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**NATIONAL JOINT COUNCIL
FOR LOCAL AUTHORITY
FIRE AND RESCUE SERVICES**

**To: Chief Fire Officers
Chief Executives/Clerks to Fire Authorities
Chairs of Fire Authorities
Directors of HR (Fire Authorities)**

Members of the National Joint Council

9 December 2020

CIRCULAR NJC/8/20

Dear Sir/Madam

Covid-19 Support Agreement – new additional activities

1. Following the issue of NJC/7/20 today it has been agreed to add two further areas of work to the NJC Covid-19 Support Agreement:
 - Checking that potential higher risk premises are Covid-secure
 - Assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives.

2. For the avoidance of doubt, paragraph 19 of the 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.
 - **Checking that potential higher risk premises are Covid-secure**
 - **Assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives.**
3. Both parties recognise that additional activities may have to rely upon personnel volunteering. It is also recognised that it is important to balance the need of the service to deliver core functions.
4. As with all 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 14 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
5. For ease of reference, further clarification on points (a) to (c) is shown below:
- 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.
6. To assist local parties with the smooth implementation of these additional new activities, the NJC has identified the attached key points for consideration as part of the local discussions indicated in the Agreement.
7. The Annex to this circular contains the respective national best practice risk assessments.

Yours faithfully

NAOMI COOKE
MATT WRACK
Joint Secretaries

As with all the Covid-related activities agreed by the NJC these additional two activities are temporary in that they only apply during the current health crisis.

Checking that potential higher risk premises are Covid-secure

1. To protect the health of the employees, occupants and other persons who visit buildings by assisting and supporting other public sector organisations during and in response to the Covid crisis.
2. FRSs will consider requests from LRFs and equivalent organisations to ensure that FRSs are not being approached as substitutes for other bodies/ agencies which have responsibility to undertake this work.
3. FRSs should confirm that the responsible organisations have impressed upon the owners of the commercial interests the requirements placed upon them to carry out their own risk assessments and to implement regulations.
4. The position of all three parties remains that Covid secure visits and inspections should be risk-assessed and targeted during the Covid period.
5. That where a visit does take place in respect of the Covid secure arrangements in place in such premises, it is recognised that Covid-secure inspections provide opportunities for the FRS to carry out a fire safety check/ 7(2)d inspection.
6. Where infringements are identified during fire service visits this should be notified to the responsible authorities.
7. The FRS will carry out the visit and report the findings to the appropriate agency/ies i.e. the FRSs role will be signposting to the owner of the commercial interest and also the responsible agency. Any shortcomings may result in enforcement action by the respective responsible agency. Therefore, it must be made clear:
 - i. To the LRF/ responsible agency that the FRS will not be engaged in Covid secure enforcement activity.
 - ii. To the owner/ responsible person of the premises at the time of the inspection that the FRS will not be engaged in follow up Covid secure enforcement activity.
8. That the attached risk assessment is considered suitable and sufficient.
9. Particular note is brought to the PPE provisions in Appendix A to the attached Risk Assessment.

Assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives.

1. To assist in reducing the spread of infection/ exposure to the coronavirus and to assist members of the public in identifying if they are infected in order to protect their own health and the health of others.
2. To support other public sector organisations during and in response to the Covid crisis arising from exceptional demand.
3. FRSs will consider requests from LRFs and equivalent organisations to confirm that FRSs are not being used as substitutes for other bodies/ agencies which have responsibility to undertake this work.
4. FRSs shall seek confirmation that LRFs and equivalent organisations have also fully explored all other avenues to have these activities undertaken- for example the use of community volunteers.
5. FRSs will be encouraging members of the public to seek advice/ undertake testing. Therefore, it is recognised that FRSs will firstly want to ensure the arrangements for testing are in place. before agreeing to undertake this activity.
6. Staff who make contact by telephone with individuals passing information and advice, will be using approved scripts.
7. If no contact is made remotely, and a validated address is available for an individual, a visit can be made to the identified address, to provide information and advice in person on the doorstep or leaving a leaflet highlighting contact and other relevant information.
8. That the attached risk assessment is considered suitable and sufficient.
9. Particular note is brought to the PPE provisions in Appendix A to the attached Risk Assessment.

Model Risk Assessment				Ref no.	COVID-19
Activity	Checking that potential higher risk premises are Covid-secure (during period of COVID 19)			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

This is a national risk assessment provided in respect of checking that potential higher risk premises are Covid-secure (during period of COVID 19) activity. 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/s at Risk	Agreed Existing Control Measures	Risk Rating			Additional Control Measures	New Risk Rating		
			1-FRS 2-Public 3-Other blue light service 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 to the required standard 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 have relevant attributes for this activity Volunteers to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID 19 individual should inform their appropriate manager Fire cover should not be reduced or crewing levels altered to undertake the activity Activity to be monitored and reviewed by enabling FRS 	1	2	2				
Preparation for activity prior to attending premise	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"> 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 Inform FRS volunteers of expectations, limits to FRS authority. Staff to be suitably trained to conduct identified work for the agreed activity. Driving licence checks prior to activity commencing Volunteers to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID 19 individual should inform their appropriate manager Adhere to working time directive to ensure excessive hours are not worked. Activity to be monitored and reviewed by enabling FRS 	1	1	1				
Driving FRS vehicle to the premise	Non-roadworthy vehicle being utilised for deliveries	<ul style="list-style-type: none"> Minor Injury Major injury Vehicle Collison Adverse effect on FRS volunteer's mental health and wellbeing 	1,2	<ul style="list-style-type: none"> Vehicle inspection and checks completed and recorded at start of each duty period Ensure staff have support available for advice with regards to occupational health needs. Access to FRS Occ. Health facilities 	1	4	4				

		<ul style="list-style-type: none"> • Reputational damage to the Service 									
	RTC	<ul style="list-style-type: none"> • Major Injury • Minor Injury • Major vehicle damage • Driver fatigue • Adverse effect on FRS responder's 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 • 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) • Drivers to be aware of the process for the reporting of RTC's in Service 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 premise	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"> • 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 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 	1	3	3				
Accessing and moving around premises during inspection	Unfamiliarity with location layout and facilities.	<ul style="list-style-type: none"> • Slip, trips and falls • Minor injury • Musculoskeletal injury • Interaction with members of the public leading to potential exposure/transmission of COVID 19 	1,2	<ul style="list-style-type: none"> • Identify buildings/parts of buildings (designated room/s) to be inspected/assessed • Safety brief and premise induction/rules. • Escorted by responsible persons • First aid/welfare facilities available (On site/FRS vehicle) • 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	1	1				
Accessing and moving around premises during inspection (contd)	Identifiable responsible person not in attendance	<ul style="list-style-type: none"> • Inability to access applicable areas in a safe manner • Responsible person unable to apply applicable COVID 19 safety measures 	1,2	<ul style="list-style-type: none"> • Ensure the responsible person is aware of the expected time of arrival of FRS for inspection. This ideally will be at a time of low occupancy • Personnel to have access to mobile phone • Withdraw from premise and attempt to contact responsible person by other means • Log and record visit as a failed attempt 	1	4	4				

		<ul style="list-style-type: none"> Members of the public placed at unnecessary risk Reputational damage to the Service 								
	Reluctance to engage with FRS volunteers	<ul style="list-style-type: none"> Breakdown in rapport Members of the public placed at unnecessary risk Reputational damage to the Service 	1,2	<ul style="list-style-type: none"> Ensure the responsible person is aware of the expected time of arrival of FRS for inspection Ensure the responsible person is aware of the rationale for the inspection and the role of the FRS FRS volunteers to offer advice and not to engage in any enforcement measures All activities will be under supervision by competent person/s Personnel to have access to comms to request support from appropriate manager FRS to withdraw from premise 	2	1	2			
	Angry, anxious, concerned premise occupants/users and/or member of the public	<ul style="list-style-type: none"> Intimidation Physical abuse Verbal abuse Violence Stress Anxiety Other psychological injury Minor injury Major injury Exposure to COVID 19 	1,2,3	<ul style="list-style-type: none"> Health and safety briefing to reiterate points in A2 Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 Ensure responsible person is in attendance at all times Queries and/or concerns from members of the public to be directed to the responsible person Explain the role of the FRS i.e. advice and not enforcement Request Police attendance for public control Minimum of 2 FRS volunteers to undertake the activity as a team on all occasions More than one team to be utilised at larger premises Maintain a minimum distance from individuals of 2 metres wherever possible Withdraw to place of safety All activities will be under supervision by competent person/s Personnel to have access to comms to request support from appropriate manager 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			
Accessing and moving around premises during inspection (contd)	Giving insufficient or inappropriate advice during the inspection	<ul style="list-style-type: none"> Frustration of premise occupants/users Occupants/users placed at risk of avoidable contamination Anger Verbal abuse Physical abuse Minor injury Reputational damage to the FRS 	1, 3, 4	<ul style="list-style-type: none"> Training to be given to all personnel prior to volunteering Volunteers to be informed of the limits of FRS authority/scope of agreed activity. Activity to be under constant review No lone working Volunteers to withdraw from the inspection A manager of suitable seniority to be contactable at all times Record as an act of violence at work/known hazard and log for future attendances 	1	5	5			

	FRS inspection leading to enforcement action being taken by other agencies	<ul style="list-style-type: none"> Impact on FRS neutrality Repercussions against FRS personnel Undermining ongoing community relations Restricting of ability to carry out core functions Reputational damage to the FRS 	1,2,3	<ul style="list-style-type: none"> Inform FRS volunteers of expectations, limits to FRS authority. FRS volunteers to not undertake any enforcement activities FRS to clearly explain FRS safety inspection and advice only role to occupants If a situation deteriorates beyond the limits of FRS authority/scope of agreed activity, volunteers are to withdraw immediately 	2	3	6				
	Receiving an emergency call during the inspection	<ul style="list-style-type: none"> Delayed response Slip, trips and falls Inspection is not completed 	1,2,3	<ul style="list-style-type: none"> Safe and appropriate route to FRS appliance to be identified FRS volunteers to respond in a timely and safe manner Comms maintained at all times FRS appliance to be crewed at all times Inspection to be rescheduled at a mutually agreeable time. This ideally will be at a time of low occupancy 	2	3	6				
	Person/s on site at time of inspection subsequently identified as having the COVID 19 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 responder's 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 	1,2,4	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in section A2 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 Consider detachment of volunteers COVID 19 PPE as outlined in section A1 Face fit testing of RPE Provision of clinical waste bag Gloves and wipes etc. must be placed in the clinical waste bag for disposal after each use Keeping a minimum distance from individuals of 2 metres wherever possible Keep contact with fomites to a minimum FRS volunteers to remain on premise for the minimum duration necessary 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. Work wear considered to be contaminated must be laundered by a professional body 	1	5	5				
Accessing and moving around premises during inspection (contd)				<ul style="list-style-type: none"> '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 individual 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 <p>If personnel become symptomatic they will inform their appropriate manager, self-isolate and follow test and trace guidance</p>							

	FRS personnel transmitting disease/virus to person/s whilst carrying out the inspection	<ul style="list-style-type: none"> • Reputational damage to the Service • Increased risk of spreading the COVID 19 infection wider • Adverse effect on FRS responder's mental health and wellbeing • Major illness • Loss of life • Adverse impact on the NHS 	1,2,4	<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 • Consider detachment of volunteers • 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. • Keep contact with fomites to a minimum • FRS volunteers to remain on premise for the minimum duration necessary • If personnel become symptomatic they will inform their appropriate manager and self-isolate and follow test and trace guidance • If personnel become symptomatic whilst carrying out the inspection the activity is to cease immediately 	1	5	5				
Post inspection activities	FRS personnel becoming infected or showing symptoms of an infection	<ul style="list-style-type: none"> • Adverse effect on FRS responder's 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 	1,2,4	<ul style="list-style-type: none"> • FRS personnel showing symptoms should immediately cease any further activity, follow self-isolation guidance and follow test and trace guidance • 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 with a positive test result should inform appropriate manager 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 individual should inform their appropriate manager • Access to professional counselling services will be communicated to all staff. • Any confirmed contamination to be reported under RIDDOR 	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 	1,2,4	<ul style="list-style-type: none"> • Utilise clean & dirty changing areas • 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. • Use the pre-arranged appropriate storage facilities for personal clothing • Requirement for disposal point for contaminated PPE/ uniform etc. 	1	5	5				

<p>Consideration and provision of welfare facilities</p>	<p>Inadequate welfare and hygiene facilities provided</p>	<ul style="list-style-type: none"> • Stress • Anxiety • Infection of FRS volunteers from bio-hazards • Adverse effect on FRS volunteer's mental health and wellbeing • Loss of working time. • Potential exposure to COVID 19 • Unwarranted impact on the NHS. • Reputational damage to the Service 	<p>1,2,4</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 • 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 individual should inform their 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 • Review the risk assessment to ensure suitable and sufficient control measures are in place 	<p>1</p>	<p>2</p>	<p>2</p>				
<p>Post activity considerations</p>	<p>FRS personnel becoming infected or showing symptoms of an infection.</p>	<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 	<p>1,2,4</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 • 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 individual should inform their appropriate manager • If personnel become symptomatic they will self-isolate and follow test and 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 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 	<p>1</p>	<p>5</p>	<p>5</p>				

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.

All occupants/ users of the premises being inspected will be expected to don item of PPE 'b' when FRS staff are undertaking this activity if occupants do not, are unable or are unwilling to comply then item 'e' will also be donned by FRS staff from commencement of the activity.

However, if the situation at the premises presents significant concerns e.g. whether singularly or in combination

- **the social-distancing practices are poor;**
- **the ventilations is poor;**
- **the wearing of suitable PPE by occupants/users is poor;**
- **the Covid-19 hygiene practice/ arrangements is/are poor;**

then, for their own safety and safety of others, FRS personnel should consider the use of c. and e. in addition to b and d and/or the inspection should not take place and staff should withdraw.

2. FRS personnel involved in the activity of checking that potential higher risk premises are Covid-secure will have received relevant and appropriate information, instruction & training including: the expectations of volunteers undertaking this activity and the limits to FRS's authority.
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 checking that potential higher risk premises are Covid-secure activity see Section A1.
4. FRS personnel involved in the activity of checking that potential higher risk premises are Covid-secure must have received information, instruction & training in the safe use of any associated equipment.
5. Any equipment used for the activity of checking that potential higher risk premises are Covid-secure 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 checking that potential higher risk premises are Covid-secure 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. NJC 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 national risk assessment provided in respect of assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives during period of COVID 19 activity as set out in NJC/8/20. Any necessary local variations will be agreed through the local health and safety structures.
Activity	Assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives			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	

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 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 managers and follow self-isolation and test, trace and isolate guidance 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 premise/s	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 and follow self-isolation and test & trace & isolate guidance 	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 						
FRS personnel detached to work with other agencies. Attending/working from unfamiliar premises	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 should inform their manager, self-isolate and follow test, trace and isolation guidance 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			
Vehicle checks prior to driving the vehicle	Non-roadworthy /unfamiliar vehicle being utilised	<ul style="list-style-type: none"> Vehicle Collision 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			
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' 		<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 						

		<ul style="list-style-type: none"> mental health and wellbeing Loss of life Reputational damage to the Service 	1, 2	<ul style="list-style-type: none"> 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. 	1	4	4				
Low speed manoeuvring on arrival at site	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. 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 	1	3	3				
Parking/siting the vehicle	Hit by moving traffic	<ul style="list-style-type: none"> Major Injury Minor Injury 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). Visits to be made during daylight hours wherever possible 	1	4	4				

Arrival of FRS Personnel	Causing distress to the occupier	<ul style="list-style-type: none"> • Minor Injury • Psychological Distress • Failure to deliver information • 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 • Maintain social distancing • Personnel to have access to mobile phone • Withdraw and attempt to contact premise occupier 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 • Other psychological Injury • Failure to deliver information • Increased vulnerability of recipient • Minor Injury • Major Injury 	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 • Explain the role of the FRS i.e. advice and not enforcement. • Maintain social distancing • 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 occupier by other means • Working in teams of 2 wherever possible • Ensure contact with Fire Control • Consider requesting police attendance • Record as an act of violence at work/known hazard and log for future attendances 	2	3	6				
	Delivering information to 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 	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 	2	3	6				

		<ul style="list-style-type: none"> • Reputational damage to the Service 		<ul style="list-style-type: none"> • Used disposable PPE must be placed in the clinical waste bag for disposal after each use • 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. • Ensure donning and doffing procedure is strictly adhered to. See Section B • Work wear 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 had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate managers, self-isolate and follow test, trace and isolate guidance • Any suspected contamination to or 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 premise occupier	<ul style="list-style-type: none"> • Reputational damage to the Service • Increased risk of spreading the COVID 19 infection more widely • 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 	1	5	5			

				<ul style="list-style-type: none"> • Used disposable PPE 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 information to premise occupier the activity is to cease immediately 						
	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. • Maintain a minimum distance from individuals of 2 metres wherever possible • As COVID 19 is suspected, ensure additional COVID 19 provided PPE is worn when giving assistance see A1 • Face fit testing of RPE • Ensure donning and doffing procedure is strictly adhered to. See Section B • Provision of clinical waste bag • Used disposable PPE 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 	2	3	6			

				<p>reviewed to consider additional control measures.</p> <ul style="list-style-type: none"> Volunteers to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate managers, self-isolate and follow test, trace and isolate guidance. 						
	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. 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 As COVID 19 is suspected, ensure additional COVID 19 provided PPE is worn when entering the premise see 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 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. Face fit testing of RPE Ensure donning and doffing procedure is strictly adhered to. See Section B Provision of clinical waste bag Used disposable PPE 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. Volunteers to be instructed that those who during this activity have had close contact (as defined in official guidance) with 	2	3	6			

				a confirmed COVID-19 patient should inform their appropriate managers, self-isolate and follow test, trace and isolate guidance.						
	Attack by pets	<ul style="list-style-type: none"> • Bites • Scratches • Minor injury • Illness/infection • Failure to deliver information • Increased vulnerability of recipient • Psychological Distress 	1	<ul style="list-style-type: none"> • Occupier requested to control/secure animal. • Occupier requested to remove animal. • FRS personnel to consider withdrawal • 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. • 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 referrals 	2	3	6			
Post activity	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"> • 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 must follow test, trace and isolation 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 and follow test, trace and isolation guidance. • Inform partner agency and/or mobilising authority of suspected contamination risk • Provision of clinical waste bag • Used disposable PPE 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			

				<ul style="list-style-type: none"> Any confirmed contamination must lead to the risk assessment being reviewed to consider additional control measures. 						
	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 Used disposable PPE 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 	1	5	5			
Disrobing work wear 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 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 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 	1	5	5			

				<ul style="list-style-type: none"> • Change of clothes prior to travelling home • Requirement for disposal point for contaminated PPE/ work wear etc. 						
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"> • 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 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 and follow test, trace and isolate guidance. 	1	3	3			
	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 provided 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 and follow test, trace and isolate guidance. 	2	2	4			

				<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 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. • 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 and follow test, trace and isolation guidance. • If personnel become symptomatic they will self-isolate and follow test and 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 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 	1	5	5			

Appendix A

The following guidance relates to assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives 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 assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives 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 assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives during period of COVID 19 activity see Section A1.
4. FRS personnel involved in the assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives 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 Assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives 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 assistance to public sector organisations to support the effectiveness of official contact, track and tracing initiatives 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. NJC 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