

| Model Risk Assessment | | | | Ref no. | COVID-19 |
|------------------------------|-------------------------------|----------|---|-----------------|---|
| Activity | Community Vaccination Support | | | 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. | 1.4 |

This is an NFCC generic national risk assessment provided in respect of Community Vaccination Support activity and any necessary local variations will be agreed through the local health and safety structures.

| 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) | | |
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| 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 | | |
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| | | | 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 of 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. Staff with relevant skills and experience to be prioritised Driving licence checks Fire cover should not be reduced or crewing levels altered to undertake the activity Staff to be suitably trained and qualified to conduct identified work for the agreed activity. Activity to be monitored and reviewed by enabling FRS | 1 | 4 | 4 | | | | |
| Preparation for activity prior to attending any venue | Fatigue prior to commencement of activity which | <ul style="list-style-type: none"> Inappropriate preparation leading to inappropriate actions being taken | 1, 2,,3 | <ul style="list-style-type: none"> Sufficient rest before attending work to undertake activity. Early engagement of safety representatives via joint H&S committee meetings to assist in | 1 | 2 | 2 | | | | |

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| | will impact on performance | <ul style="list-style-type: none"> • Major injury • Physiological stress • Psychological stress • Reputational damage to the Service | | <ul style="list-style-type: none"> • highlighting safe systems of work • Volunteer to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace • 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 | | | | | | |
| Vehicle checks prior to driving Service vehicle | Non-roadworthy/non familiar vehicle being utilised for deliveries | <ul style="list-style-type: none"> • Vehicle Collision • Minor Injury • Major injury • Adverse effect on FRS responders' mental health and wellbeing • Reputational damage to the Service | 1, 2 | <ul style="list-style-type: none"> • Driving licence checks prior to activity commencing • Vehicle familiarisation training • Vehicle inspection and checks completed and recorded at start of each duty period • Training on all equipment that FRS personnel will use or be exposed to prior to activity commencing. • Ensure volunteer have support available for advice with regards to occupational health needs. • Access to FRS Occ. Health facilities | 1 | 4 | 4 | | | |
| Routine driving undertaking the activity | RTC | <ul style="list-style-type: none"> • Major Injury • Major vehicle damage • Minor Injury • Driver fatigue • Adverse effect on FRS responders' mental health and wellbeing • Loss of life • Reputational damage to the Service | 1, 2 | <ul style="list-style-type: none"> • Full induction, information and training session including familiarisation driving session • 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) • Driving licence checks prior to activity commencing • Drivers to be aware of the process for the reporting of RTC's in Service vehicles • Ensure staff have access available for advice with regards to occupational health needs. | 1 | 4 | 4 | | | |

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| <p>Low speed manoeuvring on arrival at vaccination site</p> | <p>Collisions with others/objects</p> | <ul style="list-style-type: none"> • Minor vehicle damage • Minor Injury • Reputational damage to the Service | <p>1, 2</p> | <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 • Adherence to local/on-site speed restriction • 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 fire service procedures and H&S team (which will include FBU H&S Rep) also informed which will inform a review of this risk assessment • Designated staff parking which should be separate from public attending site. | <p>1</p> | <p>3</p> | <p>3</p> | | | | |
| <p>FRS volunteer attending sites to carry out activity</p> | <p>Unfamiliarity of building layout</p> | <ul style="list-style-type: none"> • Slips, trips and falls • Minor injury • Musculoskeletal injury • Inability to continue with activities • Potential exposure to COVID-19 | <p>1, 2, 3, 4</p> | <ul style="list-style-type: none"> • Induction of building including information on evacuation procedures. • Pedestrian routes identified • Safety brief and premise rules. • Confirmation building is following all COVID secure guidelines. • Access fobs be issued where required. • First aid/Welfare facilities. • Location of defibrillator • Identify buildings/parts of buildings (designated room/s) essential to the task • Designate specific rooms for vaccinations and support activity to take place. • Individuals requiring vaccination to be briefed in advance to make it known to staff if they are showing signs and symptoms of COVID-19. • Individuals to be vaccinated to have safety induction and briefing on safety procedures when moving around the building. • Social distance guidance for 2 metre social distancing to be adhered to wherever possible | <p>1</p> | <p>3</p> | <p>3</p> | | | | |

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| | | | | <ul style="list-style-type: none"> • Areas to be set up so that social distancing is to be maintained during activity wherever possible. • Adequate lighting provided. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 | | | | | | |
| | 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 explaining glossary of terminology | 1 | 1 | 1 | | | |
| | Inability to promptly report safety event occurrences | <ul style="list-style-type: none"> • Unforeseen trends occurring • Delay in getting medical assistance | 1, 3, 4 | <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. | 1 | 2 | 2 | | | |
| Movement, storage, handling of equipment, PPE and medical supplies to support vaccination sites. | Poor lifting technique for heavy objects and/or moving equipment | <ul style="list-style-type: none"> • Slips, trips and falls • Minor Injury • Strains and sprains • Musculoskeletal injury • Major injury | 1,3 & 4 | <ul style="list-style-type: none"> • Health and safety briefing to reiterate points in A2 • Manual Handling training • Sort loads into manageable sizes • Use mechanical lifting/carrying aids at all times when available • Team lifting/carrying • Predetermined travel routes • PPE for manual handling appropriate to the activity e.g. gloves, safety boots etc. • Avoid manual handling if possible • Ensure all group manual handling activities are co-ordinated • Utilise any carrying handles • Adhere to safe lifting weight signage | 1 | 4 | 4 | | | |
| Conducting pedestrian & vehicle marshalling activity at community vaccination sites. | FRS volunteer coming into contact with person/s with COVID19 or other contagion | <ul style="list-style-type: none"> • Risk of exposure to COVID-19 via touch or airborne transmission • Infectious diseases transmission to other parties (COVID-19) • Increased risk of exposure to biohazard • Stress • Anxiety • Strains and sprains • Musculoskeletal injury • Major injury | 1 & 2 | <ul style="list-style-type: none"> • Health & Safety brief to all staff members to reiterate points in A2. • Pre-determined access and egress routes for vehicles • Defined parking areas for members of the public to be separate from staff parking • Use of barriers and/or signage • Social distancing to be maintained between staff and occupants of vehicle | 1 | 4 | 4 | | | |

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| | | <ul style="list-style-type: none"> • Loss of life • Reputational damage to the Service | | <ul style="list-style-type: none"> • Provide advice and guidance to members of the public from a safe distance. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 • Provision of a suitable disinfectant cleaning wipe solution. • Provide suitable waste receptacles along with cleaning/disposal regime with appropriate record keeping. • Appropriate cold weather clothing to be provided • Provision of a suitable disinfectant cleaning wipe/solution • First aid training • If personnel become symptomatic whilst conducting the activity, they will cease the activity immediately undertake a test and if positive, self-isolate and follow self-isolation and test, trace, isolate guidance • Ensure staff have support available for advice with regards to occupational health needs. | | | | | | | |
| | Struck by vehicle | <ul style="list-style-type: none"> • Stress • Anxiety • Minor injury • Strains and sprains • Musculoskeletal injury • Major injury • Reputational damage to the Service | 1 | <ul style="list-style-type: none"> • Health & Safety brief to all staff members to reiterate points in A2. • Wearing of high visibility clothing while operating in external areas • Pre-determined access and egress routes for vehicles • Defined parking areas for members of the public to be separate from staff parking • Use of barriers and/or signage to separate pedestrians from vehicles • Use of signage for traffic calming measures. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 Appropriate cold weather clothing to be provided | 1 | 3 | 3 | | | | |
| Dealing with members of the public | Members of the public are volatile, aggressive and/or unpredictable | <ul style="list-style-type: none"> • Psychological Distress • Verbal abuse • Physical assault • Violence and intimidation • Stress • Anxiety | 1 & 2 | <ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • Staff to be calm and assured when dealing with members of the public • Personnel to show Service ID • Maintain social distancing | 1 | 3 | 3 | | | | |

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| | | <ul style="list-style-type: none"> • Other psychological Injury • Minor Injury • Major Injury | | <ul style="list-style-type: none"> • Staff to have access to mobile phone • Withdraw to place of safety • Staff only areas which can be secured as a place of safety. • Working in teams of 2 wherever possible • Ensure contact with manager • Request police attendance • Record as an act of violence at work/known hazard and log for future attendances • Ensure staff have support available for advice with regards to occupational health needs | | | | | | |
| | Members of the public refusing to wear appropriate face covering. | <ul style="list-style-type: none"> • Risk of exposure to COVID-19 via touch or airborne transmission • Infectious diseases transmission to other parties (COVID-19) • Increased risk of exposure to biohazard • Psychological Distress • Verbal abuse • Physical assault • Violence and intimidation • Stress • Anxiety • Other psychological Injury • Minor Injury • Major Injury | | <ul style="list-style-type: none"> • Social distancing to be maintained between staff and members of public • Provide advice and guidance to members of the public on appropriate face coverings from a safe distance. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 • Staff to be calm and assured when dealing with members of the public • Personnel to show Service ID • Staff to have access to mobile phone • Restrict entry if appropriate face covering is not worn. • Withdraw to place of safety • Staff only areas which can be secured as a place of safety. • Working in teams of 2 wherever possible • Ensure contact with manager • Request police attendance • Record as an act of violence at work/known hazard and log for future attendances • Ensure staff have support available for advice with regards to occupational health needs | 1 | 3 | 3 | | | |
| Dealing with animals | 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 & 2 | <ul style="list-style-type: none"> • Member of public requested to control/secure animal outside of the area/premise. • Animals are not to enter vaccination area unless animal is a support for a disability. • Personnel not to enter area where attack by the animal is possible. | 1 | 3 | 3 | | | |

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| | | | | <ul style="list-style-type: none"> • Staff to maintain a distance between themselves and animal at all times. • 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 the occupiers control such as is necessary to prevent any attack. • First aid training • Seek medical attention at all times. • Record as an act of violence at work/known hazard and log for future attendances | | | | | | |
| Undertaking the COVID vaccination | FRS volunteer coming into contact with person/s with COVID19 or other contagion | <ul style="list-style-type: none"> • Risk of exposure to COVID-19 via touch or airborne transmission • Infectious diseases transmission to other parties (COVID-19) • Puncture risk from sharps. • Unsafe storage of sharps. • Increased risk of exposure to biohazard • Stress • Anxiety • Other psychological Injury • Adverse impact on FRS operational response. • Adverse impact on the NHS. • Loss of life • Reputational damage to the Service | 1, 2, 3, 4 | <ul style="list-style-type: none"> • Individuals requiring vaccination to be briefed in advance to make it known to staff if they are showing signs and symptoms of COVID-19. • Site users to be made aware of start and finish times for when vaccination is to be undertaken • All personnel, staff or visitors to site to have safety induction and briefing on safety procedures • Defined access and egress routes for members of the public • Travel routes used for access and egress are to be kept separate from site personnel if possible • Vaccination area/cubicle to have suitable layout so that social distancing can be maintained. • Only individual to be tested is to enter the room. • Ensure sharps are stored and disposed of in an appropriate container designated for medical waste. • Person carrying out the vaccination will be suitably trained, qualified and follow DHSC guidelines. • Provision of a suitable disinfectant cleaning wipe/solution • Cleaning regime in place once each vaccination is completed with appropriate record keeping. • If volunteers become symptomatic whilst conducting the activity, they will undertake a test and if positive, self-isolate | 1 | 4 | 4 | | | |

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| | | | | <ul style="list-style-type: none"> and follow test and trace guidance Avoid skin-to-skin contact or being in close proximity to the exhaled breath whenever not wearing suitable protection Staff rotation FRS volunteer will adhere to COVID-19 PPE guidance as per Section A1 Ensure staff have support available for advice with regards to occupational health needs. | | | | | | |
| | Non-qualified personnel carrying out vaccination | <ul style="list-style-type: none"> Test not administered correctly Possible exposure for the wearer to biological hazards including COVID 19 Reputational damage to the Service | 1, 2, 3, 4 | <ul style="list-style-type: none"> Practitioners conducting vaccination will be trained and qualified to undertake vaccination A manager of suitable seniority at all external sites to deal with any events or difficulties that arise Practitioners kept up to date with any changes in practice Practitioners to keep in their possession proof of competency whilst vaccination is being undertaken and must show it to the manager of suitable seniority prior to undertaking any vaccinations Equipment will only be used by competent qualified practitioners within the manufactures guidance | 1 | 5 | 5 | | | |
| | Cross contamination of vaccination equipment during activity | <ul style="list-style-type: none"> Contraction of COVID-19 Increased risk of exposure to biohazard Stress Anxiety Other psychological Injury Spreading the COVID 19 infection. Adverse impact on the NHS. Reputational damage to the Service | 1, 2, 3, 4 | <ul style="list-style-type: none"> Individuals requiring vaccination to be briefed in advance to make it known to volunteer if they are showing signs and symptoms of COVID-19. All personnel, staff or visitors to site to have safety induction and briefing on safety procedures Social distancing to be maintained whenever possible Relevant PPE to be worn whilst undertaking this task as detailed in section A1 if social distancing cannot be maintained RPE to be used and issued on an individual basis Provision of a suitable disinfectant cleaning wipe/solution Cleaning of the vaccination area and equipment between tests must be carried out by competent staff | 2 | 3 | 6 | | | |

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| | | | | <ul style="list-style-type: none"> • Avoid skin-to-skin contact or being in close proximity to the exhaled breath whenever not wearing suitable protection • If personnel become symptomatic whilst conducting the activity, they will undertake a test and if positive, self-isolate and follow test and trace guidance | | | | | | |
| | Failure of vaccination equipment | <ul style="list-style-type: none"> • Adverse impact on the NHS/Carers • Stress to tester • Stress to potential patient • Anxiety • Reputational damage to the Service | 1, 2, 3, 4 | <ul style="list-style-type: none"> • Vaccination equipment will only be used within the manufactures guidance • Practitioners conducting vaccination will have the required valid documentation • A manager of suitable seniority at all external sites to deal with any events or difficulties that arise • Practitioners kept up to date with any changes in practice | 1 | 2 | 2 | | | |
| Public attending site for vaccination whether displaying or not displaying symptoms of COVID-19 | Contact with patients with COVID 19 | <ul style="list-style-type: none"> • Minor illness • Major illness • Exposure to COVID-19 • Adverse effect on FRS responders' mental health and wellbeing • Loss of life • Reputational damage to the Service | 1, 2, 3, 4 | <ul style="list-style-type: none"> • Agree pre selection of FRS personnel • Information and training on all infection control polices & procedures in place and adhered to • COVID 19 PPE as outlined in section A1 • Personal hygiene - washing hands, use of hand sanitising gels. • Defined egress and access routes to vaccination area • A distance of 2-metres will be maintained from the patient wherever possible • Vaccination area/cubicle to have suitable layout so that social distancing can be maintained. • Where close patient contact is required, strict PPE procedures must be adopted. The minimum PPE level is as per Section A1 • Correct donning and doffing procedures as per Section B • FRS personnel to be trained in personal decontamination procedures • Staff to be trained on procedure. • Procedure conducted under supervision and guidance of qualified staff member until fully experienced in the process. | 2 | 5 | 10 | | | |

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| | | | | <ul style="list-style-type: none"> • Correct disposal methods adhered for contaminated PPE which must be treated as medical/clinical waste. • Ensure staff have support available for advice with regards to occupational health needs. • Ongoing health screening • Access to professional counselling services | | | | | | |
| Dealing with activity where infectious substances and/or biohazards may be present – other than COVID 19 | Contamination from patients | <ul style="list-style-type: none"> • Minor illness • Major illness • Exposure to infectious substances and/or biohazards • Adverse effect on FRS responders' mental health and wellbeing • Loss of life • Reputational damage to the Service | 1, 2, 3, 4 | <ul style="list-style-type: none"> • Agreed pre selection of FRS personnel • Information and training on all infection control polices & procedures in place and adhered to • Vaccination against relevant diseases prior to activity commencing e.g. hepatitis B etc. • COVID 19 PPE. See section A1 • A distance of 2-metres will be maintained from the patient whenever possible • Where close patient contact is required, strict PPE procedures must be adopted • Correct donning and doffing procedures as per Section B • FRS personnel to be trained in personal decontamination procedures • Correct disposal methods adhered for contaminated PPE which must be treated as medical/clinical waste. • FRS personnel to be tested for exposure to infectious substances and/or biohazards whenever deemed suitable • Ensure staff have support available for advice with regards to occupational health needs. • Ongoing health screening • Access to professional counselling services • Personal hygiene - washing hands, use of hand sanitising gels. | 1 | 5 | 5 | | | |
| Cleaning of equipment/ cubicles and any areas accessed by members of the public | Contamination of practitioner and/or individual being tested | <ul style="list-style-type: none"> • Increased risk of exposure to biohazard • Contraction of COVID-19 • Stress • Anxiety • Other psychological Injury | 1, 2, 3, 4 | <ul style="list-style-type: none"> • Individuals requiring vaccination to be briefed in advance to make it known to staff if they are showing signs and symptoms of COVID-19. • All personnel, staff or visitors to site to have safety induction and briefing on safety procedures | 2 | 3 | 6 | | | |

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| | | <ul style="list-style-type: none"> • Spreading the COVID 19 infection. • Adverse impact on the NHS. • Reputational damage to the Service | | <ul style="list-style-type: none"> • PPE to be worn whilst undertaking this task as detailed in section A1 • Maintain social distancing measures wherever possible • RPE to be used and issued on an individual basis • Cleaning of the vaccination area and equipment between tests must be carried out by competent staff • All public areas, to include access and egress routes along with welfare facilities, must have an appropriate/regular cleaning/disinfection regime along with record keeping. • If personnel become symptomatic whilst conducting the activity, they will undertake a test and if positive, self-isolate and follow test and trace guidance • Avoid skin-to-skin contact or being in close proximity to the exhaled breath whenever not wearing suitable protection • Regular washing of hands and use of alcohol / sterile hand gels. • Advise that all venue surfaces/equipment utilised will be cleaned post vaccination and prior to any occupants being allowed access to the room being utilised. This requirement is the responsibility of the venue staff. | | | | | | |
| | Equipment/ work area insufficiently cleaned | <ul style="list-style-type: none"> • Viral infection • Increased risk of exposure to biohazard • Minor Physical injury • Delay in getting to work • Exposure to COVID-19 | 1, 2, 3, 4 | <ul style="list-style-type: none"> • Follow COSHH guidance for protective equipment when using chemical disinfectants • Relevant PPE to be worn whilst undertaking this task as detailed in section A1 • All equipment to be visually inspected and wiped down prior to use • Provision of a suitable disinfectant cleaning wipe/solution • Any equipment faults to be recorded, reported and replaced. • RPE to be used and issued on an individual basis • Cleaning of the vaccination area and equipment between vaccinations | 2 | 3 | 6 | | | |

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| 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, 4 | <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 • Dispose of single use PPE in medical waste bin at premise, if available. • If a medical waste bin is not available, all PPE to be bagged and sealed • Disposal point for contaminated PPE/ uniform 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 | | | | |
| Provision of Welfare facilities | Inadequate welfare and hygiene facilities provided | <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 | 1 | <ul style="list-style-type: none"> • Welfare Facilities for suitable rest breaks and toilet breaks for practitioners and 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 any building essential to the task. These facilities are to be COVID-19 secure • Suitable facilities for practitioners to change clothing • Training to be given prior to activity commencing • Ensure staff have support available for advice with regards to occupational health needs. | 2 | 2 | 4 | | | | |
| Post activity considerations | FRS personnel becoming infected or showing symptoms of an infection. | <ul style="list-style-type: none"> • Stress • Anxiety • Psychological stress • Adverse effect on FRS personnel mental health and well being | 1 | <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 | 1 | 5 | 5 | | | | |

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| | | <ul style="list-style-type: none"> • 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 • | | <ul style="list-style-type: none"> • If personnel or staff become symptomatic whilst conducting the activity, their involvement is to cease immediately and the individual is to self-isolate and request a COVID 19 test • 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. • Employee Assistance Programme (EAP) 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 | | | | | | | |
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Appendix A

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

For internal or patient/public facing activities:

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 volunteer 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.

For external or non-patient/public facing activities:

Items of PPE b & d 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. Items of PPE a, c & e will be provided and will be available for immediate use to each individual volunteer 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 community vaccination will have received relevant and appropriate information, instruction & training.
3. FRS personnel will wear the correct Service provided work wear (See Section B) and as a minimum RPE/PPE appropriate to the task of community vaccination see Section A1.
4. FRS personnel involved in the activity of community vaccination must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of community vaccination 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 community vaccination 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.

Section B - relevant documents/guidance:

1. Tri-partite/NJC agreements
2. Self- isolation guidance
3. Guide to donning and doffing standard PPE
4. Stay at home guidance
5. Home care guidance
6. Social distance guidance
7. Insert service work wear policy
8. Insert service fitness policy
9. Insert service manual handling policy
10. 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 Community Vaccination Support as of the 1st of January 2021 are 2 Lateral Flow Tests per week (HS Comparator Health Care professional, Patient Advocate, Care Volunteer, Vaccinator DHSC). Staff should be tested twice weekly every three to four days to fit with shift patterns and leave requirements.