**
- Educational Establishments**
- Road Safety**
- Water Safety**

Prevention activity	Hazard	Risk	Persons at risk		Existing Control Measures	Risk Rating			Accept (Y or N)	Further control measures Implemented from action plan – re-score	New Risk Rating			Accept (Y or N)	
			Staff	Public		L	X	S			RR	L	X		S
Assess the level of engagement before a physical visit is considered	Airborne/contact infection of personnel or resident whilst in the home. Fire safety measures not implemented.	Infection of personnel resulting in absences which may have an impact on the ability to deliver Prevention activity. Personnel spreads infection to other staff. Personnel spreads virus to members of the public and clinically vulnerable groups**	X	X	FRS should make remote contact with the resident to establish it is ' COVID secure '*** status and understand any control measures which are being used. The visit will not go ahead if a resident or a member of the household is self-isolating and if they have any symptoms of COVID-19 unless essential for preservation of life. Those individuals identified as being a high fire risk, including those at risk of: <ul style="list-style-type: none"> • Arson Deliberate Fire • Hate Crime • Domestic Violence • Post Fire Incident • Assured Health or Social Care Referral for heightened fire risk All referrals for home visits should come through an approved partner agency, no self-referrals should result in a face to face visit at this stage without a risk-based telephone triage process. Provide fire safety advice over the phone where possible. Personnel who may do visits will need to be assessed against Government guidance suitability. Phone contact to ascertain the access/egress to the property and number of rooms, this will include the Government advice and guidance regarding social distancing guidance and PPE* when attending property.	2	3	6	Y						

<p>Entering a resident's home</p>	<p>Airborne/contact infection of personnel or resident's whilst in the home.</p>	<p>Infection of personnel resulting in absences which may have an impact on the ability to deliver Prevention activity.</p> <p>Personnel spreads infection to other staff.</p> <p>Personnel spreads virus to members of the public and clinically vulnerable groups**</p>	<p>X</p>	<p>X</p>	<p>This guidance should be read in conjunction with Working Safely during Covid-19 - Other People's Homes Guidance***</p> <p>Before entering the property, personnel will check whether the visit can go ahead. If a resident or a member of the household is self-isolating and if they have any symptoms of COVID-19 since the appointment was booked, the visit will be rescheduled unless absolutely essential for preservation of life.</p> <p>When working in a household where somebody is shielding or clinically vulnerable, prior arrangements should be made with the clinically vulnerable person to avoid any face-to-face contact – for example, when answering the door.</p> <p>Personnel are to avoid shaking hands with residents.</p> <p>Personnel to use hand sanitiser before and after the activity.</p> <p>Personnel should seek verbal consent as opposed to a signature, as a disclaimer in line with Government guidance on social distancing.</p> <p>Personnel will ask residents to leave all internal doors open to minimise contact with door handles where possible.</p> <p>Personnel to ask the resident to remain 2 metres apart at all times. When working in a room personnel will ask resident to relocate to another area where possible.</p> <p>Pets and children should be isolated to a separate area by the resident for the duration of the visit where possible.</p> <p>Personnel are to follow Government advice and guidance regarding social distancing and PPE* when attending premises.</p> <p>When removing PPE* personnel must follow</p>	<p>2</p>	<p>3</p>	<p>6</p>	<p>Y</p>					
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					<p>approved procedures.</p> <p>Disposable PPE* must be changed following each visit and disposed of appropriately to avoid cross contamination between homes.</p> <p>Personnel should maintain visibly high standards of cleaning, cleanliness, tidiness, personal dress and grooming to allay residents' concerns.</p> <p>Personnel should only enter the property to fit smoke detection equipment and where advice is required this can be provided from outside the property.</p> <p>Further advice can be provided over the phone before/after a visit has taken place.</p>								
Moving around the resident's home	Personnel become infected by touching an infected surface, and then their eyes, nose or mouth.	<p>Infection of personnel resulting in absences which may have an impact on the ability to deliver Prevention activity.</p> <p>Personnel spreads infection to other staff.</p> <p>Personnel spreads virus to members of the public and clinically vulnerable groups**</p>	X	X	<p>Personnel to minimise contact with surfaces in the home.</p> <p>Personnel to ask the resident to remain 2 metres apart at all times. When working in a room personnel will ask resident to relocate to another area where possible.</p> <p>Personnel to use hand sanitiser before and after the activity. Personnel to avoid using the facilities and accepting food/drink when attending sites.</p> <p>Personnel to refrain from touching their face until hands have been washed with hot soapy water at earliest opportunity.</p> <p>Personnel with long hair should tie it back or control with head wear.</p> <p>Personnel to install fire detection equipment and leave promptly.</p> <p>When removing PPE* personnel to follow approved procedures.</p>	1	3	3	Y				
Installation of specialist sensory equipment	Airborne/contact infection of personnel or	Infection of personnel resulting in absences which may have an	X	X	Personnel must ask the resident to fit any equipment required to be located in a bedroom by themselves if possible.	2	3	6	Y				

	<p>resident's whilst in the home.</p> <p>Personnel become infected by touching an infected surface, and then their eyes, nose or mouth.</p>	<p>impact on the ability to deliver Prevention activity.</p> <p>Personnel spreads infection to other staff.</p> <p>Personnel spreads virus to members of the public and clinically vulnerable groups**</p>			<p>If not possible, personnel should fit equipment taking care to have minimal contact with bedding/other surfaces, PPE* to be utilised if this is not possible.</p>									
<p>Safety visits to educational establishments</p>	<p>Airborne/contact infection of personnel or members of the public.</p> <p>Personnel become infected by touching an infected surface, and then their eyes, nose or mouth.</p>	<p>Infection of personnel resulting in absences which may have an impact on the ability to deliver Prevention activity.</p> <p>Personnel spreads infection to other staff.</p> <p>Personnel spreads virus to members of the public and clinically vulnerable groups**</p>	X	X	<p>This guidance should be read in conjunction with Coronavirus (COVID-19): implementing protective measures in education and childcare settings.****</p> <p>FRS to assess whether undertaking a physical visit is necessary. Consider if activity could be delivered remotely, pre-recorded or delivered by teacher to limit interaction between personnel and others.</p> <p>Personnel to minimise contact with surfaces at the establishments.</p> <p>Personnel to ask the occupants to remain 2 metres apart at all times.</p> <p>Personnel to use hand sanitiser before and after the activity. Personnel to avoid using the facilities and accepting food/drink when attending sites.</p> <p>Personnel to refrain from touching their face until hands have been washed with hot soapy water at earliest opportunity.</p> <p>When removing PPE* personnel to follow approved procedures.</p>	2	3	6	Y					
<p>Safety initiatives within the Community</p>	<p>Airborne/contact infection of personnel or members of the public.</p>	<p>Infection of personnel resulting in absences which may have an impact on the ability</p>	X	X	<p>FRS to assess whether undertaking a physical visit is necessary. Consider if activity could be delivered remotely or pre-recorded to limit interaction between personnel and others.</p>	2	3	6	Y					

	Personnel become infected by touching an infected surface, and then their eyes, nose or mouth.	to deliver Prevention activity. Personnel spreads infection to other staff. Personnel spreads virus to members of the public and clinically vulnerable groups**			Personnel to minimise contact with surfaces at the establishments. Personnel to ask the occupants to remain 2 metres apart at all times. Personnel to use hand sanitiser before and after the activity. Personnel to avoid using the facilities and accepting food/drink when attending sites. Personnel to refrain from touching their face until hands have been washed with hot soapy water at earliest opportunity. When removing PPE* personnel to follow									
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Links to Documents:

*** PPE**

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

<https://www.hse.gov.uk/news/face-mask-equivalence-aprons-gowns-eye-protection-coronavirus.htm>

https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/Health%20safety/COVID19_PPE_firefighters_frontline_staff_FINAL_V2.pdf

**** Clinically Vulnerable**

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

***** Working in People's homes**

<https://assets.publishing.service.gov.uk/media/5eb967e286650c2791ec7100/working-safely-during-covid-19-other-peoples-homes-110520.pdf>

****** Implementing Protective Measures in Education and Childcare Settings**

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>