

Model Risk Assessment				Ref no.	COVID-19	This is an NFCC generic national risk assessment provided in respect of Delivery of per-designed training packages on infection prevention and control, including hand hygiene, PPE donning & doffing guidance and procedures; and supporting the care home staff testing i.e. direct to care home staff
Activity	Delivery of per-designed training packages on infection prevention and control, including hand hygiene, PPE donning & doffing guidance and procedures; and supporting the care home staff testing i.e. direct to care home staff			Status		
Location				Initial assess.		
Section				Reviewed		
Assessed by			Specific	Next review		
Role /No/Dept.			Generic	X	Version no.	1.9

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	High risk 15-25	Do Not Proceed
4	Major Injury	4	8	12	16	20		
5	Fatality	5	10	15	20	25		

Guidance on assessing severity risk			
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		
			Staff	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 Incorrect instruction/advice being given Worsening of Care home conditions Reputational damage to the Service Transition of COVID 19 between workplaces by volunteers 	✓	1, 2	<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 NHS training package 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 	1	3	3				

					<p>return to the FRS workplace</p> <ul style="list-style-type: none"> • 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 • Staff with relevant skills and experience to be prioritised • 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 • Ideally there will be two staff to deliver the training. There should never be a time when more than 2 staff would be required in any team to deliver a single training session 							
Preparation for activity prior to attending the workplace	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, 2	<ul style="list-style-type: none"> • Sufficient rest before attending work to undertake activity. • Early engagement of safety representatives to assist in highlighting safe systems of work • Staff to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace • Consideration should be given to the recommendation to detach a dedicated FRS team to carry out the NHS training 	1	3	3	.			

					<ul style="list-style-type: none"> 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 							
Preparing for activity by individuals	Individual being unprepared or uninformed of responsibilities which may impact on performance	<ul style="list-style-type: none"> Inappropriate preparation leading to inappropriate actions being taken Minor injury Reputational damage to the Service. 	✓	1, 2	<ul style="list-style-type: none"> Staff to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace Sufficient rest before activity Health and safety briefing/inductions when attending workplace prior to conducting activity, this to cover all SSOW and RA control measures Ensure staff have support available for advice 	1	3	3				
Preparing to drive to activity to support residential care homes.	Inappropriate and/or unqualified driver leading to unsafe acts	<ul style="list-style-type: none"> Minor injury Major injury Loss of life Musculoskeletal injury Adverse effect on FRS personnel mental health and well being Unfamiliar vehicle for conducting activity Unable to complete task Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> Driver qualified and validated to drive vehicle. Driver licence checks Full vehicle induction including information and familiarisation driving session. Driver adheres to Service Management of Road Risk Policy. 	1	4	4				
Vehicle checks prior to driving the vehicle for care home activity	Non-roadworthy/non familiar vehicle being utilised	<ul style="list-style-type: none"> Vehicle Collision Minor Injury Major injury Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> Driver adheres to Service Management of Road Risk Policy. Maintenance schedule for each vehicle. Vehicle inspection and checks completed and recorded at start of each duty period. Non-roadworthy vehicles are not to be used 	1	4	4				

					<ul style="list-style-type: none"> • Training on all equipment that FRS personnel will use. 							
Driving the vehicle to care home activity	Road Risk Road Traffic Collisions	<ul style="list-style-type: none"> • Vehicle Collison • Major Injury • Major vehicle damage • Minor Injury • Adverse effect on FRS trainers' mental health and wellbeing • Driver fatigue • Loss of life • Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> • Ensure doors, lockers and equipment are secured before moving off. • Use vehicle seat belts. • Utilise satellite navigation and maps. • Evaluate weather and road conditions. • Good knowledge of topography and risks including road closures etc. • Drivers to be aware of the process for the reporting of RTC's in Service vehicles • Adherence to the road traffic act at all times (no FRS exemptions) 	1	4	4				
Arrival at the address	Low speed manoeuvring	<ul style="list-style-type: none"> • Minor vehicle damage • Minor Injury • Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> • Plan to arrive early • Park vehicle in a safe location to allow staff to exit on arrival • Adhere to low speed manoeuvring procedures • Health and safety - Inform FRS personnel before moving vehicles • Utilise hi-vis jackets if required. • Appoint 'safety person' to assist with manoeuvres, if available. • Adhere to agreed signals from 'safety person' • Observe cameras and vehicle sensors, If available 	2	2	4				
	Contact with slow moving vehicles	<ul style="list-style-type: none"> • Slips, trips and falls • Minor injury • Musculoskeletal injury • Inability to continue with activities 	✓	1, 2	<ul style="list-style-type: none"> • Speed restrictions at premise • Designated parking area/s identified prior to attendance • Pedestrian routes identified 	1	3	3				

					<ul style="list-style-type: none"> • Safety brief and premise rules. • Access fobs be issued where required. • First aid/Welfare facilities. • Identify buildings/parts of buildings (designated room/s) essential to the task. 							
Preparation for delivering training material to residential care home staff	Being unprepared which will result in failing to deliver the correct detail or level of training that is expected.	<ul style="list-style-type: none"> • Inappropriate delivery of training package with potential to lead to: <ul style="list-style-type: none"> • Increased risk of exposure to biohazard • Increased risk of exposure to COVID-19 via touch or airborne transmission • Biological infection • Infectious diseases transmission to other parties (COVID-19) • Loss of life • Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> • All FRS staff involved in training delivery to receive 2-hour training package by a qualified NHS trainer. • FRS staff to ensure they have equipment and training aids to allow the package to be delivered to the required standard. 	1	5	5				
Considerations for training at various location types	FRS staff transmitting bio hazards or being exposed to contaminated areas and staff members who may have COVID-19 or other contaminants.	<ul style="list-style-type: none"> • Increased risk of exposure to biohazard • Increased risk of exposure to COVID-19 via touch or airborne transmission • Biological infection • Infectious diseases transmission to other parties (COVID-19) • Slips, trips, falls. • Loss of life. 	✓	1, 2	<ul style="list-style-type: none"> • Early engagement of safety representatives via the joint H&S committee meeting to assist in highlighting safe systems of work • When considering training venues, the maintaining of social distancing must be a priority. • Consider an alternative location not at a care home as this will reduce the risk of contamination to its lowest – preferred option • To reduce number of training locations etc., arrange when possible for students from differing 	1	5	5				

					locations to be trained collectively as a whole.							
Attending residential care homes to deliver training	<p>Being unfamiliar with the layout</p> <p>Exposure to members of staff or residents</p> <p>FRS staff transmitting bio hazards or being exposed to contaminated areas and students who may have COVID-19 or other contaminants</p>	<ul style="list-style-type: none"> • Slips, trips and Falls • Increased likelihood of risk of exposure to biohazard • Increased likelihood of risk of exposure to COVID-19 via touch or airborne transmission • Onward transmission of infection from care home to care home • Biological infection • Infectious diseases transmission to other parties (COVID-19) • Reputational damage to the Service • Loss of life. 	✓	1, 2	<ul style="list-style-type: none"> • Room and facilities to be cleaned in advance, between training sessions and following completion of the training • Health & Safety brief for FRS staff prior to journey to venue. • Provide guidance sheet to responsible person prior to attendance with FRS safety requirements. • Arrange to be met by responsible person at a stated time • Arrange for briefing by responsible person prior to entering building to include layout and associated risks. • Responsible person to plan shortest possible route to and from training room and will ensure no person is present either on route or inside the training room, prior to moving through the building. • Request building to be well ventilated if possible • High standards of hygiene to be practiced; • Social distancing adhered to at all times • PPE to be provided for FRS trainer i.e. nitrile gloves, surgical masks, protective coverall/apron and donned prior to entering the building • Eye protection to be made available for use in the event social distancing cannot be maintained e.g. in the event of an emergency • Room and facilities to be cleaned in advance, between training sessions 	2	5	10				

					<p>and following completion of the training.</p> <ul style="list-style-type: none"> • Ideally service employees should be tested on a regular cycle with the aim of weekly routine testing when available • Ensure the sterility of all equipment and potentially affected clothing being taken into care homes; • Ensure the sterility/ safe bagging of equipment and potentially affected clothing when leaving care homes • Ensure the prevention of materials contaminating vehicles • All vehicles and equipment utilised are properly cleaned after use. 							
Delivery of training at all venues	<p>Staff coming into contact with staff member with COVID19 or other contagion</p> <p>Staff failing to deliver the correct content of course</p>	<ul style="list-style-type: none"> • Increased risk of exposure to biohazard • Increased risk of exposure to COVID-19 via touch or airborne transmission • Biological infection • Psychological trauma • Infectious diseases transmission to other parties (COVID-19) • Loss of life • Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> • Training staff to only deliver the pre-determined NHS training package • Only students to be trained are to enter training room. • Limit student numbers to room size (Maximum of 10 students) to ensure that social distancing can be maintained throughout the training. • Only utilise training aids that have been supplied by the FRS. • FRS managers to ensure that the training room will be cleaned and sterile prior to and post any planned use • Ensure all equipment utilised has been cleaned by FRS staff after every training session • Training should be by demonstration without any physical contact whilst ensuring social distancing at all times 	1	5	5				

					<ul style="list-style-type: none"> Time in the building should be limited to the duration of the training event/s 							
Identifying any Safeguarding issues whilst delivering the NHS training package	Failing to act if safeguarding issues are identified.	<ul style="list-style-type: none"> Negative impact on physical or mental wellbeing of person directly involved. Mental wellbeing of FRS staff members Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> FRS staff to be provided with safeguarding training prior to attendance Utilise FRS safeguarding reporting process immediately if an issue is identified. Consider withdrawal of FRS staff and postponement of the training Report to the Police if person is in immediate danger. Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4				
Leaving non care home venue on completion of training event	<p>FRS staff coming into contact with a student with COVID19 or other contaminate.</p> <p>Increased risk of leaving the venue with COVID-19 present within the premise</p>	<ul style="list-style-type: none"> Potential for contracting COVID - 19 or other with minor to severe health consequences. Potential to spread an infection/virus to other premise users Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> Ensure all students have exited the premise prior to FRS leaving Ensure all students maintain social distancing on leaving the premise Ensure all FRS utilised equipment has been cleaned by FRS staff. The post training cleaning of the venue is the responsibility of the building management team. Use defined decontamination procedures for PPE on leaving the building. 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 prior to returning to the vehicle and disposed of on return to FRS premise Follow hygiene rules on leaving premise e.g. 	1	5	5				

					provision of hand sanitiser, workplace hygiene rules etc.							
Leaving care home venue on completion of training event	<p>Staff coming into contact with a care home resident or staff member with COVID19 or other contagion.</p> <p>Increased risk of leaving the venue with COVID-19 present within the premise</p>	<ul style="list-style-type: none"> Potential for contracting COVID - 19 or other with minor to severe health consequences. Potential to spread an infection/virus to other premise users Potential to spread an infection/virus to other care home premises Reputational damage to the Service 	✓	1, 2	<ul style="list-style-type: none"> Ensure all students have exited the room prior to FRS leaving Remind all students to maintain social distancing on leaving the room Advise that all venue surfaces/equipment utilised will be cleaned post training and prior to residents being admitted This requirement is the responsibility of the Care home staff Ask for residents and staff to remain in other parts of building whilst staff exit to limit exposure. Responsible person to guide FRS staff directly to exit utilising shortest travel route. Use defined decontamination procedures for PPE on leaving the building. 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 prior to returning to the vehicle and disposed of on return to FRS premise Follow hygiene rules on leaving premise e.g. provision of hand sanitiser, workplace hygiene rules etc. 	2	5	10				
Post activity considerations	FRS personnel becoming infected or showing symptoms of an infection.	<ul style="list-style-type: none"> Stress Anxiety Psychological stress 	✓	1, 2	<ul style="list-style-type: none"> Early engagement of safety representatives via joint H&S committee meetings to assist in debriefing the work activity 	1	5	5				

		<ul style="list-style-type: none"> • 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 			<ul style="list-style-type: none"> • 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. • Volunteers to be instructed that those who during this activity have had close contact (as divined in official guidance) with a confirmed COVID-19 patient should inform their appropriate line manager • Seek medical advice - NHS 111 or 999 if medical emergency. • Contact GP • Inform line 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 or service equivalent to be flagged and highlighted to all staff • 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 masks will suffice when undertaking Face fitting for masks to be used by frontline NHS and clinical care staff working with COVID 19 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 the purpose of this document all COVID 19 PPE relates to this as our standard based upon PHE standard 10 March 2020– since this time there has been further reduction in recommended standards which are below this level and in our opinion do not offer the protection required.

2. FRS personnel involved in the activity of Support of Care Homes during periods of COVID-19 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 the Support of Care Homes during periods of COVID-19 see Section A1.
4. FRS personnel involved in the activity of Support of Care Homes during periods of COVID-19 must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of Support of Care Homes during periods of COVID-19 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 the Support of Care Homes during periods of COVID-19 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/links:

1. Tri-partite/NJC agreements
2. Self-isolation document
3. Guide to donning and doffing standard PPE
4. Stay at home guidance
5. Home care guidance
6. Social distance guidance
7. Insert Service workwear policy
8. Insert Service fitness policy
9. Insert Service manual handling policy

Appendix B

The Health Surveillance arrangements in place in relation Delivery of per-designed training packages on infection prevention and control, including hand hygiene, PPE donning & doffing guidance and procedures; and supporting the care home staff testing i.e. direct to care home staff as of the 1st of January 2021 2 Lateral Flow Tests per week (1 completed pre activity 1 completed post activity as part of health surveillance monitoring) (HS Comparator Care/Nursing Home Worker DHSC).