

Model Risk Assessment				Ref no.	COVID-19	This is an NFCC generic national risk assessment provided in respect of Known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) activity and any necessary local variations will be agreed through the local health and safety structures.
Activity	Known or suspected COVID-19 Patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights)			Status		
Location Section				Initial assess.		
Assessed by		Specific		Next review	Monthly or following changes, including to relevant guidance, which may alter residual risk rating.	
Role /No/Dept.		Generic	X	Version no.	1.6	

Severity	Likelihood					Risk Rating		
	1. Very Unlikely	2. Unlikely	3. Possible	4. Likely	5. Almost Certain			
1	No Injury	1	2	3	4	5	Low Risk 1-5	Proceed
2	First Aid	2	4	6	8	10	Medium Risk 6-12	Review control measures - proceed
3	7 Day Injury	3	6	9	12	15		
4	Major Injury	4	8	12	16	20	High risk 15-25	Do Not Proceed
5	Fatality	5	10	15	20	25		

MEASURES OF LIKELIHOOD (PROBABILITY)			
LEVEL	DESCRIPTOR	CHANCE	DESCRIPTION
1	Very unlikely	0 to 4%	The injury/event may occur only in exceptional circumstances.
2	Unlikely	5 to 24%	The injury/event could occur at some time.
3	Possible	25 to 64%	The injury/event should occur at some time.
4	Likely	65 to 94%	The injury/event is expected to occur in most circumstances.
5	Almost Certain	95 to 100%	The injury/event will occur in most circumstances.

MEASURES OF SEVERITY (CONSEQUENCE)		
LEVEL	DESCRIPTOR	DESCRIPTION
1	Negligible	Minor local first aid treatment (e.g. minor cuts/abrasions) causing minimal work interruption
2	Slight	Injury requiring formal first aider treatment causing interruption of work for 7 days or less. Moderate financial loss
3	Moderate	RIDDOR lost-time injuries. Medical treatment required. Moderate environmental implications. High financial loss. Moderate loss of reputation. Moderate business interruption.
4	Major	Major disabling injuries. High environmental implications. Major financial loss. Major loss of reputation. Major business interruption.
5	Catastrophic	Single or multiple deaths involving any persons.

Activity	Hazard	Potential consequences	Person at Risk	Agreed Existing Control Measures	Risk Rating			Additional Control Measures	New Risk Rating		
			1-FRS 2-Public 3-Other blue light 4-Other e.g. specialist		L X S = RR				L X S = RR		
Selection of correct staff	Inappropriate selection of staff.	<ul style="list-style-type: none"> Major injury Physiological stress Psychological stress Inappropriate planning leading to inappropriate actions being taken Inability to carry out required activities Reputational damage to the Service Transition of COVID 19 between workplaces by volunteers 	1, 2,,3	<ul style="list-style-type: none"> Early engagement of safety representatives via joint H&S committee meetings to assist in highlighting selection in correct staff Volunteers with relevant skills and experience to be prioritised Personnel to be fit and able to undertake the activity e.g. not from an identified vulnerable group Volunteers to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff All FRS volunteers must be afforded the same health surveillance (testing) arrangements as the partner agency employees/volunteers they are working with in respect of the activity undertaken. If not provided, then activity should not be undertaken. See Appendix B for the current health surveillance arrangements specific to the activity. The availability of the health surveillance arrangements (testing) detailed in Appendix B should be secured prior to the commencement of the activity. The health surveillance arrangements for the activity is to continue for a period of 10 days on return to the FRS workplace. Driving licence checks 	1	2	2				

				<ul style="list-style-type: none"> • Fire cover should not be reduced or crewing levels altered to undertake the activity • Volunteers to be suitably trained and qualified to conduct identified work for the agreed activity. • Activity to be monitored and reviewed by enabling FRS 						
Preparation for activity prior to attending any venue	Fatigue prior to commencement of activity which will impact on performance	<ul style="list-style-type: none"> • Inappropriate preparation leading to inappropriate actions being taken • Major injury • Physiological stress • Psychological stress • Reputational damage to the Service 	1, 2,,3	<ul style="list-style-type: none"> • Early engagement of safety representatives via joint H&S committee meetings to assist in highlighting safe systems of work • Sufficient rest before attending work to undertake activity. • Staff to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace • Adhere to working time directive to ensure excessive hours are not worked. • Ensure staff have support available for advice with regards to occupational health needs. • Activity to be monitored and reviewed by enabling FRS 	1	2	2			
Working with other agency. Attending/working from unfamiliar venues	Unfamiliarity with location layout and facilities.	<ul style="list-style-type: none"> • Slip, trips and falls • Minor injury • Musculoskeletal injury • Inability to continue with activities • Potential exposure to COVID-19 	1, 3	<ul style="list-style-type: none"> • Identify buildings/parts of buildings (designated room/s) being utilised for the activity • Induction of building including information on evacuation procedures. • Lighting provision • Pedestrian routes identified • Safety brief and premise rules. • Access fobs be issued where required. • First aid/Welfare facilities. • Location of defibrillator • Individuals to be briefed in advance not to attend if showing signs and symptoms of COVID 19. • Social distance guidance for 2 metre social distancing to be adhered to • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 	2	2	4			
	Lack of understanding of agency specific terminology	<ul style="list-style-type: none"> • Wrong procedures undertaken • Frustration • Delay in getting to work 	1, 3	<ul style="list-style-type: none"> • Training • Briefing explaining glossary of terminology 	1	1	1			
	Inability to promptly report	<ul style="list-style-type: none"> • Unforeseen trends occurring 	1, 3	<ul style="list-style-type: none"> • Engagement of safety representatives via joint H&S 	2	2	4			

	safety event occurrences	<ul style="list-style-type: none"> • Delay in getting medical assistance 		<ul style="list-style-type: none"> • committee meetings to assist in obtaining best and most accurate method of reporting. • Premise induction to include method of safety event reporting • Method agreed re the sharing of safety event occurrences with partner agencies. 						
Vehicle checks prior to driving the ambulance patient transport vehicle	Non-roadworthy/non familiar vehicle being checked prior to the activity	<ul style="list-style-type: none"> • Vehicle Collison • Minor Injury • Major injury • Adverse effect on FRS personnel mental health and wellbeing • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Driving licence checks prior to activity commencing • Vehicle familiarisation training • Vehicle inspection and checks completed and recorded at start of each duty period • Training on all equipment that FRS personnel will use or be exposed to prior to activity commencing. • Ensure staff have support available for advice with regards to occupational health needs. • Access to FRS Occ Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 	1	4	4			
Preparation to operate ambulance patient transport vehicles	Fatigue occurring Pre-existing Illness Pre-existing Injury	<ul style="list-style-type: none"> • Increased potential for a vehicle collision • Exhaustion • Fatigue • Minor injury • Major injury • Adverse effect on FRS responders mental health and wellbeing 	1, 2, 3	<ul style="list-style-type: none"> • All personnel to be fit and able to undertake driving activities • FRS EFAD drivers only to undertake this activity • All personnel sufficiently nourished and hydrated • All personnel adequately rested prior to shift commencing • Peer support in recognising signs and symptoms of fatigue/stress • Adhere to working time directive to ensure excessive hours are not worked. • Access to FRS Occupational Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 	1	3	3			
	Unfamiliarity of vehicle in relation to routine checks	<ul style="list-style-type: none"> • Vehicle Collison • Minor Injury • Major Injury • Vehicle damage • Adverse effect on FRS trainers mental health and wellbeing • Driver fatigue • Loss of life • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Full vehicle induction prior to taking responsibility for the vehicle • Full induction, information and training on all equipment FRS personnel expected to use. • Information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available 	1	4	4			

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

				<p>through Ambulance Service procedures. FRS Fire Control and H&S team (which will include FBU H&S Rep) also informed which will inform a review of this risk assessment</p> <ul style="list-style-type: none"> • Ensure staff have support available for advice with regards to occupational health needs. 						
	RTC	<ul style="list-style-type: none"> • Major Injury • Major vehicle damage • Minor Injury • Driver fatigue • Loss of life • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Full induction, information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available • FRS assessed drivers only to be considered for driving activities • Driving licence checks prior to activity commencing • All vehicles confirmed as roadworthy by start of shift. Vehicles to be tested and recorded as such. • Vehicle is secure (lockers and doors closed) and safe to drive • Use of seat belts • Use of vehicle warning devices (two tones, horn etc) • Awareness of road and weather conditions • Adhere to road traffic act (No FRS exemptions) • Drive to arrive • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient. • Drivers to be aware of the process for the reporting of RTC's in ambulance transport vehicles • Notify oncoming assistance suspected or known COVID 19 patient on board the vehicle • Welfare facilities for suitable rest breaks and toilet breaks for practitioners and in appropriate designated areas that can maintain social distancing measures. • Ensure staff have access available for advice with regards to occupational health needs. 	1	5	5			
	Exposure to noise	<ul style="list-style-type: none"> • Temporary hearing damage 	1, 3	<ul style="list-style-type: none"> • FRS EFAD drivers only • Familiarisation training • Drive to arrive 	1	4	4			

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

				<p>procedures. FRS Fire Control and H&S team (which will include FBU H&S Rep) also informed which will inform a review of this risk assessment</p> <ul style="list-style-type: none"> • Ensure staff have support available for advice with regards to occupational health needs. 						
	RTC	<ul style="list-style-type: none"> • Major Injury • Major vehicle damage • Minor Injury • Driver fatigue • Loss of life • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Full induction, information and training session including familiarisation driving session delivered by ambulance trust prior to becoming operationally available • FRS assessed drivers only to be considered for driving activities • All vehicles confirmed as roadworthy by start of shift. Vehicles to be tested and recorded as such. • Vehicle is secure (lockers and doors closed) and safe to drive • Use of seat belts • Awareness of road and weather conditions • Adhere to road traffic act (No FRS exemptions) • Drive to arrive • Drivers to be aware of the process for the reporting of RTC's in ambulance transport vehicles • FRS personnel will not be required to provide any clinical or first-aid assistance to the patient. The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient. • Notify oncoming assistance suspected or known COVID 19 patient on board the vehicle • Welfare facilities for suitable rest breaks and toilet breaks for practitioners and in appropriate designated areas that can maintain social distancing measures. • Ensure staff have access available for advice with regards to occupational health needs. 	1	5	5			
	Known or suspected COVID-19 Patients requires medical	<ul style="list-style-type: none"> • Minor illness • Major illness • Exposure to infectious substances and/or biohazards 	1, 2, 3	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • The Health and Safety briefing to include roles & responsibilities plus first 	1	4	4			

	attention en-route	<ul style="list-style-type: none"> • Adverse effect on FRS responders mental health and wellbeing • Loss of life • Reputational damage to the Service 		<p>aid/welfare, emergency arrangements</p> <ul style="list-style-type: none"> • FRS personnel will not be required to provide any clinical or first-aid assistance to the patient. • Reiterate the scope of this activity to all participating in this activity • 2 clinical staff to be present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a. driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • The purpose of this activity is to free up ambulances operated by, and staffed by employees of Ambulance Trusts; and not to undertake work that is ordinarily delivered by other ambulance service providers. • COVID 19 PPE as outlined in section A1 • Where known problems may exist request an ambulance personnel form part of the crew • All activities will be under supervision by competent person/s • Request additional resources if required • Personal hygiene - washing hands, use of hand sanitising gels. • Ensure staff have access available for advice with regards to occupational health needs. 						
Low speed manoeuvring of patient transfer vehicle	Collisions with others/objects	<ul style="list-style-type: none"> • Minor vehicle damage • Minor Injury • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Familiarisation training • Vehicle inspection and checks completed and recorded at start of each duty period 	2	3	6			

				<ul style="list-style-type: none"> • Adherence to the road traffic act at all times • Adherence to local/on-site speed restriction • Appoint colleague to assist as banks person with manoeuvre outside of vehicle and using hand gestures where required. • Adhere to agreed signals from appointed banks person • Any occurrences of collision will be reported and dealt with through Ambulance Service procedures. FRS Fire Control and H&S team (which will include FBU H&S Rep) also informed which will inform a review of this risk assessment 						
Dismounting from an unfamiliar vehicle	Hit by moving traffic	<ul style="list-style-type: none"> • Major Injury • Minor Injury • Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> • Health and Safety brief to reiterate points in in section A2 • Training and instruction • Route planning • Collection and delivery of patient to be made to a specified location away from traffic. i.e. home or outpatients department • Use of vehicle hazard lights. • Use of Hi-Viz jackets at all times. • Safe dismount from vehicle (kerb side). • Activities to be undertaken during daylight hours wherever possible 	1	4	4			
Collection of known or suspected COVID-19 Patients	Frightened, anxious, panicked, abusive members of public and/or family members	<ul style="list-style-type: none"> • Intimidation • Physical abuse • Verbal abuse • Violence • Stress • Anxiety • Other psychological Injury • Minor injury • Major injury 	1, 2, 3	<ul style="list-style-type: none"> • Health and safety briefing to reiterate points in A2 • Request Police attendance for public control if required • Withdraw to place of safety • Remain inside of vehicle • 2 clinical staff to be present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the 	1	2	2			

				<p>patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus.</p> <ul style="list-style-type: none"> Defer activity to ambulance personnel Ensure staff have support available for advice with regards to occupational health needs. Record as an act of violence at work/known hazard and log for future attendances 						
	Arrival of FRS personnel causing distress to the patient	<ul style="list-style-type: none"> Minor Injury Psychological Distress Failure to collect or deliver patient Increased vulnerability of recipient Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> Health and Safety brief to reiterate points in in section A2 Use of patients name Personnel to show occupier Service ID Activity to be undertaken with ambulance personnel 2 clinical staff to be present in order to minimise fire and rescue staff contact The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient FRS activities will be confined to: <ul style="list-style-type: none"> Driving the vehicle Handling the stretcher to/from the vehicle to assist the clinical staff Request additional resources if required Maintain social distancing at all times Personnel to have access to mobile phone Withdraw and defer activity to ambulance personnel 	1	2	2			
	Use of equipment such as stretcher /wheelchair to lift, manoeuvre and assist known or suspected COVID-19 Patients	<ul style="list-style-type: none"> Sprains Strains Finger entrapment Musculoskeletal injuries Uncontrolled descent of patient. Exposure to COVID 19 Adverse effect on FRS responders mental health and wellbeing Loss of life Reputational damage to the Service 	1, 2, 3	<ul style="list-style-type: none"> COVID 19 PPE as outlined in section A1 Correct donning and doffing procedures as per Section B Use mechanical lifting/carrying aids at all times when available Adopt correct manual handling techniques Ensure all group manual handling activities are co-ordinated Plan route to be used to keep travel distances as short as possible Activity to be undertaken in pairs with 2 clinical staff present 	1	4	4			

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

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

		<ul style="list-style-type: none"> • Loss of life • Reputational damage to the Service 		<ul style="list-style-type: none"> • Planned route to be used to keep travel distances as short as possible • Activity to be undertaken with 2 clinical staff present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • Ambulance Service utilise a variety of manual handling aids to move casualties, such as stretchers, wheelchairs, carry chairs, slide sheets, transfer boards and handling belts (list not exhaustive) - Where Ambulance Service manual handling aids are to be used FRS personnel are to have instruction and training on use; aids to be used only under the guidance of Ambulance Service staff. • Where known manoeuvrability problems may exist, ensure ambulance personnel form part of crew • Request additional resources if required • Personal hygiene - washing hands, use of hand sanitising gels. • Access to FRS Occupational Health facilities • Ensure staff have support available for advice with regards to occupational health needs. 							
Handing over collected known or suspected COVID-19 Patients to Nightingale hospital staff	Delay in handing over in a safe orderly manner	<ul style="list-style-type: none"> • Psychological distress • Exposure to infectious substances and/or biohazards 	1, 2, 3, 4	<ul style="list-style-type: none"> • COVID 19 PPE. See section A1 • Health and Safety brief to reiterate points in in section A2 • The Health and Safety briefing to include roles & 	1	5	5				

		<ul style="list-style-type: none"> NHS staff placed at additional risk Reputational damage to the Service 		<ul style="list-style-type: none"> responsibilities plus first aid/welfare, emergency arrangements A distance of 2-metres will be maintained from the patient Where close patient contact is required, strict PPE procedures must be adopted 2 clinical staff to be present in order to minimise fire and rescue staff contact The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient. FRS activities will be confined to: <ul style="list-style-type: none"> Driving the vehicle Handling the stretcher to/from the vehicle to assist the clinical staff The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. Patient transfer to be made to a specified location. Agreed protocol with hospital for receipt of patient transfer and handing over, booking in. Personnel to show hospital staff Service ID on request Ensure the hospital is aware of the time of arrival of patient whenever possible. 						
Dealing with occasions where infectious substances and/or biohazards may be present	Contamination from known or suspected COVID-19 Patients	<ul style="list-style-type: none"> Minor illness Major illness Exposure to infectious substances and/or biohazards Adverse effect on FRS responders mental health and wellbeing Loss of life Reputational damage to the Service 	1, 3	<ul style="list-style-type: none"> Agreed pre selection of FRS personnel Information and training on all infection control polices & procedures in place and adhered to Vaccination against relevant diseases prior to activity commencing e.g. hepatitis B etc. COVID 19 PPE. See section A1 Correct donning and doffing procedures as per Section B A distance of 2-metres will be maintained from the patient Where close patient contact is required, strict PPE procedures must be adopted 	1	5	5			

				<ul style="list-style-type: none">• 2 clinical staff to be present in order to minimise fire and rescue staff contact• The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient• FRS activities will be confined to:<ul style="list-style-type: none">a. Driving the vehicleb. Handling the stretcher to/from the vehicle to assist the clinical staff• The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus.• FRS personnel to be trained in personal decontamination procedures• Vehicle decontamination procedures conducted by Ambulance Service staff• Correct disposal methods adhered to for contaminated PPE which must be treated as medical/clinical waste.• FRS personnel to be tested for exposure to infectious substances and/or biohazards whenever deemed appropriate• Ensure staff have support available for advice with regards to occupational health needs.• Ongoing health screening• Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID-19 patient should inform their appropriate manager and heed any notifications from contact tracers• Personal hygiene - washing hands, use of hand sanitising gels.• Ensure staff have access available for advice with regards to occupational health needs.						
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	FRS personnel transmitting disease/virus to known or suspected COVID-19 Patients whilst undertaking this activity	<ul style="list-style-type: none"> • Reputational damage to the Service • Adverse effect on FRS responders mental health and wellbeing • Major illness • Loss of life • Adverse impact on the NHS 	1, 2, 3	<ul style="list-style-type: none"> • Early engagement of safety representatives via joint H&S committee meetings to assist in highlighting safe systems of work • Health and safety briefing/inductions when attending workplace prior to conducting activity, this to cover all SSOW and RA control measures • Individuals to be briefed in advance not to attend workplace if showing signs and symptoms of COVID 19. • Relevant PPE to be worn whilst undertaking this task as detailed in Section A1 • A distance of 2-metres will be maintained from the patient • Where close patient contact is required, strict PPE procedures must be adopted • 2 clinical staff to be present in order to minimise fire and rescue staff contact • The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • The clinicians, if practical, should apply a fluid resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus. • Provision of clinical waste bag • Disposable PPE must be placed in the clinical waste bag for disposal after each use • Social distance guidance of 2 metres to be adhered • If personnel become symptomatic whilst undertaking the activity, they will cease the activity immediately • If personnel become symptomatic they will self-isolate and follow test and trace guidance 	1	5	5			
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<p>Dealing with animals at known or suspected COVID-19 Patients location</p>	<p>Attack by pets</p>	<ul style="list-style-type: none"> • Bites • Scratches • Minor injury • Illness/infection • Failure to complete activity • Increased vulnerability of recipient • Psychological Distress 	<p>1, 3</p>	<ul style="list-style-type: none"> • Ensure the occupier/carer is aware of the time of arrival of transport • Occupier requested to control/secure animal. • Occupier requested to remove animal. • Personnel not to enter area where attack by the animal is likely. • Request attendance of additional resources if required (RSPCA, Vet etc) • Withdraw to place of safety • Remain inside of vehicle • Personnel to only deploy into the vicinity of the pet when the pet is under the occupiers control such as is necessary to prevent any attack. • Activity to be undertaken in pairs including mixed crewing with ambulance personnel • 2 clinical staff to be present in order to minimise fire and rescue staff contact • FRS personnel will not be required to provide any clinical or first-aid assistance to the patient. The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient. • FRS activities will be confined to: <ul style="list-style-type: none"> a. Driving the vehicle b. Handling the stretcher to/from the vehicle to assist the clinical staff • Request additional resources if required • Seek medical attention at all times. • Ensure staff have access available for advice with regards to occupational health needs. • Record as an act of violence at work/known hazard and log for future attendances 	<p>1</p>	<p>3</p>	<p>3</p>				
<p>Disrobing at the end of shift</p>	<p>Cross-contamination</p>	<ul style="list-style-type: none"> • Biohazards: e.g. pathogens, virus's etc • Spreading an infection • Taking a contamination home with you 	<p>1, 3</p>	<ul style="list-style-type: none"> • Establish physical separation of clean and dirty areas • Ensure the provision of warm water and soap • Showering to take place at place of work 	<p>1</p>	<p>4</p>	<p>4</p>				

		<ul style="list-style-type: none"> Contaminating family members Unwarranted impact on the NHS. Reputational damage to the Service 		<ul style="list-style-type: none"> Ensure donning and doffing procedure is strictly adhered to. See Section B Provision of clinical waste bag Disposable PPE must be placed in the clinical waste bag for disposal Use of alcohol / sterile hand gels. Use the pre-arranged appropriate storage facilities for personal clothing Dispose of single use PPE in medical waste bin at premise, if available. If a medical waste bin is not available, all PPE to be bagged and sealed Disposal point for contaminated PPE/ uniform etc. FRS personnel to be trained in personal decontamination procedures Appropriate decontamination of PPE by professional cleaners, Contaminated PPE to be treated as clinical waste 						
Consideration and provision of welfare facilities and arrangements	Inadequate welfare and hygiene facilities provided	<ul style="list-style-type: none"> Stress Anxiety Infection of FRS responders from bio-hazards Adverse effect on FRS responders' mental health and wellbeing Loss of working time. Potential exposure to COVID 19 Unwarranted impact on the NHS. Reputational damage to the Service 	1	<ul style="list-style-type: none"> Early engagement of safety representatives via joint H&S committee meetings to assist in debriefing the work activity Welfare facilities for suitable rest breaks and toilet breaks for practitioners and in appropriate designated areas that can maintain social distancing measures. Health and Safety brief to reiterate signs and symptoms of COVID 19 Facilities provided are to be COVID 19 secure Suitable facilities for adequate hand hygiene to be adopted and adhered to Only utilise buildings/parts of any building essential to the task. These facilities are to be COVID 19 secure Suitable facilities for practitioners to change clothing Showering & washing facilities to be provided Training to be given prior to activity commencing 2 clinical staff to be present in order to minimise fire and 	2	2	4			

				<p>rescue staff contact and as such maintain FRS personnel welfare</p> <ul style="list-style-type: none"> • Ensure staff have support available for advice with regards to occupational health needs. • Access to professional counselling services to be communicated to staff. • Employee Assistance Programme (EAP) or service equivalent to be flagged and highlighted to all staff 						
Post activity considerations	FRS personnel becoming infected or showing symptoms of infection or of a physical or psychological illness.	<ul style="list-style-type: none"> • Stress • Anxiety • Psychological stress • Adverse effect on FRS personnel mental health and well being • Further transmission of infection within the workplace • Spreading the transmission to home premise • Loss of working time. • Impact on an operational response. • Impact on the NHS. • Reputational damage to the Service 	1	<ul style="list-style-type: none"> • Early engagement of safety representatives via joint H&S committee meetings to assist in debriefing the work activity • Health and Safety brief to reiterate signs and symptoms of COVID 19 • If personnel or Staff become symptomatic whilst staffing for the activity, the activity is to cease immediately and the individual is to inform the appropriate manager, self-isolate and follow test and trace advice • Personal and workplace hygiene - e.g. provision of hand sanitiser, workplace hygiene rules etc. • The health surveillance arrangements for the activity is to continue for a period of 10 days on return to the FRS workplace. • Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a confirmed COVID 19 patient should inform their appropriate manager self-isolate and follow test and trace guidance • Seek medical advice - NHS 111 or 999 if medical emergency. • Inform appropriate manager. • Ensure staff have support available for advice with regards to occupational health needs. • Access to professional counselling services to be communicated to staff. • Employee Assistance Programme (EAP) or Service equivalent to be flagged and highlighted to all staff • If personnel become symptomatic they will self- 	1	5	5			

				isolate and follow test and trace guidance						
				<ul style="list-style-type: none">Review the risk assessment to ensure suitable and sufficient control measures are in place						

Appendix A

Section A - General Assumptions:

1. COVID -19 PPE mentioned within this risk assessment is based upon standard infection control precautions below a-e
 - a. FFP3 respirators must be worn whenever 'aerosol generating procedures' (AGP) are taking place. AGP's include
 - i. intubation, extubation and related procedures
 - ii. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
 - iii. induction of sputum (cough)

FFP3 masks must be compliant with BS EN149:200.1 **NOTE:** If wearing a FFP3 that is not fluid resistant, a full face shield/visor **must** be worn in these cases.

- b. FFP2 or Fluid resistant type IIR mask non 'aerosol generating procedures'
- c. Long sleeved disposable apron/gown
- d. Disposable gloves
- e. Eye protection –full face shield/visor or polycarbonate safety spectacles or equivalent

Items of PPE a, c, d & e will be donned at all times from the time the activity commences until the activity is concluded when they will then be safely and hygienically disposed of.

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

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

Section B - relevant documents/guidance:

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

Appendix B

The Health Surveillance arrangements in place in relation to Known or suspected Covid-19 Patients transfer to and from Nightingale hospitals emergency response as of the 1st of January 2021 are 2 Lateral Flow Tests per week (HS Comparator Ambulance Technician/Paramedic AACE). Staff should be tested twice weekly every three to four days to fit with shift patterns and leave requirements.