

Model Risk Assessment				Ref no.	COVID-19	This is an NFCC generic national risk assessment provided in respect of COVID-19 - Mass Casualty (Movement of Bodies) during period of COVID 19 activity and any necessary local variations will be agreed through the local health and safety structures.
Activity	COVID-19 - Mass Casualty (Movement of Bodies)			Status		
Location				Initial assess.		
Section				Reviewed		
Assessed by			Specific	Next review	Monthly or following changes, including to relevant guidance, which may alter residual risk rating.	
Role /No/Dept.			Generic	X	Version no.	1.6

Severity		Likelihood					Risk Rating	
		1. Very Unlikely	2. Unlikely	3. Possible	4. Likely	5. Almost Certain		
1	No Injury	1	2	3	4	5	Low Risk 1-5	Proceed
2	First Aid	2	4	6	8	10	Medium Risk 6-12	Review control measures - proceed
3	7 Day Injury	3	6	9	12	15		
4	Major Injury	4	8	12	16	20	High risk 15-25	Do Not Proceed
5	Fatality	5	10	15	20	25		

MEASURES OF LIKELIHOOD (PROBABILITY)			
LEVEL	DESCRIPTOR	CHANCE	DESCRIPTION
1	Very unlikely	0 to 4%	The injury/event may occur only in exceptional circumstances.
2	Unlikely	5 to 24%	The injury/event could occur at some time.
3	Possible	25 to 64%	The injury/event should occur at some time.
4	Likely	65 to 94%	The injury/event is expected to occur in most circumstances.
5	Almost Certain	95 to 100%	The injury/event will occur in most circumstances.

MEASURES OF SEVERITY (CONSEQUENCE)		
LEVEL	DESCRIPTOR	DESCRIPTION
1	Negligible	Minor local first aid treatment (e.g. minor cuts/abrasions) causing minimal work interruption
2	Slight	Injury requiring formal first aider treatment causing interruption of work for 7 days or less. Moderate financial loss
3	Moderate	RIDDOR lost-time injuries. Medical treatment required. Moderate environmental implications. High financial loss. Moderate loss of reputation. Moderate business interruption.
4	Major	Major disabling injuries. High environmental implications. Major financial loss. Major loss of reputation. Major business interruption.
5	Catastrophic	Single or multiple deaths involving any persons.

Activity	Hazard	Potential consequences	Person at Risk	Agreed Existing Control Measures	Risk Rating			Additional Control Measures	New Risk Rating		
			1-FRS 2-Public 3-Other blue light 4-Other e.g. specialist		L X S = RR				L X S = RR		
Selection of correct staff	Inappropriate selection of staff.	<ul style="list-style-type: none"> • Major injury • Physiological stress • Psychological stress • Inappropriate planning leading to inappropriate actions being taken • Inability to carry out required activities • Reputational damage to the Service • Transition of COVID 19 between workplaces by volunteers 	1, 2,,3	<ul style="list-style-type: none"> • Early engagement of safety representatives via joint H&S committee meetings to assist in highlighting selection in correct staff • Personnel to be fit and able to undertake the activity e.g. not from an identified vulnerable group • All FRS volunteers must be afforded the same health surveillance (testing) arrangements as the partner agency employees/volunteers they are working with in respect of the activity undertaken. If not provided, then activity should not be undertaken. See Appendix B for the current health surveillance arrangements specific to the activity. • The availability of the health surveillance arrangements (testing) detailed in Appendix B should be secured prior to the commencement of the activity. • The health surveillance arrangements for the activity is to continue for a period of 10 days on return to the FRS workplace. • Volunteers to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager • Volunteers with relevant experience to be prioritised • Driving licence checks prior to activity commencing • Fire cover should not be reduced or crewing levels altered to undertake the activity 	1	4	4				

				<ul style="list-style-type: none"> • Volunteers to be suitably trained and qualified to conduct identified work for the agreed activity. • Activity to be monitored and reviewed by enabling FRS 						
Preparation for activity prior to attending mobilising venues	Fatigue prior to commencement of activity which will impact on performance	<ul style="list-style-type: none"> • Inappropriate preparation leading to inappropriate actions being taken • Major injury • Physiological stress • Psychological stress • Reputational damage to the Service 	1, 3	<ul style="list-style-type: none"> • Early engagement of safety representatives via joint H&S committee meetings to assist in highlighting safe systems of work • Staff to be aware this activity does not include PMART activities i.e. no wrapping of bodies to be undertaken • Sufficient rest before attending work to undertake activity. • Staff to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace • Volunteers to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager • Adhere to working time directive to ensure excessive hours are not worked. • Ensure staff have support available for advice with regards to occupational health needs. • Activity to be monitored and reviewed by enabling FRS 	1	2	2			
Attending/working from unfamiliar venues	Unfamiliarity with location layout and facilities.	<ul style="list-style-type: none"> • Slip, trips and falls • Minor injury • Musculoskeletal injury • Inability to continue with activities • Potential exposure to COVID-19 	1, 3	<ul style="list-style-type: none"> • Identify buildings/parts of buildings (designated room/s) being utilised for the activity • Induction of building including information on evacuation procedures. • Lighting provision • Pedestrian routes identified • Safety brief and premise rules. • Access fobs be issued where required. • First aid/Welfare facilities. • Location of defibrillator • Individuals to be briefed in advance not to attend if showing signs and symptoms of COVID-19. 	1	2	2			

				<ul style="list-style-type: none"> • Social distance guidance for 2 metre social distancing to be adhered to wherever possible. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 						
	Inability to promptly report safety event occurrences	<ul style="list-style-type: none"> • Unforeseen trends occurring • Delay in getting medical assistance 	1, 3	<ul style="list-style-type: none"> • Engagement of safety representatives via joint H&S committee meetings to assist in obtaining best and most accurate method of reporting. • Premise induction to include method of safety event reporting • Method agreed re the sharing of safety event occurrences with partner agencies. 	2	2	4			
Routine driving undertaking the activity	RTC	<ul style="list-style-type: none"> • Major Injury • Major vehicle damage • Minor Injury • Driver fatigue • Loss of life • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Full induction, information and training session including familiarisation driving session undertaken by ambulance trust prior to becoming operationally available • FRS assessed drivers only to be considered for driving activities • All vehicles confirmed as road worthy by start of shift, tested and recorded as such. • Vehicle is secure (lockers and doors closed) and safe to drive • Use of seat belts • Awareness of road and weather conditions • Adhere to road traffic act (No FRS exemptions) 	1	4	4			
Being Alerted and responding to deceased person/s from mobilising venue	Transition from rest to action particularly at night and in an unfamiliar environment	<ul style="list-style-type: none"> • Musculoskeletal injury • Adverse effect on FRS responders' mental health and wellbeing • Nearby hazards, e.g. knocks slips, trips. 	1, 3	<ul style="list-style-type: none"> • Driver adheres to FRS Management of Road Risk Policy. • Personnel to respond in a timely and controlled manner • Personnel informed on all hazards on walk routes to ambulance • Good standards of housekeeping to mitigate slips, trips and falls. • Spatial awareness • Awareness of moving vehicles • Good lighting • Suitable work and foot wear • Use of vehicle hand grips and footplates where supplied • Access and egress- traffic routes known and kept clear 	1	2	2			

				<ul style="list-style-type: none"> • Access to professional counselling services. • Ensure staff have support available for advice with regards to occupational health needs. 						
Low speed manoeuvring on arrival at site of deceased person/s	Collisions with others/objects	<ul style="list-style-type: none"> • Minor vehicle damage • Minor Injury • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Driving licence checks prior to activity commencing • Familiarisation training • Vehicle inspection and checks completed and recorded at start of each duty period • Adherence to the road traffic act at all times • Appoint colleague to assist as banks person with manoeuvre outside of vehicle and using hand gestures where required. • Adhere to agreed signals from appointed banks person • Any occurrences of collision will be reported and dealt through Ambulance Service procedures. FRS Fire Control and H&S team (which will include FBU H&S Rep) also informed which will inform a review of this risk assessment 	1	3	3			
Working with other agencies	Lack of understanding of agency specific terminology	<ul style="list-style-type: none"> • Wrong procedures undertaken • Frustration • Delay in getting to work 	1,3, 4	<ul style="list-style-type: none"> • Training • Briefing 	2	1	2			
Attending to deceased person/s	Contaminated area where assistance is being provided	<ul style="list-style-type: none"> • Contact with contaminated fomites • Adverse impact on FRS operational response. • Spreading the COVID 19 infection. • Adverse impact on the NHS • Stress • Anxiety • Other psychological Injury 	1, 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Health and Safety brief to reiterate points in section A2 • Training. • Cordons. • Safety Officer. • Use of other agencies for decontamination of area and/or personnel • Prohibit eating / drinking • Cover any breaks in skin with suitable dressing prior to activity 	1	5	5			
	Attending an incident whereby the body of the deceased person is not wrapped	<ul style="list-style-type: none"> • Contact with contaminated fomites • Stress • Anxiety • Other psychological Injury • Exposure to infected bodily fluids, contaminated objects and other 	1, 3, 4	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 Health and Safety brief to reiterate points in section A2. This to include no wrapping of the body is to take place by FRS personnel • Withdrawal of all FRS personnel • No further action until body is fully wrapped 	1	5	5			

		<ul style="list-style-type: none"> contaminated environmental surfaces Adverse impact on FRS operational response. Spreading the COVID 19 infection. Adverse impact on the NHS. Reputational damage to the Service 		<ul style="list-style-type: none"> Training. All activities will be under supervision by competent person/s Cordons. Keeping a minimum distance from suspected COVID-19 cases of 2 metres where possible Avoid touching areas of the face with hands and never with gloved hands. Vaccination against relevant disease prior to activity commencing e.g. hepatitis B etc 						
	Working in a refrigerated environment	<ul style="list-style-type: none"> Contact with contaminated fomites e.g. contaminated objects and other contaminated environmental surfaces Stress Anxiety Other psychological Injury Exposure to infected bodily fluids. Adverse impact on the NHS. Reputational damage to the Service 	1, 3, 4	<ul style="list-style-type: none"> PPE to include dedicated cold weather protection (e.g. thermal leggings, jacket, headwear and gloves) PPE to include gloves and long sleeved water resistant gown Face fit testing of RPE Training. Health and Safety brief to reiterate points in section A2 Minimal time spent in refrigerated environment Appropriate labelling of containers Control of the working temperature Team work All activities will be under supervision by competent person/s Routine testing of locking mechanisms Communications Ventilation Direct contact with human remains or bodily fluids should be minimised during transportation of the bodies Cordons. Keeping a minimum distance from suspected COVID-19 cases of 2 metres where possible Personal hygiene - washing hands, use of hand sanitising gels. Existing injuries to be covered Avoid touching areas of the face with hands and never with gloved hands. 	1	5	5			

				<ul style="list-style-type: none"> Vaccination against relevant disease prior to activity commencing e.g. hepatitis B etc. 						
	Risk of airborne infection (including COVID 19) to FRS personnel	<ul style="list-style-type: none"> Stress Anxiety Other psychological Injury Adverse impact on FRS operational response. Spreading the COVID 19 infection. Adverse impact on the NHS. Reputational damage to the Service 	1, 3, & 4	<ul style="list-style-type: none"> COVID 19 PPE as outlined in section A1 Health and Safety brief to reiterate points in section A2 Training Safety briefing to include roles & responsibilities plus first aid/welfare arrangements Face fit testing of RPE Cordons Keeping a minimum distance from suspected COVID-19 cases of 2 metres where possible Personal hygiene - washing hands, use of hand sanitising gels. All activities will be under supervision by competent person/s Up to date Health, Safety and Welfare information. Existing injuries to be covered Correct disposal methods adhered for contaminated PPE which must be treated as medical/clinical waste. Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager 	1	5	5			
	Exposure to body-fluids via absorption, ingestion, or inhalation. Needle stick/sharps injuries.	<ul style="list-style-type: none"> Adverse effect on FRS responders' mental health and wellbeing Stress Anxiety Other psychological Injury Adverse impact on FRS operational response. Spreading the COVID 19 infection. Adverse impact on the NHS 	1, 3	<ul style="list-style-type: none"> COVID 19 PPE as outlined in section A1 Health and Safety brief to reiterate points in section A2 Face fit testing of RPE Health and Safety brief. Training. All activities will be under supervision by competent person/s Cordons. Keeping a minimum distance from suspected COVID-19 cases of 2 metres where possible 	1	4	4			

		<ul style="list-style-type: none"> • Reputational damage to the Service 		<ul style="list-style-type: none"> • Personal hygiene - washing hands, use of hand sanitising gels. • Existing injuries to be covered • Avoid touching areas of the face with hands and never with gloved hands. • Vaccination against relevant disease prior to activity commencing e.g. hepatitis B etc • Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager 						
	FRS personnel becoming infected or showing symptoms of an infection	<ul style="list-style-type: none"> • Adverse effect on FRS responders' mental health and wellbeing • Loss of working time. • Impact on an operational response. • Spreading the infection within the FRS family • Loss of life • Impact on the NHS. • Reputational damage to the Service 	1	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Health and Safety brief to reiterate points in section A2 • Face fit testing of RPE • Health and Safety brief. • Training. • All activities will be under supervision by competent person/s • Keeping a minimum distance from suspected COVID-19 cases of 2 metres where possible • Personal hygiene - washing hands, use of hand sanitising gels. • Follow self-isolation and test and trace guidance • FRS personnel showing symptoms should immediately cease the activity, follow self-isolation guidance and put themselves forward for a test • Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager • Seek medical advice - NHS 111 or 999 if medical emergency. • Inform appropriate manager • Debriefing before end of every shift 	1	5	5			

Lifting and moving deceased person/s	Using equipment such as a stretcher to move deceased person/s	<ul style="list-style-type: none"> • Sprains • Strains • Finger entrapment • Musculoskeletal injuries • Uncontrolled descent of deceased person/s • Exposure to COVID-19 • Adverse effect on FRS responders' mental health and wellbeing • Loss of life • Reputational damage to the Service 	1, 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Use mechanical lifting/carrying aids at all times when available • Adopt correct manual handling techniques as per training • Assess the load prior to lifting • Ensure all group manual handling activities are co-ordinated • Plan route to be used to keep travel distances as short as possible • Correct donning and doffing procedures as per Section B • Personal hygiene - washing hands, use of hand sanitising gels. • Access to professional counselling services will be communicated to all staff. • Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4				
	Movement of deceased person/s up and down stairs or in confined or restricted spaces	<ul style="list-style-type: none"> • Sprains • Strains • Finger entrapment • Increased risk of musculoskeletal injuries • Uncontrolled descent of casualty • Exposure to COVID-19 • Adverse effect on FRS responders' mental health and wellbeing • Loss of life • Reputational damage to the Service 	1, 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Correct donning and doffing procedures. See Section B • Assess the load prior to lifting • Use mechanical lifting/carrying aids at all times when available • Adopt correct manual handling techniques as per training • Ensure all group manual handling activities are co-ordinated • Plan route to be used to keep travel distances as short as possible • Request additional resources if required • Personal hygiene - washing hands, use of hand sanitising gels. • Consideration to utilise a variety of manual handling aids to move deceased person/s such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - • Access to professional counselling services 	2	4	8				

				<ul style="list-style-type: none"> • Ensure staff have support available for advice with regards to occupational health needs. 						
	Unknown weight of deceased person to be moved	<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries • Uncontrolled descent of deceased person 	1, 3	<ul style="list-style-type: none"> • Briefing prior to activity commencing. • Manual handling training • Casualty handling training • Assess the load prior to lifting • Plan route to be used to keep travel distances as short as possible • Request additional resources if required • Use mechanical lifting/carrying aids at all times when available and always when the weight of the body requires it 	1	4	4			
	Handling deceased person from the floor	<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries • Uncontrolled descent of deceased person. • Adverse effect on FRS responders' mental health and wellbeing 	1, 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Correct donning and doffing procedures as per Section B • Use mechanical lifting/carrying aids at all times when available • Assess the load prior to lifting • Adopt correct manual handling techniques as per training • Ensure all group manual handling activities are co-ordinated • Request additional resources if required • Personal hygiene - washing hands, use of hand sanitising gels. • Consideration to utilise a variety of manual handling aids to move deceased person/s such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - • Access to professional counselling services • Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4			
	Movement of bariatric deceased person.	<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries including permanent debilitating injuries • Uncontrolled descent of deceased person 	1, 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Correct donning and doffing procedures as per Section B • Consider use of mechanical lifting aids • Adopt correct manual handling techniques as per training • Assess the load prior to lifting 	2	4	8			

		<ul style="list-style-type: none"> • Adverse effect on FRS responders' mental health and wellbeing 		<ul style="list-style-type: none"> • Utilise any carrying handles on aids wherever possible • Ensure all group manual handling activities are co-ordinated • Request additional resources if required • Plan route to be used to keep travel distances as short as possible • Consideration to utilise a variety of manual handling aids to move deceased person/s such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - • Personal hygiene - washing hands, use of hand sanitising gels. • Access to professional counselling services • Ensure staff have support available for advice with regards to occupational health needs. 						
	Contact with multiple deceased persons throughout each shift period i.e. repeated exposure to traumatic scenarios	<ul style="list-style-type: none"> • Adverse effect on FRS responders' mental health and wellbeing • Presenteeism • Infection of FRS responders. • Loss of working time. • Spreading of the infection to a wider group • Adverse impact on the NHS. 	1, 3	<ul style="list-style-type: none"> • FRS to utilise Staff for this activity • Agreed FRS screening of all applicants prior to Staff being accepted for this activity • Information to be shared to all potential Staff re what the activity will entail • Vaccination against relevant disease prior to activity commencing e.g. hepatitis B etc. • Training to be given prior to activity commencing • Activity for an agreed a limited time period before the commencement subject to employee wellbeing • Minimal persons exposed for the minimum duration • Access to FRS Occ Health facilities • Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager 	2	3	6			

Required to perform first aid on other occupiers including cardiopulmonary resuscitation (CPR)	Increased potential for contamination	<ul style="list-style-type: none"> • Infection. • Worsening of the causalities condition. • Loss of working time. • Impact on an operational response. • Spreading the infection. • Impact on the NHS. • Lack of an operational response. 	1, 2, 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Health and Safety brief to reiterate points in section A2 • Health and Safety brief • Training • Face fit testing of RPE • Personal hygiene - washing hands, use of hand sanitising gels. • Place a cloth/towel over the victims' mouth and nose and attempt compression only CPR • Avoid touching face or mouth with hands. 	2	3	6				
Dealing with members of the public at incidents	Frightened, anxious, panicked members of public and/or family members	<ul style="list-style-type: none"> • Intimidation • Physical abuse • Verbal abuse • Violence • Stress • Anxiety • Other psychological Injury • Minor injury • Major injury 	1, 2, 3	<ul style="list-style-type: none"> • Health and safety briefing to reiterate points in A2 • Ensure regular contact with control • Request Police attendance for public control • Withdraw to place of safety • Crews debriefed before end of every shift • Ensure staff have support available for advice with regards to occupational health needs. • Record as an act of violence at work/known hazard and log for future attendances 	2	2	4				
	Safety event occurs requiring immediate assistance from those in attendance	<ul style="list-style-type: none"> • Stress • Anxiety • Other psychological Injury • Delay in work activity 	1, 3	<ul style="list-style-type: none"> • Agreed pre selection of FRS personnel • Training to be given prior to activity commencing • Pre-determined cordons • Call for assistance (999) • Minimal persons exposed for the minimum duration • Ensure staff have access available for advice with regards to occupational health needs 	1	3	3				
Dealing with animals at incidents	Attack by an animal	<ul style="list-style-type: none"> • Bites • Scratches • Minor injury • Illness/infection • Inability to render assistance to casualty • Psychological Distress 	1, 3	<ul style="list-style-type: none"> • Occupier if present requested to control/secure animal. • Occupier if present requested to remove animal. • Personnel not to enter area where attack by the animal is possible. • Request attendance of additional resources if required (RSPCA, Vet etc) • Personnel to only deploy into the vicinity of the pet when the pet is under control such as is 	2	3	6				

				<p>necessary to prevent any attack.</p> <ul style="list-style-type: none"> • First aid training • Seek medical attention at all times. • Record as an act of violence at work/known hazard and log for future attendances 						
Cleaning of transportation vehicle	FRS personnel becoming infected	<ul style="list-style-type: none"> • Contact with contaminated fomites • Infection from bodily fluids • Spreading any bio-hazards • Spreading the COVID 19 infection. • Loss of working time. 	1, 3, 4	<ul style="list-style-type: none"> • Health and Safety brief • PPE guidance as per Appendix 1 • Contamination avoidance training to include disposal of contaminated PPE and equipment • All activities will be under supervision by competent person/s • Existing injuries to be covered • Personal hygiene - washing hands, use of hand sanitising gels. • Avoid touching areas of face with gloved hands. • Vaccination against relevant disease prior to activity commencing e.g. hepatitis B etc. 	1	5	5			
Disrobing at the end of shift	Cross-contamination	<ul style="list-style-type: none"> • Biohazards: e.g. pathogens, virus's etc. • Spreading an infection • Taking a contamination home with you • Contaminating family members • Unwarranted impact on the NHS. • Reputational damage to the Service 	1, 3	<ul style="list-style-type: none"> • Establish physical separation of clean and dirty areas • Ensure the provision of warm water and soap • PHE donning and doffing in accordance with guidance in Section B • Use of alcohol / sterile hand gels. • Use the pre-arranged appropriate storage facilities for personal clothing • Disposal point for contaminated PPE/ work wear etc. • FRS personnel to be trained in personal decontamination procedures • Appropriate decontamination of PPE by professional cleaners, PPE to be treated as clinical waste 	1	4	4			
	Contamination of personnel's work wear	<ul style="list-style-type: none"> • Spreading the infection • Taking the contamination home with you 	1	<ul style="list-style-type: none"> • Work wear considered to be contaminated must be laundered by a professional body 	1	5	5			

		<ul style="list-style-type: none"> Contaminating family members Unwarranted impact on the NHS. 		<ul style="list-style-type: none"> Establish clean & dirty changing areas on site with warm water and soap wherever possible PHE donning and doffing guidance as appendix Appropriate storage facilities for personal clothing Requirement for disposal point for contaminated PPE/ work wear etc. 						
Providing assistance to other agencies during periods of COVID 19.	Use of FRS Service facilities by partner agencies for rest/welfare purposes	<ul style="list-style-type: none"> Impact on day to day work Disruption of watch/s Increased risk of spreading the COVID 19 infection Loss of working time. Impact on an operational response 	1, 3, 4	<ul style="list-style-type: none"> No sharing of Service facilities wherever possible Station cleaning routines Safety briefing to include roles & responsibilities plus first aid/welfare arrangements Keeping a minimum distance from individuals of 2 metres wherever possible Personal hygiene - washing hands, use of hand sanitising gels. If sharing cannot be avoided, separate rooms/facilities should be identified wherever possible 	1	3	3			
Welfare considerations	Inappropriate persons undertaking activities	<ul style="list-style-type: none"> Adverse effect on FRS responders' mental health and wellbeing Stress Anxiety Infection of FRS responders Loss of working time. Unwarranted impact on the NHS. Reputational damage to the Service 	1	<ul style="list-style-type: none"> FRS to utilise Staff for this activity Agreed pre selection of FRS personnel Information to be shared to all potential Staff re what the activity will entail Vaccination against relevant disease prior to activity commencing e.g. hepatitis B etc Training to be given prior to activity commencing Activity for an agreed a limited time period before the commencement subject to employee wellbeing Minimal persons exposed for the minimum duration Ensure staff have access available for advice with regards to occupational health needs Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager 	1	3	3			

<p>Provision of Welfare facilities</p>	<p>Inadequate welfare and hygiene facilities provided</p>	<ul style="list-style-type: none"> • Stress • Anxiety • Infection of FRS responders from bio-hazards • Adverse effect on FRS responders' mental health and wellbeing • Loss of working time. • Potential exposure to COVID-19 • Unwarranted impact on the NHS. • Reputational damage to the Service 	<p>1</p>	<ul style="list-style-type: none"> • Training/guidance to be given prior to activity commencing • Welfare and toilet facilities for suitable rest and toilet breaks for practitioners in appropriate designated areas that can maintain social distancing measures. • Facilities provided are to be COVID-19 secure • Suitable facilities for adequate hand hygiene to be adopted and adhered to • Only utilise buildings/parts of buildings essential to the task. These facilities are to be COVID-19 secure • Suitable facilities for practitioners to change clothing • Ensure staff have support available for advice with regards to occupational health needs. 	<p>2</p>	<p>2</p>	<p>4</p>				
<p>Post activity considerations</p>	<p>FRS personnel becoming infected or showing symptoms of an infection.</p>	<ul style="list-style-type: none"> • Stress • Anxiety • Psychological stress • Adverse effect on FRS personnel mental health and well being • Further transmission of COVID-19 within the workplace • Spreading the transmission to home premise • Loss of working time. • Impact on an operational response. • Impact on the NHS. • Reputational damage to the Service 	<p>1</p>	<ul style="list-style-type: none"> • Early engagement of safety representatives via joint H&S committee meetings to assist in debriefing the work activity • Health and Safety brief to reiterate signs and symptoms of COVID-19 • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • The health surveillance arrangements for the activity is to continue for a period of 10 days on return to the FRS workplace. • Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager • Seek medical advice - NHS 111 or 999 if medical emergency. • Inform appropriate manager. • Ensure staff have support available for advice with regards to occupational health needs. • Access to professional counselling services to be communicated to staff. 	<p>1</p>	<p>5</p>	<p>5</p>				

				<ul style="list-style-type: none">• Employee Assistance programme or service equivalent to be flagged and highlighted to all staff• If personnel become symptomatic they will self-isolate and follow test and trace guidance• Review the risk assessment to ensure suitable and sufficient control measures are in place							
--	--	--	--	---	--	--	--	--	--	--	--

Appendix A

The following guidance relates to Mass Casualty (Movement of bodies) during period of COVID 19 – this risk assessment does not relate to PMART activity. For confirmation, this refers to wrapped body movements.

Section A - General Assumptions:

1. COVID -19 PPE mentioned within this risk assessment is based upon standard infection control precautions below a-e
 - a. FFP3 respirators must be worn whenever 'aerosol generating procedures' (AGP) are taking place. AGP's include
 - i. intubation, extubation and related procedures
 - ii. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
 - iii. induction of sputum (cough)

FFP3 masks must be compliant with BS EN149:200.1 **NOTE:** If wearing a FFP3 that is not fluid resistant, a full face shield/visor **must** be worn in these cases.

- b. FFP2 or Fluid resistant type IIR mask non 'aerosol generating procedures'
- c. Long sleeved disposable apron/gown
- d. Disposable gloves
- e. Eye protection –full face shield/visor or polycarbonate safety spectacles or equivalent

Items of PPE b, c, d & e will be donned at all times from the time the activity commences until the activity is concluded when they will then be safely and hygienically disposed of. Item of PPE 'a' will be provided and will be available for immediate use to each individual staff undertaking the activity. These items to be donned when an event occurs or a situation arises whereby FRS assistance may be required and/or the activity presents any anticipated/likely risk of contamination with splashes, aerosol, exhaled breath, droplets of blood or other body fluids.

2. FRS personnel involved in the activity of Mass Casualty (Movement of bodies) during period of COVID 19 activity will have received relevant and appropriate information, instruction & training.
3. FRS personnel will wear the correct Service provided workwear (See Section B) and as a minimum RPE/PPE appropriate to the task of Mass Casualty (Movement of bodies) during period of COVID 19 activity see Section A1.
4. FRS personnel involved in the activity of Mass Casualty (Movement of bodies) during period of COVID 19 activity must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of Mass Casualty (Movement of bodies) during period of COVID 19 activity must have first been the subject of an appropriate inspection, maintenance and servicing regime.
6. All additional activities must be under supervision by a competent person

7. Partner agencies must receive information, instruction, training and supervision where appropriate to work safely within the FRS identified safe systems of work.
8. FRS personnel involved in the activity of Mass Casualty (Movement of bodies) during period of COVID 19 activity must have first received relevant manual handling information/training and any follow up refresher training as required. (See Section B)
9. All FRS personnel are all fit and well (See Section B)
10. A safety briefing/induction must be given to all personnel.
11. A debrief of the additional activity will be undertaken at routine intervals whilst the additional activity is being undertaken.
12. Safe systems of work identified in this and any subsequent risk assessments will be adhered to with all applicable HSE guidance and ACoPs applied as a minimum standard

Section B - relevant documents/guidance as of the date of initial assessment:

1. Tri-partite/NJC agreements
2. Guide to donning and doffing standard PPE
3. Social distance guidance
4. Insert service work wear policy
5. Insert service fitness policy
6. Insert service manual handling policy
7. HSE RR1052 - The effect of wearer stubble on the protection given by Filtering Face pieces Class 3 (FFP3) and Half Masks

Appendix B

The Health Surveillance arrangements in place in relation to COVID-19 - Mass Casualty (Movement of Bodies) during period of COVID 19 as of the 1st of January 2021 are 2 Lateral Flow Tests per week (HS Comparator Health Care Professional DHSC). Staff should be tested twice weekly every three to four days to fit with shift patterns and leave requirements.