FIRE & RESCUE SERVICES National Employers





- 1. TRI/7/20 advised services that it had been agreed to add two additional activities to the overarching Agreement reached on 26 March:
 - 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.
- 2. Furthermore, that the Tripartite Group would be producing a national risk assessment for the above activities. A copy of that risk assessment is now provided (**attached**).
- 3. As indicated in TRI/9/20:
 - The risk assessment has been developed on the basis of best practice and any necessary local variations will be agreed through the local health and safety structures.
 - A principal element of the management of health and safety at work is effective engagement, including trade union health and safety representatives; principally through the local joint health and safety committee.

	Μ	ode	el Risk	Asse	ssmen	t			Ref no.	COVID-19						
Activ	vity				during per d NHS train			19 -	Status	s						
Loca	tion								Initial assess.							
Secti	ion								Reviewed							
Asse	essed by					Specific	;		Next review							
Role	/No/Dept.					Generic		Χ	Version no.	1.8						
					Likelihood											
	Severity		1. Very	2. Unlikely	3. Possible	4. Likely		5. Nost		Risk R	ating					
			Unlikely	Unikely	1 0351016	LIKEIY		tain	Low Risk	Proceed						
1	No Injury		1	2	3	4	ļ	5	1-5	TTOOCCU						
2	First Aid		2	4	6	8	1	0	Medium Risk	Poviow contro	ol measures - proceed					
3	7 Day Injury		3	6	9	12	1	5	6-12		nineasules - ploceeu					
4	Major Injury		4	8	12	16	2	20	High risk	Do Not Proce	ad					
5	Fatality		5	10	15	20	2	5	15-25	DU NUL FIOCE	5U					

		Gu	idance 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.

This is a Tripartite group developed generic national risk assessment provided in respect of the Covid-19 related care homes activity as set out in paragraph 3 of TRI/7/20 and any necessary local variations will be agreed through the local health and safety structures.

			Perso	on at Risk		Ri	sk Rat	ing			ew Ris Rating	
Activity	Hazard	Potential consequences	Staff	1 -FRS 2 -Public 3 -Other blue light 4 -Other e.g. specialist	Agreed Existing Control Measures	L X S = RR			Additional Control Measures	L X S = RR		
Selection of correct staff	Inappropriate selection of staff.	 Major injury Physiological stress Psychological stress Inappropriate planning leading to inappropriate actions being taken Incorrect instruction/advice being given Worsening of Care home conditions Reputational damage to the Service 	✓	1, 2	 Early engagement of safety representatives via joint H&S committee meetings to assist in highlighting selection in correct staff Personnel to be fit and able to undertake NHS training package e.g. not from an identified vulnerable group 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 Staff with relevant skills and experience to be prioritised 	1	3	3				

					 Fire cover should not be reduced or crewing levels altered to undertake the activity Staff to be suitably trained and qualified to conduct identified work for the agreed activity. Activity to be monitored and reviewed by enabling FRS Ideally there will be two staff to deliver the training. There should never be a time when more than 2 staff would be required in any team to deliver a single training session Sufficient rest before 					
activity prior to attending the	Fatigue prior to commencement of activity which will mpact on performance	 Inappropriate preparation leading to inappropriate actions being taken Major injury Physiological stress Psychological stress Reputational damage to the Service 	*	1, 2	 attending work to undertake activity. Early engagement of safety representatives to assist in highlighting safe systems of work Staff to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace Consideration should be given to the recommendation to detach a dedicated FRS team to carry out the NHS training 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	3	3		

Preparing for activity by individuals	Individual being unprepared or uninformed of responsibilities which may impact on performance	 Inappropriate preparation leading to inappropriate actions being taken Minor injury Reputational damage to the Service. 	¥	1, 2	 Staff to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace Sufficient rest before activity Health and safety briefing/inductions when attending workplace prior to conducting activity, this to cover all SSOW and RA control measures Ensure staff have support available for advice 	1	3	3		
Preparing to drive to activity to support residential care homes.	Inappropriate and/or unqualified driver leading to unsafe acts	 Minor injury Major injury Loss of life Musculoskeletal injury Adverse effect on FRS personnel mental health and well being Unfamiliar vehicle for conducting activity Unable to complete task Reputational damage to the Service 	V	1, 2	 Driver qualified and validated to drive vehicle. Driver licence checks Full vehicle induction including information and familiarisation driving session. Driver adheres to Service Management of Road Risk Policy. 	1	4	4		
Vehicle checks prior to driving the vehicle for care home activity	Non- roadworthy/non familiar vehicle being utilised	 Vehicle Collison Minor Injury Major injury Reputational damage to the Service 	V	1, 2	 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 to care home activity	Road Risk Road Traffic Collisions	 Vehicle Collison Major Injury Major vehicle damage Minor Injury Adverse effect on FRS trainers mental health and wellbeing Driver fatigue 	~	1, 2	 Ensure doors, lockers and equipment are secured before moving off. Use vehicle seat belts. Utilise satellite navigation and maps. Evaluate weather and road conditions. 	1	4	4		

		 Loss of life Reputational damage to the Service 			 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 					
Arrival at the address	Low speed manoeuvring	 Minor vehicle damage Minor Injury Reputational damage to the Service 	¥	1, 2	 Plan to arrive early Park vehicle in a safe location to allow staff to exit on arrival Adhere to low speed manoeuvring procedures Health and safety - Inform FRS personnel before moving vehicles Utilise hi-vis jackets if required. Appoint 'safety person' to assist with manoeuvres, if available. Adhere to agreed signals from 'safety person' Observe cameras and vehicle sensors, if available 	2	2	4		
	Contact with slow moving vehicles	 Slips, trips and falls Minor injury Musculoskeletal injury Inability to continue with activities 	✓	1, 2	 Speed restrictions at premise Designated parking area/s identified prior to attendance Pedestrian routes identified Safety brief and premise rules. Access fobs be issued where required. First aid/Welfare facilities. Identify buildings/parts of buildings (designated room/s) essential to the task. 	1	3	3		
Preparation for delivering training material	Being unprepared which will result in failing to deliver the correct detail	 Inappropriate delivery of training package with potential to lead to: 	~	1, 2	All FRS staff involved in training delivery to receive	1	5	5		

to residential care home staff	or level of training that is expected.	 Increased risk of exposure to biohazard Increased risk of exposure to COVID-19 via touch or airborne transmission Biological infection Infectious diseases transmission to other parties (COVID-19) Loss of life Reputational damage to the Service 			 2-hour training package by a qualified NHS trainer. FRS staff to ensure they have equipment and training aids to allow the package to be delivered to the required standard. 					
Considerations for training at various location types	FRS staff transmitting bio hazards or being exposed to contaminated areas and staff members who may have COVID- 19 or other contaminants.	 Increased risk of exposure to biohazard Increased risk of exposure to COVID- 19 via touch or airborne transmission Biological infection Infectious diseases transmission to other parties (COVID-19) Slips, trips, falls. Loss of life. 	*	1, 2	 Early engagement of safety representatives via the joint H&S committee meeting to assist in highlighting safe systems of work When considering training venues, the maintaining of social distancing must be a priority. Consider an alternative location not at a care home as this will reduce the risk of contamination to its lowest – preferred option To reduce number of training locations etc, arrange when possible for students from differing locations to be trained collectively as a whole. Room and facilities to be cleaned in advance, between training sessions and following completion of the training 	1	5	5		
Attending residential care homes to deliver training	Being unfamiliar with the layout	 Slips, trips and Falls Increased likelihood of risk of exposure to biohazard 	~	1, 2	 Health & Safety brief for FRS staff prior to journey to venue. Provide guidance sheet to responsible person prior 	2	5	10		

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Exposure to Increased likelihood	to attendance with FRS
members of staff of risk of exposure to	safety requirements.
or residents COVID-19 via touch	Arrange to be met by
or airborne	responsible person at a
transmission	stated time
FRS staff Onward transmission	Arrange for briefing by
transmitting bio of infection from care	responsible person prior
hazards or being home to care home	to entering building to
exposed to • Biological infection	include layout and
contaminated • Infectious diseases	associated risks.
areas and transmission to other	Responsible person to
students who may parties (COVID-19)	plan shortest possible
have OOMD to an partice (COVID 10)	route to and from training
• Reputational damage	room and will ensure no
to the Service	
Loss of life.	person is present either on route or inside the
	training room, prior to
	moving through the
	building.
	Request building to be
	well ventilated if possible
	High standards of hygiene
	to be practiced;
	Social distancing adhered
	to at all times
	PPE to be provided for
	FRS trainer i.e. nitrile
	gloves, surgical masks,
	protective coverall/apron
	and donned prior to
	entering the building
	Eye protection to be made
	available for use in the
	event social distancing
	cannot be maintained e.g.
	in the event of an
	emergency
	Room and facilities to be
	cleaned in advance,
	between training sessions
	and following completion
	of the training.
	Ideally service employees
	should be tested on a
	regular cycle with the aim
	of weekly routine testing
	when available
	Ensure the sterility of all
	equipment and potentially
	affected clothing being
	taken into care homes;

					 Ensure the sterility/ safe bagging of equipment and potentially affected clothing when leaving care homes Ensure the prevention of materials contaminating vehicles All vehicles and equipment utilised are properly cleaned after use. 					
Delivery of training at all venues	Staff coming into contact with staff member with COVID19 or other contagion Staff failing to deliver the correct content of course	 Increased risk of exposure to biohazard Increased risk of exposure to COVID- 19 via touch or airborne transmission Biological infection Psychological trauma Infectious diseases transmission to other parties (COVID-19) Loss of life Reputational damage to the Service 	~	1, 2	 Training staff to only deliver the pre-determined NHS training package Only students to be trained are to enter training room. Limit student numbers to room size (Maximum of 10 students) to ensure that social distancing can be maintained throughout the training. Only utilise training aids that have been supplied by the FRS. FRS managers to ensure that the training room will be cleaned and sterile prior to and post any planned use Ensure all equipment utilised has been cleaned by FRS staff after every training session Training should be by demonstration without any physical contact whilst ensuring social distancing at all times Time in the building should be limited to the duration of the training event/s 	1	5	5		
Identifying any Safeguarding issues whilst delivering the NHS training package	Failing to act if safeguarding issues are identified.	 Negative impact on physical or mental wellbeing of person directly involved. Mental wellbeing of FRS staff members 	~	1, 2	 FRS staff to be provided with safeguarding training prior to attendance Utilise FRS safeguarding reporting process immediately if an issue is identified. 	1	4	4		

		Reputational damage to the Service			 Consider withdrawal of FRS staff and postponement of the training Report to the Police if person is in immediate danger. Ensure staff have support available for advice with regards to occupational health needs. 					
Leaving non care home venue on completion of training event	FRS staff coming into contact with a student with COVID19 or other contaminate. Increased risk of leaving the venue with Covid-19 present within the premise	 Potential for contracting COVID - 19 or other with minor to severe health consequences. Potential to spread an infection/virus to other premise users Reputational damage to the Service 	✓	1, 2	 Ensure all students have exited the premise prior to FRS leaving Ensure all students maintain social distancing on leaving the premise Ensure all FRS utilised equipment has been cleaned by FRS staff. The post training cleaning of the venue is the responsibility of the building management team. Use defined decontamination procedures for PPE on leaving the building. Dispose of single use PPE in medical waste bin at premise, if available. If a medical waste bin is not available, all PPE to be bagged and sealed prior to returning to the vehicle and disposed of on return to FRS premise Follow hygiene rules on leaving premise e.g. provision of hand sanitiser, workplace hygiene rules etc. 	1	5	5		
Leaving care home venue on completion of training event	Staff coming into contact with a care home resident or staff member with COVID19 or other contagion.	 Potential for contracting COVID - 19 or other with minor to severe health consequences. Potential to spread an infection/virus to other premise users 	~	1, 2	 Ensure all students have exited the room prior to FRS leaving Remind all students to maintain social distancing on leaving the room Advise that all venue surfaces/equipment utilised will be cleaned 	2	5	10		

	Increased risk of leaving the venue with Covid-19 present within the premise	 Potential to spread an infection/virus to other care home premises Reputational damage to the Service 			 post training and prior to residents being admitted This requirement is the responsibility of the Care home staff Ask for residents and staff to remain in other parts of building whilst staff exit to limit exposure. Responsible person to guide FRS staff directly to exit utilising shortest travel route. Use defined decontamination procedures for PPE on leaving the building. Dispose of single use PPE in medical waste bin at premise, if available. If a medical waste bin is not available, all PPE to be bagged and sealed prior to returning to the vehicle and disposed of on return to FRS premise Follow hygiene rules on leaving premise e.g. provision of hand sanitiser, workplace 					
Post activity considerations	FRS personnel becoming infected or showing symptoms of an infection.	 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, 2	 hygiene rules etc. 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 	1	5	5		

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 divined in official guidance) with a confirmed COVID-19 patient should inform their appropriate line manager Seek medical advice - NHS 111 or 999 if medical emergency. Contact CP Inform line manager. Ensure CP Access to professional courseling services to be communicated to staff. Particip expects Access to professional courseling services to be communicated to all staff Review the risk assessment to ensure suitable and sufficient control measure and highlighted to all staff	
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	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 masks will suffice when undertaking Face fitting for masks to be used by frontline NHS and clinical care staff working with Covid 19 non 'aerosol generating procedures'
- c. Long sleeved disposable apron/gown
- d. Disposable gloves
- e. Eye protection --full face shield/visor or polycarbonate safety spectacles or equivalent

For the purpose of this document all Covid 19 PPE relates to this as our standard based upon PHE standard 10 March 2020– since this time there has been further reduction in recommended standards which are below this level and in our opinion do not offer the protection required.

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

- 7. Partner agencies must receive information, instruction, training and supervision where appropriate to work safely within the FRS identified safe systems of work.
- 8. FRS personnel involved in the activity of the Support of Care Homes during periods of Covid-19 must have first received relevant manual handling information/training and any follow up refresher training as required. (See Section B)
- 9. All FRS personnel are all fit and well (See Section B)
- 10. A safety briefing/induction must be given to all personnel.
- 11. A debrief of the additional activity will be undertaken at routine intervals whilst the additional activity is being undertaken.
- 12. Safe systems of work identified in this and any subsequent risk assessments will be adhered to.

Section B Relevant documents/links:

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