FIRE & RESCUE SERVICES National Employers





- The Tripartite Group has met as part of its scheduled programme of meetings. The discussion focused on matters in respect of renewal of the Tripartite agreement especially in the light of the recent developments with regard to the Covid pandemic. Following our discussion, we have now had other government announcements. The outcome of that discussion is shown below.
- 2. Tripartite 10 issued on 10 June, contained the following best practice risk assessments
 - Delivery of pre-designed training packages on Infection Prevention and Control, including hand, hygiene, PPE 'donning' & 'doffing' guidance and procedures; and supporting the care home staff testing i.e. to train care home staff to train others according to the principle of 'train the trainers.'
 - Delivery of pre-designed training packages on Infection Prevention and Control, including hand, hygiene, PPE 'donning' & 'doffing' guidance and procedures; and supporting the care home staff testing i.e. direct to care home staff.
- 3. Further best practice risk assessments were included with Tripartite statement 12, issued on 23 July -
 - Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights)
 - Delivery of PPE and other medical supplies to NHS and care facilities
 - COVID-19 Mass Casualty (Movement of bodies)
 - Vulnerable persons delivery of essential items
 - Driving ambulance transport not on blue-lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care
 - Face fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients
 - Ambulance Driving and Patient/Ambulance personnel support (Not additional FRS First or Co-responding)
 - 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)
 - 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.
- 4. In addition, two statements of risk were issued on 23 July in respect of:
 - Packing/Re-packing food supplies for vulnerable people
 - The assembly of single use face-shields for the NHS and care work frontline staff
- 5. It was recommended that in line with the renewal agreement the risk assessments listed above should be reviewed at local level and any necessary local variations agreed through the local health and safety structures by 30 September 2020.

- 6. It has been identified that for a variety of reasons this work is unlikely to be fully completed at local level by 30 September.
- 7. As mentioned above, colleagues will know that cases of Covid infection are increasing and there is a real possibility of commencing, re-commencing or continuing some, or possibly all, of the Tripartite-agreed activities locally.
- 8. Accordingly, to prevent any local delay in an activity being actioned, any FRS that has not yet reviewed their risk assessments for consistency with the best practice risk assessments/ risk statements should do so now.
- 9. For the avoidance of doubt, where an FRS has not produced risk assessments for the nationally-agreed Tripartite activities as a result of there being no request (or no anticipated request) from LRFs or similar bodies, local risk assessments should be produced that are consistent with the best practice risk assessments/risk statements for those activities. This will ensure such activities are ready for use if a service wishes to do so.
- 10. The processes in paragraphs 8 and 9 above, with any necessary local variations, should be agreed through the local health and safety structures.
- 11. The Tripartite Agreement will be further extended to 29 October to provide time for that to happen.