

Model Risk Assessment				Ref no.	COVID-19	This is a Tripartite group developed generic national risk assessment provided in respect of Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights) activity as set out in paragraph 2 of TRI/5/20 and any necessary local variations will be agreed through the local health and safety structures.
Activity	Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights)			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.	1.3

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		
			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 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 selection in correct staff Personnel to be fit and able to undertake driving instruction activity e.g. not from an identified vulnerable group 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 	1	4	4				
Preparing for driving instruction activity by individuals prior to instruction	Inadequate/inappropriate preparation by the instructor which may 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 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 Students to be provided with joining instructions prior to commencing Consideration should be given to the recommendation to detach dedicated FRS driving instructors for the activity 	1	2	2				

				<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. Venue to be inspected for suitability by FRS manager prior to activity taking place Activity to be monitored and reviewed by enabling FRS 						
	Student 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, 3	<ul style="list-style-type: none"> Students provided with joining instructions prior to commencing Pre course learning Driver qualified and validated to drive vehicle. Driver licence checks 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 Full vehicle induction including information and familiarisation driving session. Ensure staff have on-site support available for advice 	1	2	2			
Working from unfamiliar venue	Traversing around the venue	<ul style="list-style-type: none"> Slips, trips and falls Minor injury Musculoskeletal injury Inability to continue with activities 	1, 2, 3, 4	<ul style="list-style-type: none"> Speed restrictions at premise Designated parking area/s identified prior to attendance Pedestrian routes identified Identify buildings/parts of buildings (designated room/s) essential to the task. Safety brief and premise rules. Induction of building including information on evacuation procedures Access fobs be issued where required. First aid/Welfare facilities. Location of first aid facilities 	1	3	3			
Induction/class room activities prior to practical instruction	Unfamiliarity of building layout	<ul style="list-style-type: none"> Slips, trips and falls Minor injury Musculoskeletal injury Inability to continue with activities 	1, 3	<ul style="list-style-type: none"> Safety brief and premise rules. Access fobs be issued where required. First aid/Welfare facilities. Location of defibrillator 	1	3	3			

		<ul style="list-style-type: none"> Potential exposure to COVID 19 		<ul style="list-style-type: none"> Students to be briefed in advance not to attend training if showing signs and symptoms of COVID 19. Students 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 at all times. Rooms to be set up so that social distancing is to be maintained Ventilation to be maintained within the room Adequate lighting provided. 						
Vehicle checks prior to driving the vehicle.	Non-roadworthy/unfamiliar vehicle being checked	<ul style="list-style-type: none"> Vehicle Collision Minor Injury Major injury Reputational damage to the Service 	1, 2, 3	<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 Training on all equipment that FRS personnel will use. 	1	4	4			
Undertaking practical driving instruction	Road Risk Road Traffic Collisions	<ul style="list-style-type: none"> Vehicle Collision Major Injury Major vehicle damage Minor Injury Adverse effect on FRS trainer's mental health and wellbeing Driver fatigue Loss of life Reputational damage to the Service 	1, 2, 3	<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, where required 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			
	Low speed manoeuvring	<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"> Plan to arrive early Park vehicle in a safe location to allow FRS personnel to exit vehicle on arrival Adhere to low speed manoeuvring procedures Health and safety - Inform FRS personnel before moving vehicles Utilise hi-vis jackets if required. 	2	2	4			

				<ul style="list-style-type: none"> • Appoint 'safety person' to assist with manoeuvres, if available. • Adhere to agreed signals from 'safety person' • Observe cameras and vehicle sensors, if available 						
	Coming into contact with person/s with COVID 19 or other contagion in the vehicle	<ul style="list-style-type: none"> • Risk of exposure to COVID 19 via touch or airborne transmission through contact with individuals, vehicle fittings and furnishings • 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, 3	<ul style="list-style-type: none"> • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 • Suitable hand washing facilities and sanitising stations provided with hand sanitiser. • Suitable hard surface anti-bacterial wipes and cleaning solution provided. • Numbers to be kept to a minimum i.e. 1 to 1 tuition to limit persons in vehicle. • Social distance guidance for 2 metre social distancing to be adhered to wherever possible. • Call students ahead of training session to enquire; <ul style="list-style-type: none"> ○ if they have any symptoms ○ if anyone they know or have been in contact with is showing symptoms ○ If they, or if anyone they have been in contact with, has travelled from a high-risk, infectious region. <p>In which case individuals to be briefed in advance not to attend activity.</p> <ul style="list-style-type: none"> • All individuals must wash or sanitise their hands prior to entering the vehicle. • Maintain an air flow in the vehicle by opening windows where practicable to do so. • Wipe down surfaces internally and externally on the vehicle before and after use. • Provision of face shielding protection if social distancing cannot be maintained • Avoid skin-to-skin contact or being in close proximity to the exhaled breath whenever not wearing suitable protection • During training, regular breaks should be undertaken in fresh air and social distancing rules should continue to be observed. 	1	5	5			

				<ul style="list-style-type: none"> • Where a student has met the training objectives the course should be ended. There is no need to unnecessarily elongate the course • If, during training, the instructor or student becomes symptomatic they must: <ul style="list-style-type: none"> ○ report this immediately and cease the activity ○ stop at a safe location and ensure both the instructor and student have donned an FFP3 face mask and ensure blue nitrile gloves are worn ○ Return vehicle and student to home base immediately ○ Ensure vehicle is professionally deep cleaned prior to being re-used • The individuals should inform their appropriate managers, self-isolate and follow test and trace guidance • Provision of a suitable disinfectant cleaning wipe/solution • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Showering & washing to be undertaken by the individual not showing symptoms and should heed any notifications by contact tracers • Person showing symptoms should return home and not access the premise • Contaminated PPE should be treated as clinical waste e.g. bagged up for professional cleaning or disposal. • Ensure staff have support available for advice with regards to occupational health needs. 							
	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, 3	<ul style="list-style-type: none"> • Driver adheres to Service Management of Road Risk Policy. • Maintenance schedule for each vehicle. 	1	4	4				

				<ul style="list-style-type: none"> • Vehicle inspection and checks completed and recorded at start of each duty period. • All vehicles confirmed as roadworthy at start of shift and recorded as such. • Non-roadworthy vehicles are not to be used • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • Training on all equipment that FRS personnel will use. 						
Cleaning of equipment/vehicle	Contamination of instructor and/or student	<ul style="list-style-type: none"> • Increased risk of exposure to biohazard • Contraction of COVID 19 • Stress • Anxiety • Other psychological Injury • Spreading the COVID 19 infection. • Adverse impact on the NHS. • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Individuals to be briefed in advance not to attend training if showing signs and symptoms of COVID 19. • All personnel, volunteers or visitors to site to have safety induction and briefing on safety procedures • PPE to be worn whilst undertaking this task as detailed in section A1 which includes PPE donned by the student. • If student refuses to done PPE, then training should not take place. • Avoid skin-to-skin contact or being in close proximity to the exhaled breath whenever not wearing suitable protection • Contamination avoidance training to include disposal of contaminated PPE and equipment • All activities will be under supervision by competent person/s • Maintain social distancing measures wherever possible • Follow COSHH guidance for protective equipment when using chemical disinfectants • Routine cleaning of the vehicle and equipment between use must be carried out by the agency responsible for the vehicle • If vehicle is suspected of being contaminated, ensure vehicle is professionally deep cleaned prior to being re-used 	2	3	6			

				<ul style="list-style-type: none"> • If instructors or students become symptomatic the activity is to cease immediately • Existing injuries to be covered • Avoid touching areas of face with hands. • Regular washing of hands and use of alcohol / sterile hand gels. • Advise that all venue surfaces/equipment/vehicles utilised will be cleaned post and prior to any activity 						
	Appliance and/or equipment 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, 3	<ul style="list-style-type: none"> • A safety briefing to be given. This to include steps to take in the eventuality a vehicle is identified as being unclean. • Relevant PPE to be worn whilst undertaking this task as detailed in section A1 • All equipment to be visually inspected • Provision of a suitable disinfectant cleaning wipe/solution • Any equipment faults to be recorded, reported and replaced. • Maintain a cleaning log for each vehicle showing each vehicle operative/s • Vehicles not fully cleaned to be removed from use • Cleaning of equipment/vehicles prior, post and between activities 	2	3	6			
Disrobing at the end of shift	Cross-contamination	<ul style="list-style-type: none"> • Biohazards: e.g. pathogens, virus's etc • Spreading an infection • Potential to bring an infection/virus home • Contaminating family members • Unwarranted impact on the NHS. • Reputational damage to the Service 	1, 2	<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. • Showering & washing facilities to be provided • Use the pre-arranged appropriate storage facilities for personal clothing • Dispose of single use PPE in medical waste bin at premise. • Disposal point for contaminated PPE/ uniform etc. 	1	4	4			

				<ul style="list-style-type: none"> FRS personnel to be trained in personal decontamination procedures Appropriate decontamination of PPE by professional cleaners, Contaminated PPE to be treated as clinical waste If a medical waste bin is not available, all PPE to be bagged and sealed prior to returning to, and disposing of on return to FRS premise 						
Leaving venue on completion of driving instruction	Increased risk of FRS personnel leaving the venue with COVID-19 now present within the premise	<ul style="list-style-type: none"> Potential for contracting COVID 19 or other infection Potential to spread an infection/virus to other premise and/or premise users Potential to bring an infection/virus home Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> Remind all participants to maintain social distancing on leaving the premise FRS staff to exit building utilising shortest travel route. Use defined decontamination procedures for PPE on leaving the building. Follow hygiene rules on leaving premise e.g. provision of hand sanitiser, workplace hygiene rules etc. 	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"> Training to be given prior to activity commencing Welfare Facilities for suitable rest/toilet breaks for instructors/students 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. Showering & washing facilities to be provided Only utilise buildings/parts of buildings essential to the task. These facilities are to be COVID 19 secure Suitable facilities for instructors/students to change clothing 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			

		<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"> • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • Following the cessation of any detachment to perform the activity an employee, as a condition of volunteering, will be put forward for a test to take place no sooner than 3 days following that cessation • The employee will not return to work until they have received a negative test result. • 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 and follow self-isolation and test & trace guidance • 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 							
--	--	--	--	--	--	--	--	--	--	--	--

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

Items of PPE b & d will be donned by the driver trainer 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, 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.

The student will provide and don item of PPE 'b' and if the individual refuses to don the PPE then no driving instruction is to take place.

2. FRS personnel involved in the activity of Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights) 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 Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights) patients see Section A1.
4. FRS personnel involved in the activity of Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights) must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights) 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 Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights) 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 agreements
2. Guide to donning and doffing standard PPE
3. Social distance guidance
4. Insert service workwear 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

Model Risk Assessment				Ref no.	COVID-19	This is a Tripartite group developed generic national risk assessment provided in respect of delivery of PPE and other medical supplies to NHS and care facilities during period of COVID 19 activity as set out in paragraph 3 of TRI/4/20 and any necessary local variations will be agreed through the local health and safety structures.
Activity	Delivery of PPE and other medical supplies to NHS and care facilities			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	

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 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"> Minor injury Physiological stress Inappropriate planning leading to inappropriate actions being taken Inability to carry out required activities Reputational damage to the Service 	1, 4	<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 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 Driving licence checks prior to activity commencing Fire cover should not be reduced or crewing levels altered to undertake the activity Staff to be suitably trained to conduct identified work for the agreed activity. Activity to be monitored and reviewed by enabling FRS 	1	2	2				
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 Minor injury Physiological stress Reputational damage to the Service 	1, 4	<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 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 	1	1	1				

				<ul style="list-style-type: none"> Adhere to working time directive to ensure excessive hours are not worked. Activity to be monitored and reviewed by enabling FRS 						
Attending/working from unfamiliar venues (collecting PPE/medical supplies)	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, 4	<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. 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 	1	2	2			
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, 4	<ul style="list-style-type: none"> Training Briefing explaining glossary of terminology 	1	1	1			
Vehicle checks prior to driving the vehicle	Non-roadworthy/unfamiliar vehicle being utilised for deliveries	<ul style="list-style-type: none"> Vehicle Collison 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 staff have support available for advice with regards to occupational health needs. Access to FRS Occ Health facilities 	1	4	4			
Loading vehicle with PPE and medical supplies for delivery	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, 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 	1	4	4			

				<ul style="list-style-type: none"> • 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 						
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 and non FRS vehicles • Ensure staff have support available for advice with regards to occupational health needs. • Access to FRS Occ Health facilities 	1	4	4			
Low speed manoeuvring on arrival at site of delivery	Collisions with others/objects	<ul style="list-style-type: none"> • Minor vehicle damage • Minor Injury • Reputational damage to the Service 	1, 2	<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. 	1	3	3			

				<ul style="list-style-type: none"> 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 						
Dismounting the vehicle, gathering up of parcel/s and delivering of parcels	Hit by moving traffic	<ul style="list-style-type: none"> Major Injury Minor Injury Damage to/loss of parcels Reputational damage to the Service 	1, 2	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Training and instruction Route planning Use of vehicle hazard lights. Use of Hi-Viz jackets at all times. Safe dismount from vehicle (kerb side). Deliveries to be made during daylight hours wherever possible Deliveries to be made to a specified location away from public areas 	1	5	5			
	Parcel size/shape/load inappropriate for carrying	<ul style="list-style-type: none"> Uncontrolled descent of parcel Damage to parcel Musculoskeletal injuries Strains and sprains Minor injuries Failure to deliver items Reputational damage to the Service 	1	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Manual Handling training Sort loads into manageable sizes Consider use of mechanical carrying aids Team lifting/carrying Pre-determined travel routes Deliveries to be made during daylight hours wherever possible 	1	2	2			
Handover of PPE/medical supplies	Delivery made to person/s other than intended recipient	<ul style="list-style-type: none"> Psychological Distress Failure to deliver items Items ending up with inappropriate/unintended persons NHS/Care staff placed at additional risk Reputational damage to the Service 	1, 4	<ul style="list-style-type: none"> Ensure the occupier/carer is aware of the time of arrival of parcel delivery whenever possible. Deliveries to be made at a prearranged time Deliveries to be made to a specified location Deliveries to be made to a pre nominated person/s Check recipients name prior to handover Agree measures with partner agency for proof of receipt of goods received Personnel to show occupier Service ID whilst maintaining social distancing 	1	5	5			

	Recipient not in attendance	<ul style="list-style-type: none"> Psychological Distress Failure to deliver items Delay in delivery to further locations Reputational damage to the Service 	1, 4	<ul style="list-style-type: none"> Ensure the occupier/carer is aware of the time of arrival of parcel delivery whenever possible. Deliveries to be made to a specified location Deliveries to be made at a prearranged time Deliveries to be made to a pre nominated person/s Personnel to have access to mobile phone Items being delivered must not be left without authorisation Withdraw and attempt to contact intended parcel recipient by other means 	1	4	4				
	Delivering items to recipient who subsequently is identified as having the COVID19 virus	<ul style="list-style-type: none"> Impact on day to day work Increased risk of spreading the COVID 19 infection Adverse effect on FRS responders' mental health and wellbeing Loss of working time. Impact on an operational response Major illness Loss of life Adverse impact on the NHS Reputational damage to the Service 	1	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Training The Health and Safety briefing to include roles & responsibilities plus first aid/welfare arrangements No entry to be made into health or care premises. All activities will be under supervision by competent person/s COVID 19 PPE as outlined in section A1 Face fit testing of RPE Provision of clinical waste bag Gloves and wipes must be placed in the clinical waste bag for disposal after each use Cordons Keeping a minimum distance from individuals of 2 metres wherever possible Personal hygiene - washing hands, use of hand sanitising gels. Existing injuries to be covered Ensure staff have access available for advice with regards to occupational health needs. Adhere to home care guidance referred to in Section B Ensure donning and doffing procedure is strictly adhered to. See Section B Work wear considered to be contaminated must be 	1	5	5				

				<ul style="list-style-type: none"> laundered by a professional body 'Ensure contaminated PPE is treated as medical waste. Any confirmed contamination to be treated under RIDDOR. 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 Any suspected contamination from a member of the public must be recorded as a safety event and the risk assessment reviewed to consider additional control measures If personnel become symptomatic they will self-isolate and follow test and trace guidance 						
	FRS personnel transmitting disease/virus to person/s whilst delivering PPE and other medical supplies	<ul style="list-style-type: none"> Reputational damage to the Service Increased risk of spreading the COVID 19 infection wider Adverse effect on FRS responders' mental health and wellbeing Major illness Loss of life Adverse impact on the NHS 	1, 4	<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 Health and safety briefing/inductions when attending workplace prior to conducting activity, this to cover all SSOW and RA control measures Individuals to be briefed in advance not to attend workplace if showing signs and symptoms of COVID-19. Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 Provision of clinical waste bag Gloves and wipes must be placed in the clinical waste bag for disposal after each use Social distance guidance for 2 metre social distancing to be adhered to at all times. If personnel become symptomatic they will self-isolate If personnel become symptomatic whilst delivering to vulnerable persons the activity is to cease immediately 	1	5	5			

	Entering the premise	<ul style="list-style-type: none"> • Adverse effect on FRS responders' mental health and wellbeing • Stress • Anxiety • Infection. • Requirement to provide first aid to an occupant. • Loss of working time. • Impact on an operational response. • Spreading an infection and/ or bio-hazard. • Increased potential exposure to COVID 19 virus • Spreading an infection/bio-hazard within the FRS family • Loss of life • Reputational damage to the Service 	1 & 2	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • COVID 19 PPE as outlined in section A1 • Maintain a minimum distance from individuals of 2 metres wherever possible • Request attendance of ambulance via 999 • Provide first aid only if safe to do so in requisite PPE See Section A1 • If COVID 19 is suspected, then ensure COVID 19 PPE is worn • Do NOT perform rescue breaths or mouth-to-mouth resuscitation • Ensure staff have access available for advice with regards to occupational health needs. • First aid/trauma training. • Adhere to home care guidance. See Section B • Face fit testing of RPE • Ensure donning and doffing procedure is strictly adhered to. See Section B • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Work wear considered to be contaminated must be laundered by a professional body • Ensure contaminated PPE is treated as medical waste • Personal hygiene - washing hands, use of hand sanitising gels. • Any suspected contamination from a member of the public must be recorded as a safety event and the risk assessment reviewed to consider additional control measures. 	2	3	6				
Post-delivery activities	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 	1	<ul style="list-style-type: none"> • FRS personnel showing symptoms should immediately cease any further activity, follow self-isolation guidance and put themselves forward for a test • Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 	1	5	5				

		<ul style="list-style-type: none"> • Loss of life • Impact on the NHS. • Reputational damage to the Service 		<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 • Seek medical advice - NHS 111 or 999 if medical emergency. • Inform partner agency and/or mobilising authority of suspected contamination risk • Inform appropriate manager • Access to professional counselling services will be communicated to all staff. • If personnel become symptomatic they will self-isolate and follow test and trace guidance • Any confirmed contamination to be treated under RIDDOR 						
	FRS personnel becoming infected whilst cleaning FRS vehicle used for deliveries	<ul style="list-style-type: none"> • Infection from contamination • Spreading the COVID 19 infection. • Loss of working time 	1	<ul style="list-style-type: none"> • All activities will be under supervision by appropriate manager • Appropriate equipment supplies provided at place of cleaning • Routine cleaning of vehicle during shift • Use of PPE including gloves, gown, face covering and eye protection • Avoid touching areas of your face with your hands. • Handover of non FRS supplied vehicles for supplier to clean as appropriate 	1	5	5			
Disrobing workwear at the end of shift	Cross-contamination	<ul style="list-style-type: none"> • Spreading the infection • Taking the contamination home with you • Contaminating family members • Unwarranted impact on the NHS. • Reputational damage to the Service 	1	<ul style="list-style-type: none"> • Establish clean & dirty changing areas on site with warm water and soap • Showering to take place at place of work • Establish physical separation of clean and dirty areas • Ensure donning and doffing procedure is strictly adhered to. See Section B • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal • Use of alcohol / sterile hand gels. 	1	5	5			

				<ul style="list-style-type: none"> Use the pre-arranged appropriate storage facilities for personal clothing Requirement for disposal point for contaminated PPE/ uniform etc. 						
	Contamination of personnel's work wear/personal clothing	<ul style="list-style-type: none"> Spreading the infection Taking the contamination home with you Contaminating family members Unwarranted impact on the NHS. 	1	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Work wear considered to be contaminated must be laundered by a professional body Establish clean & dirty changing areas on site with warm water and soap wherever possible Ensure donning and doffing procedure is strictly adhered to. See Section B Appropriate storage facilities for personal clothing Change of clothes prior to travelling home Requirement for disposal point for contaminated PPE/ work wear etc. 	1	5	5			
Consideration and provision of welfare facilities	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 volunteers for this activity Health and Safety brief to reiterate points in in section A2 Information to be shared to all potential volunteers re what the activity will entail Training to be given prior to activity commencing Minimal persons exposed for the minimum duration Ensure staff have support available for advice with regards to occupational health need Access to FRS Occ. Health facilities Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 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 	1	3	3			
	Inadequate welfare and	<ul style="list-style-type: none"> Stress Anxiety 	1	<ul style="list-style-type: none"> Early engagement of safety representatives via joint H&S 	2	2	4			

	hygiene facilities provided	<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> committee meetings to assist in debriefing the work activity • Health and Safety brief to reiterate signs and symptoms of COVID-19 • Training/guidance to be given prior to activity commencing • Suitable facilities for adequate hand hygiene to be adopted and adhered to • Suitable facilities for practitioners to change clothing • Showering & washing facilities to be provided • Ensure staff have support available for advice with regards to occupational health needs. • 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 • Seek medical advice - NHS 111 or 999 if medical emergency. • 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 						
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 • Further transmission of COVID-19 within the workplace • Spreading the transmission to home premise • Loss of working time. • Impact on an operational response. 	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 • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • 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 	1	5	5			

		<ul style="list-style-type: none">• Impact on the NHS.• Reputational damage to the Service		<p>should inform their appropriate manager</p> <ul style="list-style-type: none">• 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 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 the delivery (including entering a premise) of PPE and other medical supplies to NHS and care facilities.

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 & 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 delivery (including entering a premise) of PPE and other medical supplies to NHS and care facilities (during period of COVID 19) activity 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 delivery PPE and other medical supplies to NHS and care facilities (during period of COVID 19) activity see Section A1.
4. FRS personnel involved in the activity of delivery of PPE and other medical supplies to NHS and care facilities (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 delivery of PPE and other medical supplies to NHS and care facilities (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 delivery of PPE and other medical supplies to NHS and care facilities (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 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

Model Risk Assessment				Ref no.	COVID-19	This is a Tripartite group developed generic national risk assessment provided in respect of Mass Casualty (Movement of bodies) during period of COVID 19 activity as set out in paragraph 2 of TRI/3/20 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.	1.4

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 	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 It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 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 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 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 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 Volunteers 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 It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 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 	1	2	2				

				<ul style="list-style-type: none"> • 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. • 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 	1	2	2			

				<ul style="list-style-type: none"> • 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 • 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 	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 	1	5	5			

		<ul style="list-style-type: none"> • Other psychological Injury 		<ul style="list-style-type: none"> • Cover any breaks in skin with suitable dressing prior to activity 						
	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 contaminated environmental surfaces • 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. 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 • 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 	1	5	5			
	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 	1	5	5			

				<ul style="list-style-type: none"> • 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. • 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. • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place 	1	5	5			

				<p>no sooner than 3 days following that cessation</p> <ul style="list-style-type: none"> • Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. • 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 						
	<p>Exposure to body-fluids via absorption, ingestion, or inhalation. Needle stick/sharps injuries.</p>	<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 • Reputational damage to the Service 	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 • 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 • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation • Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 	1	4	4			

				<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 						
	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 It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 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 	1	5	5			

				<ul style="list-style-type: none"> • Seek medical advice - NHS 111 or 999 if medical emergency. • Inform appropriate manager • Debriefing before end of every shift 						
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 	2	4	8			

				boards and handling belts (list not exhaustive) - <ul style="list-style-type: none"> • Access to professional counselling services • 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			
		<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries including 	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 	2	4	8			

	<p>Movement of bariatric deceased person.</p>	<p>permanent debilitating injuries</p> <ul style="list-style-type: none"> • Uncontrolled descent of deceased person • Adverse effect on FRS responders' mental health and wellbeing 		<ul style="list-style-type: none"> • Consider use of mechanical lifting aids • Adopt correct manual handling techniques as per training • Assess the load prior to lifting • 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. 							
	<p>Contact with multiple deceased persons throughout each shift period i.e. repeated exposure to traumatic scenarios</p>	<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. 	<p>1, 3</p>	<ul style="list-style-type: none"> • FRS to utilise volunteers for this activity • Agreed FRS screening of all applicants prior to volunteers being accepted for this activity • Information to be shared to all potential volunteers 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 • It is recommended that the FRS will detach the employee whenever possible from other 	<p>2</p>	<p>3</p>	<p>6</p>				

				<p>fire service duties for the duration of the assistance he/she provides</p> <ul style="list-style-type: none"> • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation • Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. • 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 						
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 casualties 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	<ul style="list-style-type: none"> • Stress • Anxiety • Other psychological Injury 	1, 3	<ul style="list-style-type: none"> • Agreed pre selection of FRS personnel • Training to be given prior to activity commencing 	1	3	3			

	assistance from those in attendance	<ul style="list-style-type: none"> • Delay in work activity 		<ul style="list-style-type: none"> • 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 						
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 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 	2	3	6			
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 	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 	1	4	4			

		<ul style="list-style-type: none"> • Taking a contamination home with you • Contaminating family members • Unwarranted impact on the NHS. • Reputational damage to the Service 		<ul style="list-style-type: none"> • 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 						
	Contamination of personnel's work wear	<ul style="list-style-type: none"> • Spreading the infection • Taking the contamination home with you • Contaminating family members • Unwarranted impact on the NHS. 	1	<ul style="list-style-type: none"> • Work wear considered to be contaminated must be laundered by a professional body • 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. 	1	5	5			
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. 	1	<ul style="list-style-type: none"> • FRS to utilise volunteers for this activity • Agreed pre selection of FRS personnel • Information to be shared to all potential volunteers 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 	1	3	3			

		<ul style="list-style-type: none"> • Reputational damage to the Service 		<ul style="list-style-type: none"> • 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 • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation • Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. • 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 						
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"> • 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. 	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 • 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 	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 • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • Following the cessation of any detachment to perform the activity an employee, as a condition of volunteering, will be put forward for a test to take place no sooner than 3 days following that cessation • The employee will not return to work until they have received a negative test result. • 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 • 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 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 	1	5	5				
------------------------------	--	---	---	---	---	---	---	--	--	--	--

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 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 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 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

Model Risk Assessment				Ref no.	COVID-19	This is a Tripartite group developed generic national risk assessment provided in respect of delivery of essential items (vulnerable persons) during period of COVID 19 activity as set out in paragraph 2 of TRI/3/20 and any necessary local variations will be agreed through the local health and safety structures.
Activity	Vulnerable persons - delivery of essential items			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	

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 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"> Minor injury Physiological stress Inappropriate planning leading to inappropriate actions being taken Inability to carry out required activities Reputational damage to the Service 	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 the activity e.g. not from an identified vulnerable group 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 Driving licence checks prior to activity commencing Fire cover should not be reduced or crewing levels altered to undertake the activity Staff to be suitably trained to conduct identified work for the agreed activity. Activity to be monitored and reviewed by enabling FRS 	1	2	2				
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 Minor injury Physiological 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 via joint H&S committee meetings 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 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 	1	1	1				

				<ul style="list-style-type: none"> Adhere to working time directive to ensure excessive hours are not worked. Activity to be monitored and reviewed by enabling FRS 						
Working with other agencies. Attending/working from unfamiliar venues (collecting food parcels/medicines etc)	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, 2, 4	<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. 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 	1	2	2			
	Lack of understanding of agency specific terminology	<ul style="list-style-type: none"> Wrong procedures undertaken Frustration Delay in getting to work 	1, 4	<ul style="list-style-type: none"> Training Briefing explaining glossary of terminology 	1	1	1			
Loading vehicle with supplies for delivery to vulnerable person/s	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 & 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			

<p>Vehicle checks prior to driving the vehicle</p>	<p>Non-roadworthy/non familiar vehicle being utilised for deliveries</p>	<ul style="list-style-type: none"> • Vehicle Collison • Minor Injury • Major injury • Adverse effect on FRS responders' mental health and wellbeing • Reputational damage to the Service 	<p>1, 2</p>	<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 staff have support available for advice with regards to occupational health needs. • Access to FRS Occ. Health facilities 	<p>1</p>	<p>4</p>	<p>4</p>				
<p>Routine driving undertaking the activity</p>	<p>RTC</p>	<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 	<p>1, 2</p>	<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. 	<p>1</p>	<p>4</p>	<p>4</p>				
<p>Low speed manoeuvring on arrival at site of vulnerable person/s</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 	<p>1</p>	<p>3</p>	<p>3</p>				

				<ul style="list-style-type: none"> 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 						
Dismounting the vehicle, gathering up of parcel/s and delivering of parcels to vulnerable persons	Hit by moving traffic	<ul style="list-style-type: none"> Major Injury Minor Injury Damage to/loss of parcels Reputational damage to the Service 	1, 2	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Training and instruction Route planning Use of vehicle hazard lights. Use of Hi-Viz jackets at all times. Safe dismount from vehicle (kerb side). Deliveries to be made during daylight hours wherever possible 	1	5	5			
	Parcel size/shape/load inappropriate for carrying	<ul style="list-style-type: none"> Uncontrolled descent of parcel Damage to parcel Musculoskeletal injuries Strains and sprains Minor injuries Failure to deliver items Reputational damage to the Service 	1	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Manual Handling training Sort loads into manageable sizes Consider use of mechanical carrying aids Team lifting/carrying Pre-determined travel routes Deliveries to be made during daylight hours wherever possible 	1	2	2			
	Arrival of FRS Personnel Causing Distress to the Occupier	<ul style="list-style-type: none"> Uncontrolled descent of parcel Damage to parcel Minor Injury Psychological Distress Failure to deliver items Increased vulnerability of recipient Reputational damage to the Service 	1, 2	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Ensure the occupier/carer is aware of the time of arrival of parcel delivery whenever possible. Use of recipients' name Personnel to show occupier Service ID Maintain social distancing Personnel to have access to mobile phone Withdraw and attempt to contact parcel recipient by other means 	2	2	4			
	Occupier is volatile and 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 Ensure the occupier/carer is aware of the time of arrival of parcel delivery whenever possible. Use of recipients' name Personnel to show occupier Service ID Maintain social distancing 	2	3	6			

		<ul style="list-style-type: none"> • Other psychological Injury • Failure to deliver items • Increased vulnerability of recipient • Uncontrolled descent of parcel • Damage to parcel • Minor Injury • Major Injury 		<ul style="list-style-type: none"> • Personnel to have access to mobile phone • Withdraw to place of safety • Remain inside vehicle • Crews debriefed before end of every shift • Ensure staff have support available for advice with regards to occupational health needs. • Access to FRS Occ. Health facilities • Withdraw from hazard area and attempt to contact parcel recipient by other means • Working in teams of 2 wherever possible • Ensure contact with control • Request police attendance • Record as an act of violence at work/known hazard and log for future attendances 						
	Delivering items to vulnerable person with possible or confirmed exposure to COVID19 virus	<ul style="list-style-type: none"> • Impact on day to day work • Increased risk of spreading the COVID 19 infection • Adverse effect on FRS responders' mental health and wellbeing • Loss of working time. • Impact on an operational response • Major illness • Loss of life • Adverse impact on the NHS • Reputational damage to the Service 	1	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • Training • The Health and Safety briefing to include roles & responsibilities plus first aid/welfare arrangements • All activities will be under supervision by competent person/s • COVID 19 PPE as outlined in section A1 • Face fit testing of RPE • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Cordons • Keeping a minimum distance from individuals of 2 metres • Personal hygiene - washing hands, use of hand sanitising gels. • Existing injuries to be covered • Ensure staff have access available for advice with regards to occupational health needs. • Adhere to home care guidance referred to in Section B • Ensure donning and doffing procedure is strictly adhered to. See Section B • Work wear considered to be contaminated must be 	2	3	6			

				<ul style="list-style-type: none"> laundered by a professional body 'Ensure contaminated PPE is treated as medical waste. Any confirmed contamination to be treated under RIDDOR. 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 Any suspected contamination from a member of the public must be recorded as a safety event and the risk assessment reviewed to consider additional control measures 						
	FRS personnel transmitting disease/virus to vulnerable person/s	<ul style="list-style-type: none"> Reputational damage to the Service Increased risk of spreading the COVID 19 infection wider Adverse effect on FRS responders' mental health and wellbeing Major illness Loss of life Adverse impact on the NHS 	1, 2	<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 Health and safety briefing/inductions when attending workplace prior to conducting activity, this to cover all SSOW and RA control measures Individuals to be briefed in advance not to attend workplace if showing signs and symptoms of COVID-19. Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 Provision of clinical waste bag Gloves and wipes must be placed in the clinical waste bag for disposal after each use Social distance guidance for 2 metre social distancing to be adhered to at all times. If personnel become symptomatic they will self-isolate and follow test and trace guidance If personnel become symptomatic whilst delivering to vulnerable persons the activity is to cease immediately 	1	5	5			

	Occupier requiring urgent medical attention	<ul style="list-style-type: none"> • Adverse effect on FRS responders' mental health and wellbeing • Stress • Anxiety • Infection. • Loss of working time. • Worsening of the patient's condition due to undue delay • Impact on an operational response. • Spreading an infection and/ or bio-hazard. • Potential exposure to COVID 19 virus • Spreading an infection/bio-hazard within the FRS family • Loss of life • Reputational damage to the Service 	1 & 2	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • Request attendance of ambulance via 999 • Provide first aid only if safe to do so in requisite PPE see A1 • Do NOT perform rescue breaths or mouth-to-mouth resuscitation • Ensure staff have support available for advice with regards to occupational health needs. • Access to FRS Occ Health facilities • First aid/trauma training. • Adhere to home care guidance. See Section B • Maintain a minimum distance from individuals of 2 metres wherever possible • If COVID 19 is suspected, then ensure COVID 19 PPE is worn • Face fit testing of RPE • Ensure donning and doffing procedure is strictly adhered to. See Section B • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Work wear considered to be contaminated must be laundered by a professional body • Ensure contaminated PPE is treated as medical waste • Personal hygiene - washing hands, use of hand sanitising gels. • Any suspected contamination from a member of the public must be recorded as a safety event and the risk assessment reviewed to consider additional control measures. 	2	3	6				
	Entering the premise	<ul style="list-style-type: none"> • Adverse effect on FRS responder's mental health and wellbeing • Stress • Anxiety • Infection. • Requirement to provide first aid to an occupant. • Loss of working time. 	1 & 2	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • COVID 19 PPE as outlined in section A1 • Maintain a minimum distance from individuals of 2 metres wherever possible • Request attendance of ambulance via 999 	2	3	6				

		<ul style="list-style-type: none"> • Impact on an operational response. • Spreading an infection and/ or bio-hazard. • Increased potential exposure to COVID 19 virus • Spreading an infection/bio-hazard within the FRS family • Loss of life • Reputational damage to the Service 		<ul style="list-style-type: none"> • Provide first aid only if safe to do so in requisite PPE See Section A1 • If COVID 19 is suspected, then ensure COVID 19 PPE is worn • Do NOT perform rescue breaths or mouth-to-mouth resuscitation • Ensure staff have access available for advice with regards to occupational health needs. • First aid/trauma training. • Adhere to home care guidance. See Section B • Face fit testing of RPE • Ensure donning and doffing procedure is strictly adhered to. See Section B • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Work wear considered to be contaminated must be laundered by a professional body • Ensure contaminated PPE is treated as medical waste • Personal hygiene - washing hands, use of hand sanitising gels. • Any suspected contamination from a member of the public must be recorded as a safety event and the risk assessment reviewed to consider additional control measures. 						
	Attack by pets	<ul style="list-style-type: none"> • Bites • Scratches • Minor injury • Illness/infection • Uncontrolled descent of parcel • Damage to parcel • Failure to deliver items • Increased vulnerability of recipient • Psychological Distress 	1	<ul style="list-style-type: none"> • Ensure the occupier/carer is aware of the time of arrival of parcel delivery whenever possible. • Occupier requested to control/secure animal. • Occupier requested to remove animal. • Personnel to only deploy into the vicinity of the pet when the pet is under control such as is necessary to prevent any attack. • Request attendance of additional resources if required (RSPCA, Vet etc.) • First aid training • Seek medical attention at all times. 	2	3	6			

				<ul style="list-style-type: none"> • Ensure staff have support available for advice with regards to occupational health needs. Access to FRS Occ Health facilities • Record premise as a known hazard for any future deliveries 						
Post-delivery activities	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"> • Follow self-isolation and test and trace guidance • FRS personnel showing symptoms should immediately cease any further activity, follow self-isolation guidance and put themselves forward for a test • Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. • 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 • Seek medical advice - NHS 111 or 999 if medical emergency. • Inform partner agency and/or mobilising authority of suspected contamination risk • Inform appropriate manager • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Access to professional counselling services will be communicated to all staff. • Any confirmed contamination to be treated under RIDDOR 	1	5	5			
	FRS personnel becoming infected whilst cleaning FRS vehicle	<ul style="list-style-type: none"> • Infection from contamination • Spreading the COVID 19 infection. • Loss of working time 	1	<ul style="list-style-type: none"> • All activities will be under supervision by appropriate manager • Appropriate equipment supplies provided at place of cleaning • Routine cleaning of vehicle during shift • Use of PPE including gloves, gown, face covering and eye protection • Avoid touching areas of your face with your hands. • Provision of clinical waste bag 	1	5	5			

				<ul style="list-style-type: none"> Gloves and wipes must be placed in the clinical waste bag for disposal after each use Handover of non FRS supplied vehicles for supplier to clean as appropriate 						
Disrobing workwear at the end of shift	Cross-contamination	<ul style="list-style-type: none"> Spreading the infection Taking the contamination home with you Contaminating family members Unwarranted impact on the NHS. Reputational damage to the Service 	1	<ul style="list-style-type: none"> Establish clean & dirty changing areas on site with warm water and soap Showering to take place at place of work Establish physical separation of clean and dirty areas Ensure donning and doffing procedure is strictly adhered to. See Section B Use of alcohol / sterile hand gels. Use the pre-arranged appropriate storage facilities for personal clothing Requirement for disposal point for contaminated PPE/ uniform etc. 	1	5	5			
	Contamination of personnel's work wear/personal clothing	<ul style="list-style-type: none"> Spreading the infection Taking the contamination home with you Contaminating family members Unwarranted impact on the NHS. 	1	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Work wear considered to be contaminated must be laundered by a professional body Establish clean & dirty changing areas on site with warm water and soap wherever possible Ensure donning and doffing procedure is strictly adhered to. See Section B Appropriate storage facilities for personal clothing Change of clothes prior to travelling home Requirement for disposal point for contaminated PPE/ work wear etc. 	1	5	5			
Consideration and provision of welfare facilities	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. 	1	<ul style="list-style-type: none"> FRS to utilise volunteers for this activity Health and Safety brief to reiterate points in in section A2 Information to be shared to all potential volunteers re what the activity will entail Training to be given prior to activity commencing Minimal persons exposed for the minimum duration 	1	3	3			

		<ul style="list-style-type: none"> • Reputational damage to the Service 		<ul style="list-style-type: none"> • Ensure staff have access available for advice with regards to occupational health need • If personnel become symptomatic they will self-isolate and follow test and trace guidance • 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 						
	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"> • 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 • Training/guidance to be given prior to activity commencing • Suitable facilities for adequate hand hygiene to be adopted and adhered to • Suitable facilities for practitioners to change clothing • Showering & washing facilities to be provided • Ensure staff have support available for advice with regards to occupational health needs. • 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 • Seek medical advice - NHS 111 or 999 if medical emergency. • 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 	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 • 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 	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 • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • 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 • 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 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 	1	5	5				
------------------------------	--	---	---	--	---	---	---	--	--	--	--

Appendix A

The following guidance relates to the delivery (including entering a premise) of essential items (vulnerable persons) during period of COVID 19.

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 & 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 delivery (including entering a premise) of essential items (vulnerable persons) during period of COVID 19 activity 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 delivery of essential items (vulnerable persons) during period of COVID 19 activity see Section A1.
4. FRS personnel involved in the activity of delivery of essential items (vulnerable persons) 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 delivery of essential items (vulnerable persons) 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 delivery of essential items (vulnerable persons) 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 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

Model Risk Assessment				Ref no.	COVID-19	This is a Tripartite group developed generic national risk assessment provided in respect of driving ambulance transport not on blue-lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care activity as set out in paragraph 2 of TRI/5/20 and any necessary local variations will be agreed through the local health and safety structures.
Activity	Driving ambulance transport not on blue-lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care			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.	1.3	

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 	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 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 It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 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	2	2				

Preparation for activity prior to attending any venue	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,,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 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 It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew 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				
Working with other agencies. 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. 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 	2	2	4				
	Lack of understanding of agency specific terminology	<ul style="list-style-type: none"> Wrong procedures undertaken Frustration Delay in getting to work 	1, 3	<ul style="list-style-type: none"> Training Briefing explaining glossary of terminology 	1	1	1				
	Inability to promptly report	<ul style="list-style-type: none"> Unforeseen trends occurring 	1, 2, 3	<ul style="list-style-type: none"> Engagement of safety representatives via joint H&S 	2	2	4				

	safety event occurrences	<ul style="list-style-type: none"> • Delay in getting medical assistance 		<ul style="list-style-type: none"> • 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. 						
Vehicle checks prior to driving the vehicle	Non-roadworthy/non familiar vehicle being checked prior to the activity	<ul style="list-style-type: none"> • Vehicle Collison • Minor Injury • Major injury • Adverse effect on FRS personnel mental health and wellbeing • Reputational damage to the Service 	1, 2, 3	<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 staff have support available for advice with regards to occupational health needs. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4			
Preparation to operate ambulance transport vehicles	Fatigue occurring Pre-existing Illness Pre-existing Injury	<ul style="list-style-type: none"> • Increased potential for a vehicle collision • Exhaustion • Fatigue • Minor injury • Major injury • Adverse effect on FRS responders mental health and wellbeing 	1, 2, 3	<ul style="list-style-type: none"> • All personnel to be fit and able to undertake driving activities • All personnel sufficiently nourished and hydrated • All personnel adequately rested prior to shift commencing • Peer support in recognising signs and symptoms of fatigue/stress • Adhere to working time directive to ensure excessive hours are not worked. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 	1	3	3			
	Unfamiliarity of vehicle in relation to routine checks	<ul style="list-style-type: none"> • Vehicle Collison • Minor Injury • Major Injury • Vehicle damage • Adverse effect on FRS trainers mental health and wellbeing • Driver fatigue • Loss of life • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Full vehicle induction • Information and training session including familiarisation driving session undertaken by ambulance trust prior to becoming operationally available • Full induction, information and training on all equipment FRS personnel expected to use. • Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4			

				<ul style="list-style-type: none"> • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs 							
Routine non-emergency driving	Non-roadworthy vehicle being utilised	<ul style="list-style-type: none"> • Vehicle Collision • Minor Injury • Major injury • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Driver to have understanding of FRS and ambulance trust Management of Road Risk Policy. • Maintenance schedule for each vehicle, made available if required • Vehicle inspection and checks completed and recorded at start of each duty period. • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • All vehicles confirmed as roadworthy at start of shift and recorded as such. • Non-roadworthy vehicles are not to be used 	1	5	5				
	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 • Driving licence checks prior to activity commencing • All vehicles confirmed as road worthy by start of shift test 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) • Drivers to be aware of the process for the reporting of RTC's in ambulance transport vehicles • Ensure staff have support available for advice with regards to occupational health needs. • Access to FRS Occ Health facilities 	1	4	4				

	Unfamiliarity of driving ambulances	<ul style="list-style-type: none"> • Road Traffic Collision (RTC) • Minor Injury • Adverse effect on FRS responders mental health and wellbeing • Major Injury • Loss of life 	1, 2, 3	<ul style="list-style-type: none"> • Driving licence checks prior to activity commencing • Full vehicle induction • Information and training session including familiarisation driving session undertaken by ambulance trust prior to becoming operationally available • All vehicles confirmed as roadworthy by start of shift test and recorded as such. • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • Full induction, information and training on all equipment FRS personnel expected to use. • Use of seat belts • Awareness of road and weather conditions • Any occurrences of collision will be reported and dealt with 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 • Ensure staff have support available for advice with regards to occupational health needs. 	1	5	5			
Low speed manoeuvring	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 • 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 with 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 	2	3	6			

Dismounting from an unfamiliar vehicle	Hit by moving traffic	<ul style="list-style-type: none"> Major Injury Minor Injury Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Training and instruction Route planning Collection and delivery of patient to be made to a specified location away from traffic. i.e. home or outpatients department Use of vehicle hazard lights. Use of Hi-Viz jackets at all times. Safe dismount from vehicle (kerb side). Activities to be undertaken during daylight hours wherever possible 	1	4	4			
Dealing with patients	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 Request Police attendance for public control Withdraw to place of safety Remain inside of vehicle Defer activity to ambulance personnel if available 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 	1	2	2			
	Arrival of FRS personnel causing distress to the occupier	<ul style="list-style-type: none"> Minor Injury Psychological Distress Failure to collect or deliver patient Increased vulnerability of recipient Reputational damage to the Service 	1, 2	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Use of recipients name Personnel to show occupier Service ID Activity to be undertaken in pairs, including mixed crewing with ambulance personnel Where known problems may exist ensure an ambulance personnel form part of crew Request additional resources if required Maintain social distancing Personnel to have access to mobile phone Withdraw and defer activity to ambulance personnel 	1	3	3			
Lifting, manoeuvring and assisting patients	Using equipment such as stretcher / wheelchair to move patients;	<ul style="list-style-type: none"> Sprains Strains Finger entrapment Musculoskeletal injuries 	1, 2, 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 	1	4	4			

		<ul style="list-style-type: none"> • Uncontrolled descent of patient. • Exposure to COVID 19 • Adverse effect on FRS responders mental health and wellbeing • Loss of life • Reputational damage to the Service 		<ul style="list-style-type: none"> • Ensure all group manual handling activities are co-ordinated • Plan route to be used to keep travel distances as short as possible • Activity to be undertaken in pairs including mixed crewing with ambulance personnel • Where known manoeuvrability problems may exist, ensure ambulance personnel form part of crew • Request additional resources if required • Correct donning and doffing procedures as per Section B • Personal hygiene - washing hands, use of hand sanitising gels. • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under on direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 							
	Lifting patients into / onto stretchers / wheelchairs, carry chairs;	<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries • Uncontrolled descent of patient. • Exposure to COVID 19 • Adverse effect on FRS responders mental health and wellbeing • Loss of life • Reputational damage to the Service 	1, 2, 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 • Ensure all group manual handling activities are co-ordinated • Activity to be undertaken in pairs, including mixed crewing with ambulance personnel • Where known manoeuvrability problems may exist, ensure an ambulance personnel form part of crew • Request additional resources if required • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under 	1	4	4				

				<p>direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. This will be communicated to staff.</p> <ul style="list-style-type: none"> • Correct donning and doffing procedures, See Section B • Personal hygiene - washing hands, use of hand sanitising gels. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 						
	<p>Movement of patients up and down stairs or in confined or restricted space</p>	<ul style="list-style-type: none"> • Sprains • Strains • Finger entrapment • Increased risk of musculoskeletal injuries • Uncontrolled descent of patient • Exposure to COVID 19 • Adverse effect on FRS responders mental health and wellbeing • Loss of life • Reputational damage to the Service 	1, 2, 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 • Ensure all group manual handling activities are co-ordinated • Activity to be undertaken in pairs, including mixed crewing with ambulance personnel • Where known manoeuvrability problems may exist ensure an ambulance personnel form part of crew • Planned route to be used to keep travel distances as short as possible • Request additional resources if required • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. This will be communicated to staff. • Correct donning and doffing procedures. See Section B • Personal hygiene - washing hands, use of hand sanitising gels. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 	2	4	8			

	Movement of bariatric patients.	<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries including permanent debilitating injuries • Uncontrolled descent of patient • Adverse effect on FRS responders mental health and wellbeing • Exposure to COVID 19 • Loss of life • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Consider use of mechanical lifting aids • Adopt correct manual handling techniques as per training • Utilise any carrying handles on aids wherever possible • Ensure all group manual handling activities are co-ordinated • Planned route to be used to keep travel distances as short as possible • Activity to be undertaken in pairs, including mixed crewing with ambulance personnel • Where known manoeuvrability problems may exist, ensure ambulance personnel form part of crew • Request additional resources if required • Ambulance Service utilise a variety of manual handling aids to move casualties, such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - Where Ambulance Service manual handling aids are to be used FRS personnel are to have instruction and training on use; aids to be used only under the guidance of Ambulance Service staff. • Correct donning and doffing procedures as per Section B • Personal hygiene - washing hands, use of hand sanitising gels. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 	2	4	8				
Dealing with occasions where infectious substances and/or biohazards may be present	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 	1, 3	<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 	1	4	4				

		<ul style="list-style-type: none">• Reputational damage to the Service		<ul style="list-style-type: none">• A distance of 2 metres will be maintained from the patient wherever 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• Vehicle decontamination procedures conducted by Ambulance Service staff• Correct disposal methods adhered to 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• It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew• Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation• Volunteers are to be informed they will not return to work until they have received a negative test result.• 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• Personal hygiene - washing hands, use of hand sanitising gels.• Access to FRS Occ Health facilities								
--	--	--	--	--	--	--	--	--	--	--	--	--

				<ul style="list-style-type: none"> • Ensure staff have support available for advice with regards to occupational health needs. 						
	Patient requires medical attention en-route	<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	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • Reiterate the limit of this activity • The purpose of this activity is to free up ambulances operated by, and staffed by employees of English Ambulance Trusts; Welsh Ambulance Service Trust; Scottish Ambulance Service and Northern Ireland Ambulance Service <u>and not to undertake work that is ordinarily undertaken by other ambulance service providers.</u> • FRS personnel will not be asked to undertake any emergency transfers • Training • The Health and Safety briefing to include roles & responsibilities plus first aid/welfare, emergency arrangements • Activity to be undertaken in pairs, including mixed crewing with ambulance personnel • Where known problems may exist ensure an ambulance personnel form part of crew • All activities will be under supervision by competent person/s • COVID 19 PPE as outlined in section A1 	1	3	3			
	Transporting patient who is subsequently identified as having the COVID19 virus	<ul style="list-style-type: none"> • Impact on day to day work • Increased risk of spreading the COVID 19 infection • Adverse effect on FRS responders mental health and wellbeing • Loss of working time. • Impact on an operational response • Major illness • Loss of life • Adverse impact on the NHS • Reputational damage to the Service 	1, 3	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • Training • The Health and Safety briefing to include roles & responsibilities plus first aid/welfare, emergency arrangements • No entry to be made into health or care premises. • All activities will be under supervision by competent person/s • COVID 19 PPE as outlined in section A1 • Face fit testing of RPE • Provision of clinical waste bag 	1	5	5			

				<ul style="list-style-type: none"> • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Cordons • Keeping a minimum distance from suspected individuals of 2 metres where possible • Personal hygiene - washing hands, use of hand sanitising gels. • Existing injuries to be covered • Consider other PPE – overshoes, plastic body suits etc. • Ensure staff have support available for advice with regards to occupational health needs. Access to FRS Occ Health facilities • Adhere to home care guidance referred to in Section B • Adhere to social distance guidance. See Section B • Ensure donning and doffing procedure is strictly adhered to. See Section B • Workwear considered to be contaminated must be laundered by a professional body • 'Ensure contaminated PPE is treated as medical waste. • Any confirmed contamination to be treated under RIDDOR. • Volunteers to be instructed that those who during this activity have been informed they have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager and follow official testing and tracing guidance. • Any suspected contamination from a member of the public must be recorded as a safety event and the risk assessment reviewed to consider additional control measures 							
	FRS personnel transmitting disease/virus to person/s whilst undertaking this activity	<ul style="list-style-type: none"> • Reputational damage to the Service • Increased risk of spreading the COVID 19 infection wider • Adverse effect on FRS responders mental health and wellbeing 	1, 2, 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 • Health and safety briefing/inductions when attending workplace prior to conducting activity, this to cover 	1	5	5				

		<ul style="list-style-type: none"> • Major illness • Loss of life • Adverse impact on the NHS 		<ul style="list-style-type: none"> • all SSOW and RA control measures • Individuals to be briefed in advance not to attend workplace if showing signs and symptoms of COVID 19. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Social distance guidance of 2 metres to be adhered to where possible • If personnel become symptomatic whilst undertaking the activity, the activity is to cease immediately • If personnel become symptomatic they will self-isolate and follow test and trace guidance 						
Dealing with animals at incidents	Attack by pets	<ul style="list-style-type: none"> • Bites • Scratches • Minor injury • Illness/infection • Failure to complete activity • Increased vulnerability of recipient • Psychological Distress 	1, 3	<ul style="list-style-type: none"> • Ensure the occupier/carer is aware of the time of arrival of transport • Occupier requested to control/secure animal. • Occupier requested to remove animal. • Personnel not to enter area where attack by the animal is likely. • Request attendance of additional resources if required (RSPCA, Vet etc.) • Withdraw to place of safety • Remain inside of vehicle • 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. • Activity to be undertaken in pairs including mixed crewing with ambulance personnel • Request additional resources if required • First aid training • Seek medical attention at all times. • Ensure staff have support available for advice with regards to occupational health needs. • Access to FRS Occ Health facilities 	1	3	3			

				<ul style="list-style-type: none"> Record as an act of violence at work/known hazard and log for future attendances 						
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 Showering to take place at place of work Ensure donning and doffing procedure is strictly adhered to. See Section B Provision of clinical waste bag Gloves and wipes must be placed in the clinical waste bag for disposal 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, Soiled PPE to be treated as clinical waste 	1	4	4			
Consideration and 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"> Early engagement of safety representatives via joint H&S committee meetings to assist in debriefing the work activity Welfare facilities for suitable rest breaks and toilet breaks for practitioners and in appropriate designated areas that can maintain social distancing measures. Health and Safety brief to reiterate signs and symptoms of COVID 19 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 	2	2	4			

				<p>task. These facilities are to be COVID 19 secure</p> <ul style="list-style-type: none"> • Suitable facilities for practitioners to change clothing • Showering & washing facilities to be provided • Training to be given prior to activity commencing • 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 						
Post activity considerations	FRS personnel becoming infected or showing symptoms of infection or of a physical or psychological illness.	<ul style="list-style-type: none"> • Stress • Anxiety • Psychological stress • Adverse effect on FRS personnel mental health and well being • Further transmission of infection 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 	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 • If personnel or volunteers become symptomatic whilst volunteering for the activity, the activity is to cease immediately and the individual is to inform the appropriate manager, self-isolate and follow test and trace advice • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • Following the cessation of any detachment to perform the activity, an employee, as a condition of volunteering, will be put forward for a test to take place no sooner than 3 days following that cessation • The employee will not return to work until they have received a negative test result. • 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 self-isolate and follow test and trace guidance • Seek medical advice - NHS 111 or 999 if medical emergency. • Inform appropriate manager. 	1	5	5			

				<ul style="list-style-type: none">• 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								
--	--	--	--	--	--	--	--	--	--	--	--	--

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 driving of ambulances:

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.

Ambulance staff will be expected to don item of PPE 'b' when FRS staff are undertaking driving activity (non-patient care) and if the ambulance staff refuse to don the PPE then item 'e' will be donned by FRS staff. This to be agreed with Ambulance Trust in advance of activity commencing.

For patient/ambulance personnel support:

Items of PPE b, 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. Items of PPE a & c 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 driving ambulance transport not on blue-lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care 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 driving ambulance transport not on blue-lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care see Section A1.

4. FRS personnel involved in the activity of driving ambulance transport not on blue-lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of driving ambulance transport not on blue-lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care 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 driving ambulance transport not on blue-lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care 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 agreements
2. Self- isolation guidance
3. Guide to donning and doffing standard PPE
4. Social distance guidance
5. Insert service workwear policy
6. Insert service fitness policy
7. Insert service manual handling policy

Model Risk Assessment				Ref no.	COVID-19
Activity	Face fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients			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.	1.3

This is a Tripartite group developed generic national risk assessment provided in respect of 'Face fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients' activity as set out in paragraph 3 of TRI/4/20 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	High risk 15-25	Do Not Proceed
4	Major Injury	4	8	12	16	20		
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 Incorrect instruction/advice being given Reputational damage to the Service 	1, 3, 4	<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 face mask fitting activity e.g. not from an identified vulnerable group It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity takes place in a hospital/care home setting Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 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 	1	4	4	I			

				<ul style="list-style-type: none"> Ideally teams will consist of two staff identified to deliver the testing one of which will be a manager of suitable seniority, if available, on scene at external venues to deal with any events or difficulties that may arise. 							
Preparation for activity prior to attending the venue	Inadequate/inappropriate preparation which may 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, 4	<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 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 face mask fitting practitioners for the activity 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. Venue to be inspected for suitability by FRS manager prior to activity taking place Activity to be monitored and reviewed by enabling FRS 	1	2	2				
Preparing for face mask fitting 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, 3, 4	<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 on-site support available for advice 	1	3	3				
Preparing to drive to activity for face fitting of masks.	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 	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				

		<ul style="list-style-type: none"> • Unable to complete task • Reputational damage to the Service 									
Vehicle checks prior to driving the vehicle for face fitting of masks.	Non-roadworthy/non familiar vehicle being utilised	<ul style="list-style-type: none"> • Vehicle Collison • 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 • Training on all equipment that FRS personnel will use. 	1	4	4				
Driving the vehicle	Road Risk Road Traffic Collisions	<ul style="list-style-type: none"> • Vehicle Collison • Major Injury • Major vehicle damage • Minor Injury • Adverse effect on FRS trainer's 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 face mask fitting venue	Low speed manoeuvring	<ul style="list-style-type: none"> • Minor vehicle damage • Minor Injury • Reputational damage to the Service 	1, 2, 3, 4	<ul style="list-style-type: none"> • Plan to arrive early • Park vehicle in a safe location to allow FRS personnel to exit vehicle 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, 3, 4	<ul style="list-style-type: none"> • Speed restrictions at premise • Designated parking area/s identified prior to attendance • Pedestrian routes identified • Safety brief and premise rules. 	1	3	3				

				<ul style="list-style-type: none"> • Induction of building including information on evacuation procedures • Access fobs be issued where required. • First aid/Welfare facilities. • Identify buildings/parts of buildings (designated room/s) essential to the task. • Location of first aid facilities 						
FRS Volunteers attending sites to carry out activity	Unfamiliarity of building layout	<ul style="list-style-type: none"> • Slips, trips and falls • Minor injury • Musculoskeletal injury • Inability to continue with activities • Potential exposure to COVID-19 	1, 2, 3, 4	<ul style="list-style-type: none"> • Induction of building including information on evacuation procedures. • Pedestrian routes identified • Safety brief and premise rules. • 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 room for face mask fit testing to take place. • Individuals requiring face mask fit testing to be briefed in advance not to attend appointment if showing signs and symptoms of COVID-19. • Individuals to be face mask fit testing to have safety induction and briefing on safety procedures when moving around the building. • Only one person carrying out the face mask fitting to accompany individual being tested to and from fitting room • Social distance guidance for 2 metre social distancing to be adhered to wherever possible • Room to be set up so that social distancing is to be maintained during fitting. • Adequate lighting provided. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 	1	3	3			
Undertaking the task of face mask fit testing	FRS staff 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) 	1, 3, 4	<ul style="list-style-type: none"> • Individuals requiring face mask fit testing to be briefed in advance not to attend appointment if showing signs and symptoms of COVID-19. • Site users to be made aware of start and finish times for when face mask fitting is to be undertaken 	1	4	4			

		<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • All personnel, volunteers or visitors to site to have safety induction and briefing on safety procedures • Travel routes used for access and egress are to be kept as separate from site personnel if possible • Only individual to be face mask fit tested are to enter the room. • Individuals being fitted for non-disposable masks should clean the mask themselves before and immediately after the test • Provision of a suitable disinfectant cleaning wipe/solution • Provision of face shielding protection if social distancing cannot be maintained • If personnel, visitors or volunteers become symptomatic whilst on site during face mask fit testing the activity is to cease immediately, the individual will self-isolate and the designated area affected is to be deep cleaned. • If personnel become symptomatic they will 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 • FRS staff 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 face mask fit testing	<ul style="list-style-type: none"> • Incorrect face mask fit test leading to inability of RPE to achieve the desired protection • Possible exposure for the wearer to biological hazards including COVID 19 • Reputational damage to the Service 	1, 3, 4	<ul style="list-style-type: none"> • Face mask fitting practitioners conducting testing will have required valid documentation • Familiarisation provided to those face mask fitting practitioners who have not practised face mask fitting for some time. • A manager of suitable seniority at all external sites to deal with any events or difficulties that arise • Face mask fitting practitioners kept up to date with any changes in practice 	1	5	5					

				<ul style="list-style-type: none"> • Face mask fitting practitioners to keep in their possession proof of competency whilst testing is being undertaken and must show it to the manager of suitable seniority prior to undertaking any fit testing • Face fitting equipment will only be used by competent qualified practitioners within the manufactures guidance • Testing results to be given to the wearer prior to leaving the testing site 						
	Inability to secure an adequate face fit due to individuals personal characteristics	<ul style="list-style-type: none"> • Frustration of potential wearer • Anger • Verbal abuse • Physical abuse • Minor injury 	1, 3, 4	<ul style="list-style-type: none"> • Individuals requiring face mask fit testing to be briefed in advance as to the requirements to be clean shaven at least in the areas the face mask makes contact with the skin HSE RR1052 (See Section B) • Ensure a range of RPE is available prior to each fit testing event • Face mask fitting practitioners to withdraw from the testing • A manager of suitable seniority at all external sites to deal with any events or difficulties that arise • Recommend individual to return to their employer to be provided with alternative RPE • First aid and emergency contact arrangements to be known prior to testing commencing • Record as an act of violence at work/known hazard and log for future attendances 	1	3	3			
	Cross contamination of masks/testing equipment during testing	<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, 3, 4	<ul style="list-style-type: none"> • Individuals requiring face mask fit testing to be briefed in advance not to attend appointment if showing signs and symptoms of COVID-19. • All personnel, volunteers 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 	2	3	6			

				<ul style="list-style-type: none"> Individuals being fitted for non-disposable masks should clean the mask themselves before and immediately after the test Provision of a suitable disinfectant cleaning wipe/solution Cleaning of the testing area and equipment between tests must be carried out by competent staff If personnel, visitors or volunteers become symptomatic whilst on site during face mask fit testing the activity is to cease immediately Avoid skin-to-skin contact or being in close proximity to the exhaled breath whenever not wearing suitable protection 							
	Failure of testing equipment	<ul style="list-style-type: none"> Inability to provide recommendation/s as to the appropriate RPE Adverse impact on the NHS/Carers Stress to tester Stress to potential wearer Anxiety Reputational damage to the Service 	1, 3, 4	<ul style="list-style-type: none"> Face mask fitting equipment to be tested prior to the event commencing Face mask fitting equipment will only be used by competent qualified practitioners within the manufactures guidance Ability to cancel the session if the testing equipment is suspected of not being in the correct working order Face mask fitting practitioners conducting testing will have the required valid documentation Familiarisation provided to those face mask fitting practitioners who have not practised face mask fitting for some time. A manager of suitable seniority at all external sites to deal with any events or difficulties that arise Face mask fitting practitioners kept up to date with any changes in practice 	1	2	2				
Cleaning of equipment/testing area	Contamination of face mask fit 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 Spreading the COVID 19 infection. 	1, 2, 3, 4	<ul style="list-style-type: none"> Individuals requiring face mask fit testing to be briefed in advance not to attend appointment if showing signs and symptoms of COVID-19. All personnel, volunteers or visitors to site to have safety induction and briefing on safety procedures 	2	3	6				

		<ul style="list-style-type: none"> • 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 testing area and equipment between tests must be carried out by competent staff • If personnel, visitors or volunteers become symptomatic whilst on site during face mask fit testing the activity is to cease immediately • 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 face mask fit testing and prior to any occupants being allowed access to the room utilised. This requirement is the responsibility of the venue staff 						
	Equipment 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, 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 • Individuals being fitted for non-disposable masks should clean the mask themselves before and immediately after the test • 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 testing area and equipment between tests as per face mask fitting training/qualification 	2	3	6			

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, 2	<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/ uniform etc. • FRS personnel to be trained in personal decontamination procedures • Appropriate decontamination of PPE by professional cleaners, condemned PPE to be treated as clinical waste 	1	4	4				
Leaving venue on completion of face fitting of masks.	<p>Staff coming into contact with venue staff member with COVID19 or other contagion.</p> <p>Increased risk of FRS personnel leaving the venue with COVID-19 now 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 premises • Reputational damage to the Service 	1, 2	<ul style="list-style-type: none"> • Remind all participants to maintain social distancing on leaving the room • FRS staff to exit building utilising shortest travel route. • 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 • Use defined decontamination procedures for PPE on leaving the building. • Follow hygiene rules on leaving premise e.g. provision of hand sanitiser, workplace hygiene rules etc. 	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. 	1	<ul style="list-style-type: none"> • Welfare Facilities for suitable rest breaks for face mask fitting practitioners and in appropriate designated areas that can maintain social distancing measures. • Facilities provided are to be COVID-19 secure areas • 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 areas 	2	2	4				

		<ul style="list-style-type: none"> • Reputational damage to the Service 		<ul style="list-style-type: none"> • Suitable facilities for facemask fitting 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. 							
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 • 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 	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 • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • Following the cessation of any detachment to perform the activity an employee, as a condition of volunteering, will be put forward for a test to take place no sooner than 3 days following that cessation • The employee will not return to work until they have received a negative test result. • 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 • 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 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 	1	5	5				

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

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.

Face fit tester to maintain 2 metre social distancing whenever possible throughout the testing period.

2. FRS personnel involved in the activity of face fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients 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 the face fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients see Section A1.
4. FRS personnel involved in the activity of face fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of face fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients 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 face fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients 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/links:

1. Tri-partite agreements **up to and including TPA9**
2. Self- isolation document available on TEAMS
3. Guide to donning and doffing standard PPE available on TEAMS
4. Stay at home guidance available on TEAMS
5. Home care guidance available on TEAMS
6. Social distance guidance available on TEAMS
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

Model Risk Assessment				Ref no.	COVID-19	This is a Tripartite group developed generic national risk assessment provided in respect of Ambulance Driving and Patient/Ambulance personnel support (Not additional FRS First or Co-responding) activity as set out in paragraph 2 of TRI/3/20 and any necessary local variations will be agreed through the local health and safety structures.
Activity	Ambulance Service assistance: Ambulance Driving and Patient/Ambulance personnel support limited to current competence (Not additional FRS First or Co-Responding)			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.	1.3	

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		

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.

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 	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 It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity takes place in a hospital/care home setting Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 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 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. 	1	4	4				

				<ul style="list-style-type: none"> Activity to be monitored and reviewed by enabling FRS 							
Preparation for activity prior to attending any venue	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,,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 highlighting safe systems of work Staff to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever forming a part of an ambulance crew. 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				
	Use of 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 whenever 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				
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 	2	2	4				

				<ul style="list-style-type: none"> Individuals to be briefed in advance not to attend if showing signs and symptoms of COVID 19. 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, 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. 	2	2	4			
Preparation to operate ambulance trust vehicles	Fatigue Pre-existing Illness Pre-existing Injury	<ul style="list-style-type: none"> Increased potential for a vehicle collision Exhaustion Minor injury Major injury Adverse effect on FRS responders mental health and wellbeing 	1, 2, 3	<ul style="list-style-type: none"> All personnel to be fit and able to undertake driving activities All personnel sufficiently nourished and hydrated All personnel adequately rested prior to shift commencing Medical assessments Peer support in recognising signs and symptoms of fatigue/stress Adherence to Grey Book and Working Time Directive. Ensure staff have support available for advice with regards to occupational health needs. 	1	3	3			
	Unfamiliarity of vehicle	<ul style="list-style-type: none"> Vehicle Collision Minor Injury Major Injury Vehicle damage Adverse effect on FRS trainer's mental health and wellbeing Driver fatigue Loss of life Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> Full vehicle induction Information and training session including familiarisation driving session undertaken by ambulance trust prior to becoming operationally available Full induction, information and training on all equipment FRS personnel expected to use. 	1	4	4			
	Non-roadworthy vehicle being utilised	<ul style="list-style-type: none"> Vehicle Collision Minor Injury Major injury Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> Driver to have understanding of FRS Management of Road Risk Policy. Maintenance schedule for each vehicle. Vehicle inspection and checks completed and recorded at start of each duty period. Potential faults to be reported to the responsible person. This to 	1	5	5			

				<ul style="list-style-type: none"> including potential or mid shift faults. All vehicles confirmed as roadworthy at start of shift and recorded as such. Non-roadworthy vehicles are not to be used 						
Routine non-emergency driving	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 EFAD drivers only Driving licence checks prior to activity commencing All vehicles confirmed as road worthy by start of shift test 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 incidents from home base	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 Access and egress- traffic routes known and kept clear Access to professional counselling services. Ensure staff have support available for advice with regards to occupational health needs. 	2	2	4			
Driving to incident under blue light conditions	RTC	<ul style="list-style-type: none"> Major Injury Major vehicle damage Minor Injury Adverse effect on FRS responders' mental health and wellbeing 	1, 2 & 3	<ul style="list-style-type: none"> FRS EFAD drivers only Driving licence checks Suitable ambulance driver training Ensure doors, lockers and equipment are secured before moving off. 	1	5	5			

		<ul style="list-style-type: none"> • Driver fatigue • Loss of life • Reputational damage to the Service 		<ul style="list-style-type: none"> • 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 • Use of traffic lights (green wave) on exiting ambulance station • Use of blue lights and horns as per ambulance trust driving policy • Drive to arrive • 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 • Ensure staff have support available for advice with regards to occupational health needs. 						
	Unfamiliarity of driving ambulances responding to an emergency call	<ul style="list-style-type: none"> • Road Traffic Collision (RTC) • Minor Injury • Adverse effect on FRS responders' mental health and wellbeing • Major Injury • Loss of life 	1, 2 & 3	<ul style="list-style-type: none"> • FRS EFAD drivers only • Driving licence checks prior to activity commencing • Full vehicle induction • Information and training session including familiarisation driving session undertaken by ambulance trust prior to becoming operationally available • All vehicles confirmed as roadworthy by start of shift test and recorded as such. • Potential faults to be reported to the responsible person. This to including potential or mid shift faults. • Full induction, information and training on all equipment FRS personnel expected to use. • Use of seat belts • Use of traffic lights (green wave) on exiting ambulance station • Use of blue lights and horns as per ambulance trust driving policy • Awareness of road and weather conditions • Drive to arrive 	1	5	5			

				<ul style="list-style-type: none"> 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 Ensure staff have support available for advice with regards to occupational health needs. 						
	Exposure to noise	<ul style="list-style-type: none"> Temporary hearing damage Longer term hearing damage (over a prolonged time) 	1 & 3	<ul style="list-style-type: none"> FRS EFAD drivers only Familiarisation training Drive to arrive To limit exposure to audible warning devices ensure windows are closed 	1	4	4			
Low speed manoeuvring	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 	2	3	6			
Operating on or near carriageways	Struck by moving vehicle	<ul style="list-style-type: none"> Road Traffic Collision (RTC) Major Injury Minor Injury Adverse effect on FRS responders' mental health and wellbeing Reputational damage to the Service Loss of life 	1, 2 & 3	<ul style="list-style-type: none"> Driving licence checks prior to activity commencing Vehicle inspection and checks completed and recorded at start of each duty period Familiarisation training Adherence to the road traffic act at all times (emergency response exemptions) Safe positioning of ambulance using fend off if necessary Utilise existing safe working area if available (coned off area etc.) Sufficient resources to establish safe system of work. Utilise ambulance visual warning devices 	1	5	5			

				<ul style="list-style-type: none"> • Ensure it is safe to dismount ambulance on safest side of vehicle • Utilise hi-vis jackets • Minimum personnel to be accessing the carriageway • Drivers to be aware of the process for the reporting of RTC's in Service vehicles • Work within safe systems of work under supervision of incident commander if at incident • Ensure staff have support available for advice with regards to occupational health needs. 						
	Sharps, glass dust etc.	<ul style="list-style-type: none"> • Cuts • Abrasions • Minor Injury • Major injury 	1, 2 & 3	<ul style="list-style-type: none"> • FRS training • Work within FRS Cordons if FRS in attendance • FFP3 RPE to be worn in risk area i.e. near potential glass dust; close patient contact • Eye protection to be worn. • Structural/RTC PPE to be worn • Inter-agency liaison • First aid training • Seek medical advice 	1	3	3			
	Bodily fluids from casualties	<ul style="list-style-type: none"> • Adverse effect on FRS responder's mental health and wellbeing • Stress • Anxiety • Other psychological Injury • Adverse impact on FRS operational response. • Spreading infection. • Adverse impact on the NHS • 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 • Health and safety briefing to reiterate points in A2 • Training. • All activities will be under supervision by competent person/s • Work within FRS Cordons if FRS in attendance • Keeping a minimum distance from suspected individuals of 2 metres wherever possible • Awareness of moving vehicles • Conduct activities under direction and supervision of Ambulance Service crew member • Personal hygiene - washing hands, use of hand sanitising gels. • Existing injuries to be covered • FRS personnel to be trained in personal decontamination procedures • Appropriate decontamination of PPE by professional cleaners, 	1	5	5			

				<p>PPE to be treated as clinical waste</p> <ul style="list-style-type: none"> • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation • Volunteers are to be informed they will not return to work until they have received a negative test result. • 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 • Ensure staff have support available for advice with regards to occupational health needs. 						
<p>Patient/ Ambulance Personnel Support</p> <p>Lifting and moving equipment</p>	<p>Poor lifting technique for heavy objects and/or moving equipment</p>	<ul style="list-style-type: none"> • Slips, trips and falls • Minor Injury • Strains and sprains • Musculoskeletal injury • Minor injuries • Major injury 	1 & 3	<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 • Where Ambulance Service manual handling aids are to be used, FRS personnel to have instruction and training on use; aids to be used only under the guidance and supervision of Ambulance Service staff. 	1	4	4			

Lifting and moving patients	Using equipment such as stretcher / wheelchair to move patients;	<ul style="list-style-type: none"> • Sprains • Strains • Finger entrapment • 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, 2 & 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 • 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 • Correct donning and doffing procedures as per Section B • Personal hygiene - washing hands, use of hand sanitising gels. • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under on direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. • Access to professional counselling services this will be communicated to staff. • Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4				
	Lifting patients into / onto stretchers / wheelchairs, carry chairs;	<ul style="list-style-type: none"> • Sprains • Strains • 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, 2 & 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 • Ensure all group manual handling activities are co-ordinated • Request additional resources if required • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under on direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. This will be communicated to staff. 	1	4	4				

				<ul style="list-style-type: none"> • Correct donning and doffing procedures, See Section B • 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. 						
	Movement of patients 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, 2 & 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 • 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 • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under on direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. This will be communicated to staff. • Correct donning and doffing procedures. See Section B • Personal hygiene - washing hands, use of hand sanitising gels. • Ambulance Service utilise a variety of manual handling aids to move casualties, such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - Where Ambulance Service manual handling aids are to be used FRS personnel are to have instruction and training on use; aids to be used only under the guidance and supervision of Ambulance Service staff. • 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. 						
	Handling patients from floors	<ul style="list-style-type: none"> • Sprains • Strains • 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, 2 & 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 • Ensure all group manual handling activities are co-ordinated • Request additional resources if required • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under on direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. This will be communicated to staff. • Correct donning and doffing procedures as per Section B • Personal hygiene - washing hands, use of hand sanitising gels. • Ambulance Service utilise a variety of manual handling aids to move casualties, such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - Where Ambulance Service manual handling aids are to be used FRS personnel are to have instruction and training on use; aids to be used only under the guidance and supervision of Ambulance Service staff. • Access to professional counselling services • Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4			
	Movement of bariatric patients.	<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries including permanent debilitating injuries • Uncontrolled descent of casualty 	1, 2 & 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Consider use of mechanical lifting aids • Adopt correct manual handling techniques as per training • Utilise any carrying handles on aids wherever possible 	2	4	8			

		<ul style="list-style-type: none"> • Adverse effect on FRS responders' mental health and wellbeing • Exposure to COVID-19 • Loss of life • Reputational damage to the Service 		<ul style="list-style-type: none"> • 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 • Ambulance Service utilise a variety of manual handling aids to move casualties, such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - Where Ambulance Service manual handling aids are to be used FRS personnel are to have instruction and training on use; aids to be used only under the guidance of Ambulance Service staff. • Correct donning and doffing procedures as per Section B • 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. 							
Use of medical equipment	Inappropriate use of medical equipment	<ul style="list-style-type: none"> • Minor injury/illness • Major injury/illness • Loss of life • Reputational damage to the Service 	1, 2, 3 & 4	<ul style="list-style-type: none"> • Medical equipment would only be used in support of Ambulance Service clinician and under their strict guidance, supervision and instruction and only if assessed and qualified as competent to use. • Ambulance Service staff to lead in operation of any and all equipment. • Medical equipment suitably cleaned/decontaminated after use under supervision of Ambulance Service clinician • COVID 19 PPE as outlined in section A1 • Correct donning and doffing procedures. See Section B • Personal hygiene - washing hands, use of hand sanitising gels. 	1	5	5				
				<ul style="list-style-type: none"> • Agreed pre selection of FRS personnel • Information and training on all infection control polices & 	1	5	5				

<p>Attending incidents where the patients are suspected or confirmed of having COVID-19</p>	<p>Contact with patients with COVID 19</p>	<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 	<p>1, 2, 3 & 4</p>	<p>procedures in place and adhered to</p> <ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Personal hygiene - washing hands, use of hand sanitising gels. • A distance of 2-metres will be maintained from the patient wherever possible • 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 • Vehicle decontamination procedures to be undertaken • Staff to be trained on procedure. • Procedure conducted under supervision and guidance of Ambulance Service staff • 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 • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation • Volunteers are to be informed they will not return to work until they have received a negative test result. • 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 							
---	--	---	------------------------	---	--	--	--	--	--	--	--

				<ul style="list-style-type: none"> • Access to professional counselling services 						
Dealing with incidents where infectious substances and/or biohazards may be present	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 & 3	<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 • Personal Decontamination procedures to be undertaken following such incident's in accordance with Ambulance Service guidance • FRS personnel to be trained in personal decontamination procedures • Vehicle decontamination procedures to be conducted under supervision and guidance of Ambulance Service staff • 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 • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put 	1	5	5			

				<p>forward for a test to take place no sooner than 3 days following that cessation</p> <ul style="list-style-type: none"> • Volunteers are to be informed they will not return to work until they have received a negative test result. • 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 • Access to professional counselling services • Personal hygiene - washing hands, use of hand sanitising gels. 						
Dealing with incidents involving casualties or fatalities	Contact with multiple injured and/or deceased persons throughout each shift period i.e. repeated exposure to traumatic scenarios	<ul style="list-style-type: none"> • Minor illness • Major illness • Exposure to infection • Infection of FRS responders. • Spreading of the infection to a wider group • Loss of working time. • Adverse impact on the NHS. • 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"> • FRS screening of all applicants prior to volunteers being accepted for this activity • Information to be shared to all potential volunteers re what the activity will entail • Vaccination against relevant diseases prior to activity commencing e.g. hepatitis B etc. • Training to be given prior to activity commencing • Activity to be agreed for a limited time period • Minimal persons exposed for the minimum duration • Crew rotation • Ensure staff have support available for advice with regards to occupational health needs. • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation • Volunteers are to be informed they will not return to work until they have received a negative test result. • Volunteers to be instructed that those who during this activity 	2	3	6			

				<p>have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager</p> <ul style="list-style-type: none"> • Avoid all contact with equipment known as 'sharps' • Cover any breaks in exposed skin with appropriate dressings • Utilise appropriate PPE for incident type as directed by ambulance personnel • COVID 19 PPE as outlined in section A1. • Observe minimum 2 metres distancing wherever possible. • Personal hygiene - washing hands, use of hand sanitising gels. • Correct disposal methods adhered for contaminated PPE which must be treated as medical/clinical waste. 						
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 & 4	<ul style="list-style-type: none"> • Health and safety briefing to reiterate points in A2 • Request Police attendance for public control • Withdraw to place of safety • Remain inside of vehicle • Defer activity to ambulance personnel • Crews routinely 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			
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 requested to control/secure animal. • Occupier 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 the occupiers control such as is necessary to prevent any attack. • First aid training • Seek medical attention at all times. 	2	3	6			

				<ul style="list-style-type: none"> Record as an act of violence at work/known hazard and log for future attendances 						
Providing patient and/or ambulance personnel support	Work related psychological illness	<ul style="list-style-type: none"> Adverse effect on FRS responders' mental health and wellbeing Stress Anxiety Fatigue Absenteeism Loss of working time. Presenteeism Unwarranted impact on the NHS. Reputational damage to the Service 	1	<ul style="list-style-type: none"> FRS screening of all applicants prior to volunteers being accepted for this activity Information to be shared to all potential volunteers re what the activity will entail Training to be given prior to activity commencing Activity to be agreed for a limited time period Minimal persons exposed for the minimum duration Withdraw from activity Crew rotation Peer support in recognising signs and symptoms of fatigue/stress For stress related symptoms see TUC/HSE guidance Ensure staff have support available for advice with regards to occupational health needs. Access may include <ul style="list-style-type: none"> Employee Assistance programmes Access to FRS mental health support Access to professional counselling services Support from Ambulance Service staff/managers and signposting if required Health screening It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers are to be informed they will not return to work until they have received a negative test result. 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 	2	3	6			

				should inform their appropriate manager						
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, 2	<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	<ul style="list-style-type: none"> Stress Anxiety Psychological stress 	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 	1	5	5			

	<p>symptoms of an infection.</p>	<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 • If personnel or volunteers become symptomatic whilst volunteering for the activity, the volunteering 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. • Following the cessation of any detachment to perform the activity an employee, as a condition of volunteering, will be put forward for a test to take place no sooner than 3 days following that cessation • The employee will not return to work until they have received a negative test result. • 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 • 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 							
--	----------------------------------	--	--	--	--	--	--	--	--	--	--

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 driving of ambulances:

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.

Ambulance staff will be expected to don item of PPE 'b' when FRS staff are undertaking driving activity (non-patient care) and if the ambulance staff refuse to don the PPE then item 'e' will be donned by FRS staff. This to be agreed with Ambulance Trust in advance of activity commencing.

For patient/ambulance personnel support:

Items of PPE b, 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. Items of PPE a & c 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 Ambulance Driving and Patient/Ambulance personnel support 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 Ambulance Driving and Patient/Ambulance personnel support see Section A1.

4. FRS personnel involved in the activity of Ambulance Driving and Patient/Ambulance personnel support must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of Ambulance Driving and Patient/Ambulance personnel support 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 Ambulance Driving and Patient/Ambulance personnel support 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 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

Model Risk Assessment				Ref no.	COVID-19	This is a Tripartite group developed generic national risk assessment provided in respect of transfer of known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) activity as set out in paragraph 2 of TRI/6/20 and any necessary local variations will be agreed through the local health and safety structures.
Activity	Known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights)			Status		
Location Section				Initial assess.		
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.	1.3	

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		

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 	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 Staff with relevant skills and experience to be prioritised Personnel to be fit and able to undertake the activity e.g. not from an identified vulnerable group 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 FRS activities will be confined to: <ol style="list-style-type: none"> Driving the vehicle Handling the stretcher to/from the vehicle to assist the clinical staff It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. Driving licence checks Fire cover should not be reduced or crewing levels altered to undertake the activity 	1	2	2				

				<ul style="list-style-type: none"> • Staff 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 any venue	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,,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 • 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 • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew • 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			
Working with other agency. 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. • Social distance guidance for 2 metre social distancing to be adhered to • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 	2	2	4			

	Lack of understanding of agency specific terminology	<ul style="list-style-type: none"> Wrong procedures undertaken Frustration Delay in getting to work 	1, 3	<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	<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			
Vehicle checks prior to driving the ambulance patient transport vehicle	Non-roadworthy/non familiar vehicle being checked prior to the activity	<ul style="list-style-type: none"> Vehicle Collision Minor Injury Major injury Adverse effect on FRS personnel mental health and wellbeing Reputational damage to the Service 	1, 2, 3	<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 staff have support available for advice with regards to occupational health needs. Access to FRS Occ Health facilities Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4			
Preparation to operate ambulance patient transport vehicles	Fatigue occurring Pre-existing Illness Pre-existing Injury	<ul style="list-style-type: none"> Increased potential for a vehicle collision Exhaustion Fatigue Minor injury Major injury Adverse effect on FRS responders mental health and wellbeing 	1, 2, 3	<ul style="list-style-type: none"> All personnel to be fit and able to undertake driving activities FRS EFAD drivers only to undertake this activity All personnel sufficiently nourished and hydrated All personnel adequately rested prior to shift commencing Peer support in recognising signs and symptoms of fatigue/stress Adhere to working time directive to ensure excessive hours are not worked. It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew Access to FRS Occ Health facilities 	1	3	3			

				<ul style="list-style-type: none"> • Ensure staff have support available for advice with regards to occupational health needs. 						
	Unfamiliarity of vehicle in relation to routine checks	<ul style="list-style-type: none"> • Vehicle Collision • Minor Injury • Major Injury • Vehicle damage • Adverse effect on FRS trainers mental health and wellbeing • Driver fatigue • Loss of life • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Full vehicle induction prior to taking responsibility for the vehicle • Full induction, information and training on all equipment FRS personnel expected to use. • Information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available • Ensure staff have access available for advice with regards to occupational health needs. 	1	4	4			
Transporting to and from Nightingale hospitals under emergency response (blue light)	Non-roadworthy vehicle being utilised	<ul style="list-style-type: none"> • Vehicle Collision • Minor Injury • Major injury • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Driver to have understanding of FRS and ambulance trust Management of Road Risk Policy. • Maintenance schedule for each vehicle, made available if required • Vehicle inspection and checks completed and recorded at start of each duty period. • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • All vehicles confirmed as roadworthy at start of shift and recorded as such. • Non-roadworthy vehicles are not to be used 	1	5	5			
	Unfamiliarity of driving ambulance patient transport vehicles and use of associated equipment	<ul style="list-style-type: none"> • Road Traffic Collision (RTC) • Minor Injury • Adverse effect on FRS responders mental health and wellbeing • Major Injury • Loss of life 	1, 2, 3	<ul style="list-style-type: none"> • Full vehicle induction • Information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available • FRS EFAD drivers only • All vehicles confirmed as roadworthy by start of shift, tested and recorded as such. • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • Full induction, information and training on all equipment FRS personnel expected to use. • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient. 	1	5	5			

				<ul style="list-style-type: none"> • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • Use of seat belts • Awareness of road and weather conditions • Any occurrences of collision will be reported and dealt with 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 • Ensure staff have support available for advice with regards to occupational health needs. 						
	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 delivered by ambulance trust prior to becoming operationally available • FRS assessed drivers only to be considered for driving activities • Driving licence checks prior to activity commencing • All vehicles confirmed as roadworthy by start of shift. Vehicles to be tested and recorded as such. • Vehicle is secure (lockers and doors closed) and safe to drive • Use of seat belts • Use of vehicle warning devices (two tones, horn etc) • Awareness of road and weather conditions • Adhere to road traffic act (No FRS exemptions) • Drive to arrive • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient. • Drivers to be aware of the process for the reporting of RTC's in ambulance transport vehicles • Notify oncoming assistance suspected or known COVID 19 patient on board the vehicle 	1	5	5			

				<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. Ensure staff have access available for advice with regards to occupational health needs. 						
	Exposure to noise	<ul style="list-style-type: none"> Temporary hearing damage Longer term hearing damage (over a prolonged time) 	1, 3	<ul style="list-style-type: none"> FRS EFAD drivers only Familiarisation training Drive to arrive To limit exposure to audible warning devices ensure windows are closed 	1	4	4			
Transporting to and from Nightingale hospitals through non-emergency patient transfer (not on blue lights)	Non-roadworthy vehicle being utilised	<ul style="list-style-type: none"> Vehicle Collision Minor Injury Major injury Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> Driver to have understanding of FRS and ambulance trust Management of Road Risk Policy. Maintenance schedule for each vehicle, made available if required Vehicle inspection and checks completed and recorded at start of each duty period. Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. All vehicles confirmed as roadworthy at start of shift and recorded as such. Non-roadworthy vehicles are not to be used 	1	5	5			
	Unfamiliarity of driving ambulance patient transport vehicles and use of associated equipment	<ul style="list-style-type: none"> Road Traffic Collision (RTC) Minor Injury Adverse effect on FRS responders mental health and wellbeing Major Injury Loss of life 	1, 2, 3	<ul style="list-style-type: none"> Full vehicle induction Information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available All vehicles confirmed as roadworthy by start of shift test and recorded as such. Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. Full induction, information and training on all equipment FRS personnel expected to use. 2 clinical staff to be present in order to minimise fire and rescue staff contact The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient 	1	5	5			

				<ul style="list-style-type: none"> • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • Use of seat belts • Awareness of road and weather conditions • Any occurrences of collision will be reported and dealt with 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 • Ensure staff have support available for advice with regards to occupational health needs. 						
	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 delivered by ambulance trust prior to becoming operationally available • FRS assessed drivers only to be considered for driving activities • All vehicles confirmed as roadworthy by start of shift. Vehicles to be 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) • Drive to arrive • Drivers to be aware of the process for the reporting of RTC's in ambulance transport vehicles • FRS personnel will not be required to provide any clinical or first-aid assistance to the patient. The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient. • Notify oncoming assistance suspected or known COVID 19 patient on board the vehicle • Welfare facilities for suitable rest breaks and toilet breaks for 	1	5	5			

				<p>practitioners and in appropriate designated areas that can maintain social distancing measures.</p> <ul style="list-style-type: none"> • Ensure staff have access available for advice with regards to occupational health needs. 						
	<p>Known or suspected COVID-19 Patients requires medical attention en-route</p>	<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 	<p>1, 2, 3</p>	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • The Health and Safety briefing to include roles & responsibilities plus first aid/welfare, emergency arrangements • FRS personnel will not be required to provide any clinical or first-aid assistance to the patient. • Reiterate the scope of this activity to all participating in this activity • 2 clinical staff to be present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a.driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • The purpose of this activity is to free up ambulances operated by, and staffed by employees of Ambulance Trusts; and not to undertake work that is ordinarily delivered by other ambulance service providers. • COVID 19 PPE as outlined in section A1 • Where known problems may exist request an ambulance personnel form part of the crew • All activities will be under supervision by competent person/s 	<p>1</p>	<p>4</p>	<p>4</p>			

				<ul style="list-style-type: none"> Request additional resources if required Personal hygiene - washing hands, use of hand sanitising gels. Ensure staff have access available for advice with regards to occupational health needs. 						
Low speed manoeuvring of patient transfer vehicle	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"> 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 with 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 	2	3	6			
Dismounting from an unfamiliar vehicle	Hit by moving traffic	<ul style="list-style-type: none"> Major Injury Minor Injury Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Training and instruction Route planning Collection and delivery of patient to be made to a specified location away from traffic. i.e. home or outpatients department Use of vehicle hazard lights. Use of Hi-Viz jackets at all times. Safe dismount from vehicle (kerb side). Activities to be undertaken during daylight hours wherever possible 	1	4	4			
Collection of known or suspected COVID-19 Patients	Frightened, anxious, panicked, abusive 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 Request Police attendance for public control if required Withdraw to place of safety Remain inside of vehicle 2 clinical staff to be present in order to minimise fire and rescue staff contact The ambulance/hospital clinicians, with or without the 	1	2	2			

				<p>assistance of other clinicians, will be totally responsible for the management of the patient</p> <ul style="list-style-type: none"> FRS activities will be confined to: <ul style="list-style-type: none"> Driving the vehicle Handling the stretcher to/from the vehicle to assist the clinical staff The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. Defer activity to ambulance personnel 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 						
	Arrival of FRS personnel causing distress to the patient	<ul style="list-style-type: none"> Minor Injury Psychological Distress Failure to collect or deliver patient Increased vulnerability of recipient Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Use of patients name Personnel to show occupier Service ID Activity to be undertaken with ambulance personnel 2 clinical staff to be present in order to minimise fire and rescue staff contact The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient FRS activities will be confined to: <ul style="list-style-type: none"> Driving the vehicle Handling the stretcher to/from the vehicle to assist the clinical staff Request additional resources if required Maintain social distancing at all times Personnel to have access to mobile phone Withdraw and defer activity to ambulance personnel 	1	2	2			
	Use of equipment such as stretcher /wheelchair to lift, manoeuvre	<ul style="list-style-type: none"> Sprains Strains Finger entrapment Musculoskeletal injuries 	1, 2, 3	<ul style="list-style-type: none"> COVID 19 PPE as outlined in section A1 Correct donning and doffing procedures as per Section B 	1	4	4			

	and assist known or suspected COVID-19 Patients	<ul style="list-style-type: none"> • Uncontrolled descent of patient. • Exposure to COVID 19 • Adverse effect on FRS responders mental health and wellbeing • Loss of life • Reputational damage to the Service 		<ul style="list-style-type: none"> • Use mechanical lifting/carrying aids at all times when available • Adopt correct manual handling techniques • Ensure all group manual handling activities are co-ordinated • Plan route to be used to keep travel distances as short as possible • Activity to be undertaken in pairs with 2 clinical staff present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under on direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. • Where known manoeuvrability problems may exist, request ambulance personnel form part of crew • Request additional resources if required • Personal hygiene - washing hands, use of hand sanitising gels. • Ensure staff have access available for advice with regards to occupational health needs. 							
	Movement of known or suspected COVID-19	<ul style="list-style-type: none"> • Sprains • Strains • Finger entrapment 	1, 2, 3	<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Correct donning and doffing procedures. See Section B 	2	4	8				

	<p>Patients up and down stairs or in confined or restricted space</p>	<ul style="list-style-type: none"> • Increased risk of musculoskeletal injuries • Uncontrolled descent of patient • Exposure to COVID 19 • Adverse effect on FRS responders mental health and wellbeing • Loss of life • Reputational damage to the Service 	<ul style="list-style-type: none"> • 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 • Activity to be undertaken in pairs • 2 clinical staff to be present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. This will be communicated to staff. • Where known manoeuvrability problems may exist ensure an ambulance personnel form part of crew • Request additional resources if required • Planned route to be used to keep travel distances as short as possible • Personal hygiene - washing hands, use of hand sanitising gels. • Ensure staff have access available for advice with regards to occupational health needs. 							
--	---	---	--	--	--	--	--	--	--	--

		<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries including permanent debilitating injuries • Uncontrolled descent of patient • Adverse effect on FRS responders mental health and wellbeing • Exposure to COVID 19 • Loss of life • Reputational damage to the Service 	1, 2, 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 • Utilise any carrying handles on aids wherever possible • Ensure all group manual handling activities are co-ordinated • Planned route to be used to keep travel distances as short as possible • Activity to be undertaken with 2 clinical staff present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • Ambulance Service utilise a variety of manual handling aids to move casualties, such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - Where Ambulance Service manual handling aids are to be used FRS personnel are to have instruction and training on use; aids to be used only under the guidance of Ambulance Service staff. • Where known manoeuvrability problems may exist, ensure ambulance personnel form part of crew • Request additional resources if required 	2	4	8				
--	--	---	---------	--	---	---	---	--	--	--	--

				<ul style="list-style-type: none"> • Personal hygiene - washing hands, use of hand sanitising gels. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 						
Handing over collected known or suspected COVID-19 Patients to Nightingale hospital staff	Delay in handing over in a safe orderly manner	<ul style="list-style-type: none"> • Psychological distress • Exposure to infectious substances and/or biohazards • NHS staff placed at additional risk • Reputational damage to the Service 	1, 2, 3, 4	<ul style="list-style-type: none"> • COVID 19 PPE. See section A1 • Health and Safety brief to reiterate points in in section A2 • The Health and Safety briefing to include roles & responsibilities plus first aid/welfare, emergency arrangements • A distance of 2-metres will be maintained from the patient • Where close patient contact is required, strict PPE procedures must be adopted • 2 clinical staff to be present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient. • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • Patient transfer to be made to a specified location. • Agreed protocol with hospital for receipt of patient transfer and handing over, booking in. • Personnel to show hospital staff Service ID on request • Ensure the hospital is aware of the time of arrival of patient whenever possible. 	1	5	5			
Dealing with occasions where infectious substances and/or biohazards may be present	Contamination from known or suspected COVID-19 Patients	<ul style="list-style-type: none"> • Minor illness • Major illness • Exposure to infectious substances and/or biohazards 	1, 3	<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 	1	5	5			

		<ul style="list-style-type: none"> • Adverse effect on FRS responders mental health and wellbeing • Loss of life • Reputational damage to the Service 		<ul style="list-style-type: none"> • Vaccination against relevant diseases prior to activity commencing e.g. hepatitis B etc. • COVID 19 PPE. See section A1 • Correct donning and doffing procedures as per Section B • A distance of 2-metres will be maintained from the patient • Where close patient contact is required, strict PPE procedures must be adopted • 2 clinical staff to be present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • FRS personnel to be trained in personal decontamination procedures • Vehicle decontamination procedures conducted by Ambulance Service staff • Correct disposal methods adhered to 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 appropriate • Ensure staff have support available for advice with regards to occupational health needs. • Ongoing health screening • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the 							
--	--	--	--	---	--	--	--	--	--	--	--

				<p>activity forms part of an ambulance crew</p> <ul style="list-style-type: none"> • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation • Volunteers are to be informed they will not return to work until they have received a negative test result. • 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 and heed any notifications from contact tracers • Personal hygiene - washing hands, use of hand sanitising gels. • Ensure staff have access available for advice with regards to occupational health needs. 						
	<p>FRS personnel transmitting disease/virus to known or suspected COVID-19 Patients whilst undertaking this activity</p>	<ul style="list-style-type: none"> • Reputational damage to the Service • Adverse effect on FRS responders mental health and wellbeing • Major illness • Loss of life • Adverse impact on the NHS 	<p>1, 2, 3</p>	<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 • Health and safety briefing/inductions when attending workplace prior to conducting activity, this to cover all SSOW and RA control measures • Individuals to be briefed in advance not to attend workplace if showing signs and symptoms of COVID 19. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 • A distance of 2-metres will be maintained from the patient • Where close patient contact is required, strict PPE procedures must be adopted • 2 clinical staff to be present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient 	<p>1</p>	<p>5</p>	<p>5</p>			

				<ul style="list-style-type: none"> • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Social distance guidance of 2 metres to be adhered • If personnel become symptomatic whilst undertaking the activity, they will cease the activity immediately • If personnel become symptomatic they will self-isolate and follow test and trace guidance 						
Dealing with animals at known or suspected COVID-19 Patients location	Attack by pets	<ul style="list-style-type: none"> • Bites • Scratches • Minor injury • Illness/infection • Failure to complete activity • Increased vulnerability of recipient • Psychological Distress 	1, 3	<ul style="list-style-type: none"> • Ensure the occupier/carer is aware of the time of arrival of transport • Occupier requested to control/secure animal. • Occupier requested to remove animal. • Personnel not to enter area where attack by the animal is likely. • Request attendance of additional resources if required (RSPCA, Vet etc) • Withdraw to place of safety • Remain inside of vehicle • 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. • Activity to be undertaken in pairs including mixed crewing with ambulance personnel • 2 clinical staff to be present in order to minimise fire and rescue staff contact • FRS personnel will not be required to provide any clinical or first-aid assistance to the patient. The ambulance/hospital clinicians, with or without the 	1	3	3			

				<p>assistance of other clinicians, will be totally responsible for the management of the patient.</p> <ul style="list-style-type: none"> • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • Request additional resources if required • Seek medical attention at all times. • Ensure staff have access available for advice with regards to occupational health needs. • Record as an act of violence at work/known hazard and log for future attendances 						
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 • Showering to take place at place of work • Ensure donning and doffing procedure is strictly adhered to. See Section B • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal • 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, • Contaminated PPE to be treated as clinical waste 	1	4	4			

<p>Consideration and provision of welfare facilities and arrangements</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"> • Early engagement of safety representatives via joint H&S committee meetings to assist in debriefing the work activity • Welfare facilities for suitable rest breaks and toilet breaks for practitioners and in appropriate designated areas that can maintain social distancing measures. • Health and Safety brief to reiterate signs and symptoms of COVID 19 • 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 • Showering & washing facilities to be provided • Training to be given prior to activity commencing • 2 clinical staff to be present in order to minimise fire and rescue staff contact and as such maintain FRS personnel welfare • 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 	<p>2</p>	<p>2</p>	<p>4</p>				
<p>Post activity considerations</p>	<p>FRS personnel becoming infected or showing symptoms of infection or of a physical or psychological illness.</p>	<ul style="list-style-type: none"> • Stress • Anxiety • Psychological stress • Adverse effect on FRS personnel mental health and well being • Further transmission of infection within the workplace • Spreading the transmission to home premise • Loss of working time. • Impact on an operational response. 	<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 • If personnel or volunteers become symptomatic whilst volunteering for the activity, the activity is to cease immediately and the individual is to inform the appropriate manager, self-isolate and follow test and trace advice 	<p>1</p>	<p>5</p>	<p>5</p>				

		<ul style="list-style-type: none"> • Impact on the NHS. • Reputational damage to the Service 		<ul style="list-style-type: none"> • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • Following the cessation of any detachment to perform the activity, an employee, as a condition of volunteering, will be put forward for a test to take place no sooner than 3 days following that cessation • The employee will not return to work until they have received a negative test result. • 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 self-isolate and follow test and trace guidance • 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 								
--	--	--	--	--	--	--	--	--	--	--	--	--

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

Items of PPE a, 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.

2. FRS personnel involved in the activity of known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) 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 known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) see Section A1.
4. FRS personnel involved in the activity of known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) must have first been the subject of an appropriate inspection, maintenance and servicing regime.
6. All additional activities
7. must be under supervision by a competent person with 2 clinical staff present in order to minimise fire and rescue staff contact

8. Partner agencies must receive information, instruction, training and supervision where appropriate to work safely within the FRS identified safe systems of work.
9. FRS personnel involved in the activity of known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) must have first received relevant manual handling information/training and any follow up refresher training as required. (See Section B)
10. All FRS personnel are all fit and well (See Section B)
11. A safety briefing/induction must be given to all personnel.
12. A debrief of the additional activity will be undertaken at routine intervals whilst the additional activity is being undertaken.
13. Safe systems of work identified in this and any subsequent risk assessments will be adhered to.

Section B - relevant documents/guidance:

1. Tri-partite agreements
2. Self- isolation guidance
3. Guide to donning and doffing standard PPE
4. Social distance guidance
5. Insert service workwear policy
6. Insert service fitness policy
7. Insert service manual handling policy

Model Risk Assessment				Ref no.	COVID-19	This is a Tripartite group developed generic national risk assessment provided in respect of transfer of non-COVID-19 Patients to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) activity as set out in paragraph 2 of TRI/6/20 and any necessary local variations will be agreed through the local health and safety structures.
Activity	Non-COVID-19 Patients: Transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) – this includes recovering and recuperating patients no longer infected with COVID 19			Status		
Location Section				Initial assess.		
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.	

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		

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 	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 Staff with relevant skills and experience to be prioritised Personnel to be fit and able to undertake the activity e.g. not from an identified vulnerable group 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 It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation Volunteers put forward for a test are to be informed they will not return to work until they have received a negative test result. 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	2	2				

Preparation for activity prior to attending any venue	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,,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 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 It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew 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			
Working with other agency. 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. 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 	2	2	4			
	Lack of understanding of agency specific terminology	<ul style="list-style-type: none"> Wrong procedures undertaken Frustration Delay in getting to work 	1, 3	<ul style="list-style-type: none"> Training Briefing explaining glossary of terminology 	1	1	1			
	Inability to promptly report	<ul style="list-style-type: none"> Unforeseen trends occurring 	1, 3	<ul style="list-style-type: none"> Engagement of safety representatives via joint H&S committee meetings to assist in 	2	2	4			

	safety event occurrences	<ul style="list-style-type: none"> • Delay in getting medical assistance 		<ul style="list-style-type: none"> • 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. 						
Vehicle checks prior to driving the ambulance patient transport vehicle	Non-roadworthy/non familiar vehicle being checked prior to the activity	<ul style="list-style-type: none"> • Vehicle Collison • Minor Injury • Major injury • Adverse effect on FRS personnel mental health and wellbeing • Reputational damage to the Service 	1, 2, 3	<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. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4			
Preparation to operate ambulance patient transport vehicles	Fatigue occurring Pre-existing Illness Pre-existing Injury	<ul style="list-style-type: none"> • Increased potential for a vehicle collision • Exhaustion • Fatigue • Minor injury • Major injury • Adverse effect on FRS responders mental health and wellbeing 	1, 2, 3	<ul style="list-style-type: none"> • All personnel to be fit and able to undertake driving activities • All personnel sufficiently nourished and hydrated • All personnel adequately rested prior to shift commencing • Peer support in recognising signs and symptoms of fatigue/stress • Adhere to working time directive to ensure excessive hours are not worked. • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 	1	3	3			
	Unfamiliarity of vehicle in relation to routine checks	<ul style="list-style-type: none"> • Vehicle Collison • Minor Injury • Major Injury • Vehicle damage • Adverse effect on FRS trainers mental health and wellbeing • Driver fatigue • Loss of life • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Full vehicle induction prior to taking responsibility for the vehicle • Full induction, information and training on all equipment FRS personnel expected to use. • Information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available 	1	4	4			

				<ul style="list-style-type: none"> • Ensure staff have access available for advice with regards to occupational health needs. 						
Transporting to and from Nightingale hospitals under emergency response (blue light)	Non-roadworthy vehicle being utilised	<ul style="list-style-type: none"> • Vehicle Collision • Minor Injury • Major injury • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Driver to have understanding of FRS and ambulance trust Management of Road Risk Policy. • Maintenance schedule for each vehicle, made available if required • Vehicle inspection and checks completed and recorded at start of each duty period. • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • All vehicles confirmed as roadworthy at start of shift and recorded as such. • Non-roadworthy vehicles are not to be used 	1	5	5			
	Unfamiliarity of driving ambulance patient transport vehicles and use of associated equipment	<ul style="list-style-type: none"> • Road Traffic Collision (RTC) • Minor Injury • Adverse effect on FRS responders mental health and wellbeing • Major Injury • Loss of life 	1, 2, 3	<ul style="list-style-type: none"> • Full vehicle induction • Information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available • FRS EFAD drivers only • All vehicles confirmed as roadworthy by start of shift, tested and recorded as such. • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • Full induction, information and training on all equipment FRS personnel expected to use. • Use of seat belts • Awareness of road and weather conditions • Any occurrences of collision will be reported and dealt with 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 • Ensure staff have support available for advice with regards to occupational health needs. 	1	5	5			
	RTC	<ul style="list-style-type: none"> • Major Injury • Major vehicle damage • Minor Injury • Driver fatigue • Loss of life 	1, 2, 3	<ul style="list-style-type: none"> • Full induction, information and training session including familiarisation driving session undertaken by ambulance trust 	1	5	5			

		<ul style="list-style-type: none"> • Reputational damage to the Service 		<ul style="list-style-type: none"> • prior to becoming operationally available • FRS EFAD assessed drivers only to be considered for driving activities • Driving licence checks prior to activity commencing • All vehicles confirmed as roadworthy by start of shift. Vehicles to be tested and recorded as such. • Vehicle is secure (lockers and doors closed) and safe to drive • Use of seat belts • Use of vehicle warning devices (two tones, horn etc) • Awareness of road and weather conditions • Adhere to road traffic act (No FRS exemptions) • Drive to arrive • Drivers to be aware of the process for the reporting of RTC's in ambulance transport vehicles • Welfare facilities for suitable rest breaks and toilet breaks for practitioners and in appropriate designated areas that can maintain social distancing measures. • Ensure staff have access available for advice with regards to occupational health needs. 						
	Exposure to noise	<ul style="list-style-type: none"> • Temporary hearing damage • Longer term hearing damage (over a prolonged time) 	1, 3	<ul style="list-style-type: none"> • FRS EFAD drivers only • Familiarisation training • Drive to arrive • To limit exposure to audible warning devices ensure windows are closed 	1	4	4			
Transporting to and from Nightingale hospitals through non-emergency patient transfer (not on blue lights)	Non-roadworthy vehicle being utilised	<ul style="list-style-type: none"> • Vehicle Collision • Minor Injury • Major injury • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Driver to have understanding of FRS and ambulance trust Management of Road Risk Policy. • Maintenance schedule for each vehicle, made available if required • Vehicle inspection and checks completed and recorded at start of each duty period. • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • All vehicles confirmed as roadworthy at start of shift and recorded as such. 	1	5	5			

				<ul style="list-style-type: none"> • Non-roadworthy vehicles are not to be used 						
	<p>Unfamiliarity of driving ambulance patient transport vehicles and use of associated equipment</p>	<ul style="list-style-type: none"> • Road Traffic Collision (RTC) • Minor Injury • Adverse effect on FRS responders mental health and wellbeing • Major Injury • Loss of life 	1, 2, 3	<ul style="list-style-type: none"> • Full vehicle induction • Information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available • All vehicles confirmed as roadworthy by start of shift test and recorded as such. • Potential faults to be reported to the identified responsible person. This to include potential or mid shift faults. • Full induction, information and training on all equipment FRS personnel expected to use. • Use of seat belts • Awareness of road and weather conditions • Any occurrences of collision will be reported and dealt with 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 • Ensure staff have support available for advice with regards to occupational health needs. 	1	5	5			
	<p>RTC</p>	<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 delivered by ambulance trust prior to becoming operationally available • FRS assessed drivers only to be considered for driving activities • All vehicles confirmed as roadworthy by start of shift. Vehicles to be 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) • Drive to arrive • Drivers to be aware of the process for the reporting of RTC's in ambulance transport vehicles 	1	5	5			

				<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. Ensure staff have access available for advice with regards to occupational health needs. 						
	Non-COVID patients requires medical attention en-route	<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	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 The Health and Safety briefing to include roles & responsibilities plus first aid/welfare, emergency arrangements Reiterate the scope of this activity to all participating in this activity The purpose of this activity is to free up ambulances operated by, and staffed by employees of Ambulance Trusts; and not to undertake work that is ordinarily delivered by other ambulance service providers. Training including basic first aid COVID 19 PPE as outlined in section A1 Activity to be undertaken in pairs, including mixed crewing with ambulance personnel Where known problems may exist request an ambulance personnel form part of the crew All activities will be under supervision by competent person/s Request additional resources if required Personal hygiene - washing hands, use of hand sanitising gels. Ensure staff have access available for advice with regards to occupational health needs. 	1	3	3			
Low speed manoeuvring of patient transfer vehicle	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"> 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. 	2	3	6			

				<ul style="list-style-type: none"> • Adhere to agreed signals from appointed banks person • Any occurrences of collision will be reported and dealt with 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 						
Dismounting from an unfamiliar vehicle	Hit by moving traffic	<ul style="list-style-type: none"> • Major Injury • Minor Injury • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • Training and instruction • Route planning • Collection and delivery of patient to be made to a specified location away from traffic. i.e. home or outpatients department • Use of vehicle hazard lights. • Use of Hi-Viz jackets at all times. • Safe dismount from vehicle (kerb side). • Activities to be undertaken during daylight hours wherever possible 	1	4	4			
Collection of non-COVID patients	Frightened, anxious, panicked, abusive 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 • Consider Police attendance for public control if required • Withdraw to place of safety • Remain inside of vehicle • Defer activity to ambulance personnel if available • 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 	1	2	2			
	Arrival of FRS personnel causing distress to the patient	<ul style="list-style-type: none"> • Minor Injury • Psychological Distress • Failure to collect or deliver patient • Increased vulnerability of recipient • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • Use of patients name • Personnel to show occupier Service ID • Activity to be undertaken in pairs, including mixed crewing with ambulance personnel • Where known problems may exist ensure an ambulance personnel form part of crew • Request additional resources if required • Maintain social distancing • Personnel to have access to mobile phone 	1	2	2			

				<ul style="list-style-type: none"> Withdraw and defer activity to ambulance personnel 						
	Use of equipment such as stretcher /wheelchair to lift, manoeuvre and assist non-COVID 19 transfer patients	<ul style="list-style-type: none"> Sprains Strains Finger entrapment Musculoskeletal injuries Uncontrolled descent of patient. Exposure to COVID 19 Adverse effect on FRS responders mental health and wellbeing Loss of life Reputational damage to the Service 	1, 2, 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 Adopt correct manual handling techniques Ensure all group manual handling activities are co-ordinated Plan route to be used to keep travel distances as short as possible Activity to be undertaken in pairs including mixed crewing with ambulance personnel Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under on direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. Where known manoeuvrability problems may exist, request ambulance personnel form part of crew Request additional resources if required Personal hygiene - washing hands, use of hand sanitising gels. Ensure staff have access available for advice with regards to occupational health needs. 	1	4	4			
	Movement of non-COVID patients up and down stairs or in confined or restricted space	<ul style="list-style-type: none"> Sprains Strains Finger entrapment Increased risk of musculoskeletal injuries Uncontrolled descent of patient Exposure to COVID 19 Adverse effect on FRS responders mental health and wellbeing 	1, 2, 3	<ul style="list-style-type: none"> COVID 19 PPE as outlined in section A1 Correct donning and doffing procedures. See Section B 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 Activity to be undertaken in pairs, including mixed crewing with ambulance personnel 	2	4	8			

		<ul style="list-style-type: none"> • Loss of life • Reputational damage to the Service 		<ul style="list-style-type: none"> • Ambulance Service staff will ensure vehicles are fully stocked with the available small handling aids as per inventory. They will be used under direction and under the supervision of Ambulance Service staff, ensuring that aids are always used where appropriate. This will be communicated to staff. • Where known manoeuvrability problems may exist ensure an ambulance personnel form part of crew • Request additional resources if required • Planned route to be used to keep travel distances as short as possible • Personal hygiene - washing hands, use of hand sanitising gels. • Ensure staff have access available for advice with regards to occupational health needs. 						
	Movement of non-COVID bariatric patients.	<ul style="list-style-type: none"> • Sprains • Strains • Musculoskeletal injuries including permanent debilitating injuries • Uncontrolled descent of patient • Adverse effect on FRS responders mental health and wellbeing • Exposure to COVID 19 • Loss of life • Reputational damage to the Service 	1, 2, 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 • Utilise any carrying handles on aids wherever possible • Ensure all group manual handling activities are co-ordinated • Planned route to be used to keep travel distances as short as possible • Activity to be undertaken in pairs, including mixed crewing with ambulance personnel • Ambulance Service utilise a variety of manual handling aids to move casualties, such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - Where Ambulance Service manual handling aids are to be used FRS personnel are to have instruction and training on use; aids to be used only under the guidance of Ambulance Service staff. 	2	4	8			

				<ul style="list-style-type: none"> • Where known manoeuvrability problems may exist, ensure ambulance personnel form part of crew • Request additional resources if required • Personal hygiene - washing hands, use of hand sanitising gels. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 						
Handing over collected non-COVID patients to Nightingale hospital staff	Delay in handing over in a safe orderly manner	<ul style="list-style-type: none"> • Psychological distress • Exposure to infectious substances and/or biohazards • NHS staff placed at additional risk • Reputational damage to the Service 	1, 2, 3, 4	<ul style="list-style-type: none"> • COVID 19 PPE. See section A1 • Health and Safety brief to reiterate points in in section A2 • The Health and Safety briefing to include roles & responsibilities plus first aid/welfare, emergency arrangements • A distance of 2-metres will be maintained from the patient and hospital staff wherever possible • Where close patient contact is required, strict PPE procedures must be adopted • Patient transfer to be made to a specified location. • Agreed protocol with hospital for receipt of patient transfer and handing over, booking in. • Personnel to show hospital staff Service ID on request • Ensure the hospital is aware of the time of arrival of patient whenever possible. 	1	4	4			
Dealing with occasions where infectious substances and/or biohazards may be present	Contamination from non-COVID 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, 3	<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 • Correct donning and doffing procedures as per Section B • A distance of 2-metres will be maintained from the patient wherever possible • Where close patient contact is required, strict PPE procedures must be adopted 	1	4	4			

				<ul style="list-style-type: none"> • FRS personnel to be trained in personal decontamination procedures • Vehicle decontamination procedures conducted by Ambulance Service staff • Correct disposal methods adhered to 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 appropriate • Ensure staff have support available for advice with regards to occupational health needs. • Ongoing health screening • It is recommended that the FRS will detach the employee whenever possible from other fire service duties for the duration of the assistance he/she provides whenever the activity forms part of an ambulance crew • Volunteers to be informed that following the cessation of a detachment to perform the activity an employee will be put forward for a test to take place no sooner than 3 days following that cessation • Volunteers are to be informed they will not return to work until they have received a negative test result. • 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 and heed any notifications from contact tracers • Personal hygiene - washing hands, use of hand sanitising gels. • Ensure staff have access available for advice with regards to occupational health needs. 						
	Transporting non-COVID patients who are subsequently identified as having the COVID19 virus	<ul style="list-style-type: none"> • Impact on day to day work • Increased risk of spreading the COVID 19 infection • Adverse effect on FRS responders 	1, 3	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • The Health and Safety briefing to include roles & responsibilities plus first aid/welfare, emergency arrangements 	1	5	5			

		<p>mental health and wellbeing</p> <ul style="list-style-type: none"> • Loss of working time. • Impact on an operational response • Major illness • Loss of life • Adverse impact on the NHS <p>Reputational damage to the Service</p>		<ul style="list-style-type: none"> • COVID 19 PPE as outlined in section A1 • Ensure donning and doffing procedure is strictly adhered to. See Section B • Face fit testing of RPE where applicable • Training • Limit entry into health or care premises to the minimum • All activities will be under supervision by competent person/s • Cordons • Keeping a minimum distance from suspected individuals of 2 metres where possible • Personal hygiene - washing hands, use of hand sanitising gels. • Existing injuries to be covered • Consider other PPE – overshoes, plastic body suits etc • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal after each use • Workwear considered to be contaminated must be laundered by a professional body • Ensure contaminated PPE is treated as medical waste. • If personnel become symptomatic whilst undertaking the activity, they are to cease the activity immediately • Any confirmed contamination to be treated under RIDDOR. • Volunteers to be instructed that those who during this activity have been informed they have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager and follow official testing and tracing guidance. • Any suspected contamination from a member of the public must be recorded as a safety event and the risk assessment reviewed to consider additional control measures • If personnel become symptomatic they will self- 						
--	--	---	--	--	--	--	--	--	--	--

				<ul style="list-style-type: none"> isolate and follow test and trace guidance Ensure staff have access available for advice with regards to occupational health needs 						
	FRS personnel transmitting disease/virus to non-COVID patients whilst undertaking this activity	<ul style="list-style-type: none"> Reputational damage to the Service Increased risk of spreading the COVID 19 infection wider Adverse effect on FRS responders mental health and wellbeing Major illness Loss of life Adverse impact on the NHS 	1, 2, 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 Health and safety briefing/inductions when attending workplace prior to conducting activity, this to cover all SSOW and RA control measures Individuals to be briefed in advance not to attend workplace if showing signs and symptoms of COVID 19. Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 Provision of clinical waste bag Gloves and wipes must be placed in the clinical waste bag for disposal after each use Social distance guidance of 2 metres to be adhered to where possible If personnel become symptomatic whilst undertaking the activity, they will cease the activity immediately If personnel become symptomatic they will self-isolate and follow test and trace guidance 	1	5	5			
Dealing with animals at non-COVID patients location	Attack by pets	<ul style="list-style-type: none"> Bites Scratches Minor injury Illness/infection Failure to complete activity Increased vulnerability of recipient Psychological Distress 	1, 3	<ul style="list-style-type: none"> Ensure the occupier/carer is aware of the time of arrival of transport Occupier requested to control/secure animal. Occupier requested to remove animal. Personnel not to enter area where attack by the animal is likely. Request attendance of additional resources if required (RSPCA, Vet etc) Withdraw to place of safety Remain inside of vehicle 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. 	1	3	3			

				<ul style="list-style-type: none"> • Activity to be undertaken in pairs including mixed crewing with ambulance personnel • Request additional resources if required • First aid training • Seek medical attention at all times. • Ensure staff have access available for advice with regards to occupational health needs. • Record as an act of violence at work/known hazard and log for future attendances 						
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 • Showering to take place at place of work • Ensure donning and doffing procedure is strictly adhered to. See Section B • Provision of clinical waste bag • Gloves and wipes must be placed in the clinical waste bag for disposal • 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, • Contaminated PPE to be treated as clinical waste 	1	4	4			
Consideration and 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. 	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 • Welfare facilities for suitable rest breaks and toilet breaks for practitioners and in appropriate designated areas that can maintain social distancing measures. 	2	2	4			

		<ul style="list-style-type: none"> • Potential exposure to COVID 19 • Unwarranted 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 • 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 • Showering & washing facilities to be provided • Training to be given prior to activity commencing • 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 						
Post activity considerations	FRS personnel becoming infected or showing symptoms of infection or of a physical or psychological illness.	<ul style="list-style-type: none"> • Stress • Anxiety • Psychological stress • Adverse effect on FRS personnel mental health and well being • Further transmission of infection 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 	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 • If personnel or volunteers become symptomatic whilst volunteering for the activity, the activity is to cease immediately and the individual is to inform the appropriate manager, self-isolate and follow test and trace advice • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • Following the cessation of any detachment to perform the activity, an employee, as a condition of volunteering, will be put forward for a test to take place no sooner than 3 days following that cessation • The employee will not return to work until they have received a negative test result. 	1	5	5			

				<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 self-isolate and follow test and trace guidance• 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							
--	--	--	--	--	--	--	--	--	--	--	--

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

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.

2. FRS personnel involved in the activity of transfer of non-COVID-19 Patients to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) 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 transfer of non-COVID-19 Patients to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) see Section A1.
4. FRS personnel involved in the activity of transfer of non-COVID-19 Patients to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of transfer of non-COVID-19 Patients to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) 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 transfer of non-COVID-19 Patients to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) 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 agreements
2. Self- isolation guidance
3. Guide to donning and doffing standard PPE
4. Social distance guidance
5. Insert service workwear policy
6. Insert service fitness policy
7. Insert service manual handling policy

Risk statement – Packing/Re-packing food supplies for vulnerable people

On 23 April 2020, the Tripartite agreed that one of the further areas of voluntary activity to be included to supplement the agreement reached on 26 March 2020 would be:

- *Packing/ Re-packing food supplies for vulnerable people.*

On 3 June 2020, an element of the approach between the three parties as part of the extension of the 26 March Agreement, initially until 15 July 2020, focused on risk assessments:

9b. There has been some variation in the format, content and findings of the risk assessments. The hazards do not vary across Fire and Rescue areas.

Therefore, for existing Covid-19 activities¹ or when a new Covid-19 activity is introduced, use of the Tripartite developed national risk assessments provided for each activity are best practice and any necessary local variations will be agreed through the local health and safety structures.

Nationally agreed risk assessments for the additional areas of work agreed between 26 March 2020 and 3 June 2020 have been produced and promulgated where necessary. In respect of the assembly of face-shields the Tripartite group has reached the view that the production and circulation of a Tripartite risk assessment is not necessary primarily because it is envisaged that this work will continue to take place on fire and rescue service premises without interaction with non-fire and rescue service personnel. A risk assessment by individual services is of course still a requirement under health and safety regulations.

However, the group considered that it may be of assistance to bring attention to some principal matters which fire and rescue services would need to take into account when undertaking a risk assessment for this activity and the subsequent consultation with representative bodies through the local joint health and safety committee.

These matters are listed below:

- Early engagement of safety representatives via joint H&S committee meetings to assist in identifying safe systems of work.
- Sourcing items which are free of contamination by Covid 19 virus or any other contaminant.
- The identification of arrangements to assure the quality of the packing.
- The identification of arrangements to prevent onward transmission by FRS personnel.
- The safe storage of packaged materials prior to despatch.
- To ensure a working area which complies with social distancing guidance.
- FRS volunteers involved in the activity will have received relevant and appropriate information, instruction & training.
- FRS volunteers will wear the correct Service provided workwear.
- Any equipment used for this activity will have first been the subject of an appropriate inspection, maintenance and servicing regime.
- All additional activities will be under supervision by a competent person.
- All FRS volunteers are all fit and well.
- A safety briefing/induction will be given to all personnel.
- Safe systems of work identified in this and any subsequent risk assessments will be adhered to.
- Arrangements to ensure that operational response provision remains resilient and effective
- Activity to be monitored and reviewed by enabling FRS.

Assisting in taking samples for Covid-19 antigen testing

On 16 April 2020, the Tripartite agreed that one of the further voluntary areas of activity to be included to supplement the agreement reached on 26 March 2020 would be:

- *Assisting in taking samples for Covid-19 antigen testing.*

This was expanded upon in the appendix to the Tripartite statement:

Assisting in taking samples for Covid-19 antigen testing

1. *This will consist of:*
 - a. *Co-ordination and marshalling of sites, and/or*
 - b. *Taking samples*
2. *The testing will be for:*
 - a. *FRS staff and members of their households*
 - b. *Other individuals if required*
3. *All procedures will ensure that tasks being undertaken will be compliant with any regulations which dictate who can perform sampling and the clinical guidelines on how sampling must be carried out.*
4. *Because taking samples is quite invasive, personnel who come to the realisation during the training that they are not comfortable with the activity will be able to withdraw immediately by notifying the appropriate manager.*

On 3 June 2020, an element of the approach between the three parties as part of the extension of the 26 March Agreement, initially until 15 July 2020, focused on risk assessments:

- 9b. *There has been some variation in the format, content and findings of the risk assessments. The hazards do not vary across Fire and Rescue areas.*

Therefore, for existing Covid-19 activities¹ or when a new Covid-19 activity is introduced, use of the Tripartite developed national risk assessments provided for each activity are best practice and any necessary local variations will be agreed through the local health and safety structures.

Nationally agreed risk assessments for the additional areas of work agreed between 26 March 2020 and 3 June 2020 have been produced and promulgated where necessary.

Since that time, police and FRS personnel have been included in wider government testing initiatives and the planned joint project in respect of the police and fire service did not proceed as planned. Testing of people more widely was subsequently carried out by the NHS using community volunteers and/or the resources of the army.

At this time it is not envisaged that firefighters will now be called upon to carry out this activity. Accordingly, in respect of taking samples for Covid-19 antigen testing the Tripartite group has reached the view that the production and circulation of a Tripartite risk assessment is not immediately necessary.

The Tripartite Group will continue to monitor the situation and review this position according to any developments. This will ensure that if there are indications that the activity is likely to commence or be introduced, information on the specifics of the activity will be obtained and a Tripartite risk assessment will be developed based upon those details.

Risk statement - the assembly of single use face-shields for the NHS and care work frontline staff

On 23 April 2020, the Tripartite Group agreed that one of the further areas of voluntary activity to be included to supplement the agreement reached on 26 March 2020 would be:

- *The assembly of single-use face shields for the NHS and care work frontline staff.*

On 3 June 2020, an element of the approach between the three parties as part of the extension of the 26 March Agreement, initially until 15 July 2020, focused on risk assessments:

- 9b. There has been some variation in the format, content and findings of the risk assessments. The hazards do not vary across Fire and Rescue areas.*

Therefore, for existing Covid-19 activities¹ or when a new Covid-19 activity is introduced, use of the Tripartite developed national risk assessments provided for each activity are best practice and any necessary local variations will be agreed through the local health and safety structures.

Nationally agreed risk assessments for the additional areas of work agreed between 26 March 2020 and 3 June 2020 have been produced and promulgated where necessary. In respect of the assembly of face-shields the Tripartite group has reached the view that the production and circulation of a Tripartite risk assessment is not necessary primarily because it is envisaged that this work will continue to take place on fire and rescue service premises without interaction with non-fire and rescue service personnel. A risk assessment by individual services is of course still a requirement under health and safety regulations.

However, the group considered that it may be of assistance to bring attention to some principal matters which fire and rescue services would need to take into account when undertaking a risk assessment for this activity and the subsequent consultation with representative bodies through the local joint health and safety committee.

These matters are listed below:

- Early engagement of safety representatives via joint H&S committee meetings to assist in identifying safe systems of work.
- Sourcing suitable component materials which are free of contamination by Covid-19 virus or any other contaminant.
- The identification of arrangements to assure the quality of the fitting together of face-mask parts.
- The safe storage of assembled face-mask parts prior to despatch.
- To ensure a working area to comply with social distancing guidance.
- FRS volunteers involved in the activity will have received relevant and appropriate information, instruction & training.
- FRS volunteers will wear the correct Service provided workwear.
- Any equipment used for this activity will have first been the subject of an appropriate inspection, maintenance and servicing regime.
- All additional activities will be under supervision by a competent person.
- All FRS volunteers are all fit and well.
- A safety briefing/induction will be given to all personnel.
- Safe systems of work identified in this and any subsequent risk assessments will be adhered to.
- Arrangements to ensure that operational response provision remains resilient and effective
- Activity to be monitored and reviewed by enabling FRS

