



1. As indicated in the Agreement reached on 26 March this Tripartite Group meets on a weekly basis, or more frequently if required, to consider any newly suggested additional activities.
2. Today, 21<sup>st</sup> May 2020, it was agreed to add the two further areas of work below to the Agreement:
  - 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. For the avoidance of doubt, paragraph 14 of the original Agreement is therefore now extended to include each of the following areas of work:
  - Ambulance Service assistance: Ambulance Driving and Patient/Ambulance personnel support limited to current competence (Not additional FRS First or Co-Responding)
  - Vulnerable persons – delivery of essential items
  - COVID-19 – Mass casualty (Movement of bodies)
  - Face Fitting for masks to be used by frontline NHS and clinical care staff working with Covid-19 patients
  - Delivery of PPE and other medical supplies to NHS and care facilities
  - Assisting in taking samples for Covid-19 antigen testing
  - Driving ambulance transport not on blue-lights (excluding known Covid-19 patients) to outpatient appointments or to receive urgent care
  - Driving Instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue-lights)
  - The assembly of single use face shields for the NHS and care work front line staff
  - Packing/Repacking food supplies for Vulnerable people
  - 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
  - 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.

4. All three parties recognise that additional activities may have to rely upon personnel volunteering.
5. As with the initial three areas of additional work, the introduction of such work at local level is subject to the minimum safety requirements having been met as set out in paragraph 11 of the Agreement:
  - a. The activity is risk-assessed
  - b. Appropriate delivery and management of any additionally necessary training is in place
  - c. Appropriate delivery and management of any additionally necessary fit for purpose PPE is in place
  - d. Adequate management of the activity and firefighters is in place
6. For ease of reference, further clarification on points (a) to (c) was provided in TRI/03/20:
  - a. Identified control measures are in place following the full risk assessment
  - b. Any additionally necessary training will have been provided
  - c. Any additionally necessary PPE will have been provided, including information and, where necessary training.
7. This agreement follows a request from the Chief Nursing Officer for England and Director of community health (England) for CCGs to provide or source training provision for training on infection prevention and control to be delivered to support care homes. This was subsequently followed by a letter from the fire minister (England) also requesting that the fire sector provide such support.
8. Whilst no party within the Tripartite Group has received a request for such assistance from within Scotland, Wales or Northern Ireland, the Group has always taken the view that the opportunities offered by this agreement should be available across the UK for utilisation if required.
9. For the purposes of this agreement, "care homes" includes:
  - Nursing and Care Homes
  - Domiciliary Care
  - Supported Independent Living
  - Sheltered Accommodation

If another residential accommodation type is identified where such activity is proposed to take place, and local parties run into difficulties, they will contact one of the parties who will raise it with one of the NJC joint secretaries who will act expeditiously to assist the local parties.
10. The agreement builds on work activity previously agreed by the Tripartite group, in particular:
  - Face Fitting for masks to be used by frontline NHS and clinical care staff working with Covid-19 patients
  - Delivery of PPE and other medical supplies to NHS and care facilities
  - Assisting in taking samples for Covid-19 antigen testing
11. In reaching its decision, the Tripartite group was conscious of the following factors:
  - The vulnerability of residents in care homes to infection by Covid-19;
  - The vulnerability of staff in care homes to infection by Covid-19;

- The importance of high quality training being provided by professionals conversant and practised in the principles of wearing PPE safely, and in particular of the role of PPE in reducing and eliminating the risk of contamination.
  - The importance of the location and environment in which such training is provided being the subject of a site inspection to ascertain its suitability prior to the introduction of training being provided to care home staff at any such premises.
12. In order to carry out this activity, appropriate training must be afforded to fire and rescue personnel volunteering for this activity. Similarly, high standards of hygiene must be practiced; social distancing adhered to and PPE must be provided. As with all planned work activity a robust and comprehensive risk assessment is vital. Accordingly, the Tripartite group will be producing a generic risk assessment agreed between the parties for the activities identified in paragraph 2 above for implementation in those fire and rescue services which wish to ask personnel to undertake these activities. That risk assessment will be circulated in the next few days. The control measures and other requirements identified within that risk assessment will need to be in place before the activity can be commenced. However, it is recognised that while the risk assessment is finalised, FRSs will take preparatory steps including dialogue with those bodies identified in paragraph 15 to organise the logistics for implementation.
  13. The Tri-partite group is also mindful of the risk of infection being taken into care homes and the role that Public Health England has reported this to have played in spreading the infection. In addition, the Tri-partite group recognises the possible risk of infection to fire service personnel from undertaking this activity amongst a population which may have a higher level of exposure to infection.
  14. The Group is equally mindful that that these risks can be successfully mitigated and controlled by robust preparation and procedures, In addition to those factors identified in 12 above, the group wishes to emphasise the importance of ensuring
    - a. the sterility of all equipment and potentially affected clothing being taken into care homes;
    - b. the sterility/ safe bagging of equipment and potentially affected clothing when leaving care homes;
    - c. the prevention of materials contaminating appliances;
    - d. that appliances and equipment are properly cleaned after use.
  15. Such activity will only be initiated following a written request, which need only be short, from any care home, CCG or Local Resilience Forum (or equivalent) which wishes a fire and rescue service to provide this assistance. As part of the implementation process, this will be shared with the local Fire Brigades Union.