

<b>Model Risk Assessment</b>				Ref no.	<b>COVID-19</b>	This is an NFCC generic national risk assessment provided in respect of Ambulance Driving and Patient/Ambulance Personnel Support limited to current competence (not additional FRS First or Co Responding)activity and any necessary local variations will be agreed through the local health and safety structures.
Activity	Ambulance Driving and Patient/Ambulance Personnel Support limited to current competence (not additional FRS First or Co Responding)			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.	1.6	

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"> <li>Major injury</li> <li>Physiological stress</li> <li>Psychological stress</li> <li>Inappropriate planning leading to inappropriate actions being taken</li> <li>Inability to carry out required activities</li> <li>Reputational damage to the Service</li> <li>Transition of COVID 19 between workplaces by volunteers</li> </ul>	1, 2,,3	<ul style="list-style-type: none"> <li>Early engagement of safety representatives via joint H&amp;S committee meetings to assist in highlighting selection in correct staff</li> <li>Personnel to be fit and able to undertake the activity e.g. not from an identified vulnerable group</li> <li>Volunteers with relevant skills and experience to be prioritised</li> <li>Volunteers to be suitably trained and qualified to conduct identified work for the agreed activity.</li> <li>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.</li> <li>The availability of the health surveillance arrangements (testing) detailed in Appendix B should be secured prior to the commencement of the activity.</li> <li>The health surveillance arrangements for the activity is to continue for a period of 10 days on return to the FRS workplace.</li> <li>Driving licence checks</li> <li>Fire cover should not be reduced or crewing levels altered to undertake the activity</li> <li>Activity to be monitored and reviewed by enabling FRS</li> </ul>	1	4	4				
Preparation for activity prior to	Fatigue prior to commencement of activity which	<ul style="list-style-type: none"> <li>Inappropriate preparation leading to</li> </ul>	1, 2,,3	<ul style="list-style-type: none"> <li>Sufficient rest before attending work to undertake activity.</li> <li>Early engagement of safety representatives via joint H&amp;S</li> </ul>	1	2	2				

attending any venue	will impact on performance	<ul style="list-style-type: none"> <li>inappropriate actions being taken</li> <li>Major injury</li> <li>Physiological stress</li> <li>Psychological stress</li> <li>Reputational damage to the Service</li> </ul>		<ul style="list-style-type: none"> <li>committee meetings to assist in highlighting safe systems of work</li> <li>Staff to be aware of the need to be sufficiently nourished and hydrated prior to attendance at workplace</li> <li>Adhere to working time directive to ensure excessive hours are not worked.</li> <li>Ensure staff have support available for advice with regards to occupational health needs.</li> <li>Activity to be monitored and reviewed by enabling FRS</li> </ul>						
	Use of Service facilities by partner agencies for rest/welfare purposes	<ul style="list-style-type: none"> <li>Impact on day to day work</li> <li>Disruption of watch/s</li> <li>Increased risk of spreading the COVID 19 infection</li> <li>Loss of working time. Impact on an operational response</li> </ul>	1, 3 & 4	<ul style="list-style-type: none"> <li>No sharing of Service facilities wherever possible</li> <li>Station cleaning routines</li> <li>Safety briefing to include roles &amp; responsibilities plus first aid/welfare arrangements</li> <li>Keeping a minimum distance from individuals of 2 metres whenever possible</li> <li>Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>If sharing cannot be avoided, separate rooms/facilities should be identified wherever possible</li> </ul>	1	3	3			
Attending/working from unfamiliar venues	Unfamiliarity with location layout and facilities.	<ul style="list-style-type: none"> <li>Slip, trips and falls</li> <li>Minor injury</li> <li>Musculoskeletal injury</li> <li>Inability to continue with activities</li> <li>Potential exposure to COVID-19</li> </ul>	1, 3	<ul style="list-style-type: none"> <li>Identify buildings/parts of buildings (designated room/s) being utilised for the activity</li> <li>Induction of building including information on evacuation procedures.</li> <li>Lighting provision</li> <li>Pedestrian routes identified</li> <li>Safety brief and premise rules.</li> <li>Access fobs be issued where required.</li> <li>First aid/Welfare facilities.</li> <li>Location of defibrillator</li> <li>Individuals to be briefed in advance not to attend if showing signs and symptoms of COVID 19.</li> <li>Social distance guidance for 2 metre social distancing to be adhered to wherever possible.</li> <li>Relevant PPE to be worn whilst undertaking this task as detailed in Section A1</li> </ul>	2	2	4			
	Inability to promptly report safety event occurrences	<ul style="list-style-type: none"> <li>Unforeseen trends occurring</li> <li>Delay in getting medical assistance</li> </ul>	1, 3, 4	<ul style="list-style-type: none"> <li>Engagement of safety representatives via joint H&amp;S committee meetings to assist in</li> </ul>	2	2	4			

				<ul style="list-style-type: none"> <li>obtaining best and most accurate method of reporting.</li> <li>Premise induction to include method of safety event reporting</li> <li>Method agreed re the sharing of safety event occurrences with partner agencies.</li> </ul>						
Preparation to operate ambulance trust vehicles	Fatigue Pre-existing Illness Pre-existing Injury	<ul style="list-style-type: none"> <li>Increased potential for a vehicle collision</li> <li>Exhaustion</li> <li>Minor injury</li> <li>Major injury</li> <li>Adverse effect on FRS responders mental health and wellbeing</li> </ul>	1, 2, 3	<ul style="list-style-type: none"> <li>All personnel to be fit and able to undertake driving activities</li> <li>All personnel sufficiently nourished and hydrated</li> <li>All personnel adequately rested prior to shift commencing</li> <li>Medical assessments</li> <li>Peer support in recognising signs and symptoms of fatigue/stress</li> <li>Adherence to Grey Book and Working Time Directive.</li> <li>Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>	1	3	3			
	Unfamiliarity of vehicle	<ul style="list-style-type: none"> <li>Vehicle Collison</li> <li>Minor Injury</li> <li>Major Injury</li> <li>Vehicle damage</li> <li>Adverse effect on FRS trainer's mental health and wellbeing</li> <li>Driver fatigue</li> <li>Loss of life</li> <li>Reputational damage to the Service</li> </ul>	1, 2, 3	<ul style="list-style-type: none"> <li>Full vehicle induction</li> <li>Information and training session including familiarisation driving session undertaken by ambulance trust prior to becoming operationally available</li> <li>Full induction, information and training on all equipment FRS personnel expected to use.</li> </ul>	1	4	4			
	Non-roadworthy vehicle being utilised	<ul style="list-style-type: none"> <li>Vehicle Collision</li> <li>Minor Injury</li> <li>Major injury</li> <li>Reputational damage to the Service</li> </ul>	1, 2, 3	<ul style="list-style-type: none"> <li>Driver to have understanding of FRS Management of Road Risk Policy.</li> <li>Maintenance schedule for each vehicle.</li> <li>Vehicle inspection and checks completed and recorded at start of each duty period.</li> <li>Potential faults to be reported to the responsible person. This to including potential or mid shift faults.</li> <li>All vehicles confirmed as roadworthy at start of shift and recorded as such.</li> <li>Non-roadworthy vehicles are not to be used</li> </ul>	1	5	5			
Routine non-emergency driving	RTC	<ul style="list-style-type: none"> <li>Major Injury</li> <li>Major vehicle damage</li> <li>Minor Injury</li> <li>Driver fatigue</li> <li>Loss of life</li> <li>Reputational damage to the Service</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>Full induction, information and training session including familiarisation driving session undertaken by ambulance trust prior to becoming operationally available</li> <li>FRS EFAD drivers only</li> </ul>	1	4	4			

				<ul style="list-style-type: none"> <li>• Driving licence checks prior to activity commencing</li> <li>• All vehicles confirmed as road worthy by start of shift test and recorded as such.</li> <li>• Vehicle is secure (lockers and doors closed) and safe to drive</li> <li>• Use of seat belts</li> <li>• Awareness of road and weather conditions</li> <li>• Adhere to road traffic act (No FRS exemptions)</li> </ul>						
Being Alerted and responding to incidents from home base	Transition from rest to action particularly at night and in an unfamiliar environment	<ul style="list-style-type: none"> <li>• Musculoskeletal injury</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Nearby hazards, e.g. knocks slips, trips.</li> </ul>	1 & 3	<ul style="list-style-type: none"> <li>• Driver adheres to FRS Management of Road Risk Policy.</li> <li>• Personnel to respond in a timely and controlled manner</li> <li>• Personnel informed on all hazards on walk routes to ambulance</li> <li>• Good standards of housekeeping to mitigate slips, trips and falls.</li> <li>• Spatial awareness</li> <li>• Awareness of moving vehicles</li> <li>• Good lighting</li> <li>• Suitable work and foot wear</li> <li>• Use of vehicle hand grips and footplates</li> <li>• Access and egress- traffic routes known and kept clear</li> <li>• Access to professional counselling services.</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>	2	2	4			
Driving to incident under blue light conditions	RTC	<ul style="list-style-type: none"> <li>• Major Injury</li> <li>• Major vehicle damage</li> <li>• Minor Injury</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Driver fatigue</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• FRS EFAD drivers only</li> <li>• Driving licence checks</li> <li>• Suitable ambulance driver training</li> <li>• Ensure doors, lockers and equipment are secured before moving off.</li> <li>• Use vehicle seat belts.</li> <li>• Utilise satellite navigation and maps.</li> <li>• Evaluate weather and road conditions.</li> <li>• Good knowledge of topography and risks including road closures etc.</li> <li>• Drivers to be aware of the process for the reporting of RTC's in Service vehicles</li> <li>• Use of traffic lights (green wave) on exiting ambulance station</li> </ul>	1	5	5			

				<ul style="list-style-type: none"> <li>• Use of blue lights and horns as per ambulance trust driving policy</li> <li>• Drive to arrive</li> <li>• Any occurrences of collision will be reported and dealt through Ambulance Service procedures. FRS Fire Control and H&amp;S team (which will include FBU H&amp;S Rep) also informed which will inform a review of this risk assessment</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>						
	Unfamiliarity of driving ambulances responding to an emergency call	<ul style="list-style-type: none"> <li>• Road Traffic Collision (RTC)</li> <li>• Minor Injury</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Major Injury</li> <li>• Loss of life</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• FRS EFAD drivers only</li> <li>• Driving licence checks prior to activity commencing</li> <li>• Full vehicle induction</li> <li>• Information and training session including familiarisation driving session undertaken by ambulance trust prior to becoming operationally available</li> <li>• All vehicles confirmed as roadworthy by start of shift test and recorded as such.</li> <li>• Potential faults to be reported to the responsible person. This to including potential or mid shift faults.</li> <li>• Full induction, information and training on all equipment FRS personnel expected to use.</li> <li>• Use of seat belts</li> <li>• Use of traffic lights (green wave) on exiting ambulance station</li> <li>• Use of blue lights and horns as per ambulance trust driving policy</li> <li>• Awareness of road and weather conditions</li> <li>• Drive to arrive</li> <li>• Any occurrences of collision will be reported and dealt through Ambulance Service procedures. FRS Fire Control and H&amp;S team (which will include FBU H&amp;S Rep) also informed which will inform a review of this risk assessment</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>	1	5	5			
	Exposure to noise	<ul style="list-style-type: none"> <li>• Temporary hearing damage</li> </ul>	1 & 3	<ul style="list-style-type: none"> <li>• FRS EFAD drivers only</li> <li>• Familiarisation training</li> </ul>	1	4	4			

		<ul style="list-style-type: none"> <li>• Longer term hearing damage (over a prolonged time)</li> </ul>		<ul style="list-style-type: none"> <li>• Drive to arrive</li> <li>• To limit exposure to audible warning devices ensure windows are closed</li> </ul>						
Low speed manoeuvring	Collisions with others/objects	<ul style="list-style-type: none"> <li>• Minor vehicle damage</li> <li>• Minor Injury</li> <li>• Reputational damage to the Service</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• Driving licence checks prior to activity commencing</li> <li>• Familiarisation training</li> <li>• Vehicle inspection and checks completed and recorded at start of each duty period</li> <li>• Adherence to the road traffic act at all times</li> <li>• Appoint colleague to assist as banks person with manoeuvre outside of vehicle and using hand gestures where required.</li> <li>• Adhere to agreed signals from appointed banks person</li> <li>• Any occurrences of collision will be reported and dealt through Ambulance Service procedures. FRS Fire Control and H&amp;S team (which will include FBU H&amp;S Rep) also informed which will inform a review of this risk assessment</li> </ul>	2	3	6			
Operating on or near carriageways	Struck by moving vehicle	<ul style="list-style-type: none"> <li>• Road Traffic Collision (RTC)</li> <li>• Major Injury</li> <li>• Minor Injury</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Reputational damage to the Service</li> <li>• Loss of life</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• Driving licence checks prior to activity commencing</li> <li>• Vehicle inspection and checks completed and recorded at start of each duty period</li> <li>• Familiarisation training</li> <li>• Adherence to the road traffic act at all times (emergency response exemptions)</li> <li>• Safe positioning of ambulance using fend off if necessary</li> <li>• Utilise existing safe working area if available (coned off area etc.)</li> <li>• Sufficient resources to establish safe system of work.</li> <li>• Utilise ambulance visual warning devices</li> <li>• Ensure it is safe to dismount ambulance on safest side of vehicle</li> <li>• Utilise hi-vis jackets</li> <li>• Minimum personnel to be accessing the carriageway</li> <li>• Drivers to be aware of the process for the reporting of RTC's in Service vehicles</li> <li>• Work within safe systems of work under supervision of incident commander if at incident</li> </ul>	1	5	5			

				<ul style="list-style-type: none"> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>						
	Sharps, glass dust etc.	<ul style="list-style-type: none"> <li>• Cuts</li> <li>• Abrasions</li> <li>• Minor Injury</li> <li>• Major injury</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• FRS training</li> <li>• Work within FRS Cordons if FRS in attendance</li> <li>• FFP3 RPE to be worn in risk area i.e. near potential glass dust; close patient contact</li> <li>• Eye protection to be worn.</li> <li>• Structural/RTC PPE to be worn</li> <li>• Inter-agency liaison</li> <li>• First aid training</li> <li>• Seek medical advice</li> </ul>	1	3	3			
	Bodily fluids from casualties	<ul style="list-style-type: none"> <li>• Adverse effect on FRS responder's mental health and wellbeing</li> <li>• Stress</li> <li>• Anxiety</li> <li>• Other psychological Injury</li> <li>• Adverse impact on FRS operational response.</li> <li>• Spreading infection.</li> <li>• Adverse impact on the NHS</li> <li>• Reputational damage to the Service</li> </ul>	1 & 3	<ul style="list-style-type: none"> <li>• COVID 19 PPE as outlined in section A1</li> <li>• Correct donning and doffing procedures. See Section B</li> <li>• Health and safety briefing to reiterate points in A2</li> <li>• Training.</li> <li>• All activities will be under supervision by competent person/s</li> <li>• Work within FRS Cordons if FRS in attendance</li> <li>• Keeping a minimum distance from suspected individuals of 2 metres wherever possible</li> <li>• Awareness of moving vehicles</li> <li>• Conduct activities under direction and supervision of Ambulance Service crew member</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>• Existing injuries to be covered</li> <li>• FRS personnel to be trained in personal decontamination procedures</li> <li>• Appropriate decontamination of PPE by professional cleaners, PPE to be treated as clinical waste.</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>	1	5	5			
Patient/ Ambulance Personnel Support  Lifting and moving equipment	Poor lifting technique for heavy objects and/or moving equipment	<ul style="list-style-type: none"> <li>• Slips, trips and falls</li> <li>• Minor Injury</li> <li>• Strains and sprains</li> <li>• Musculoskeletal injury</li> <li>• Minor injuries</li> <li>• Major injury</li> </ul>	1 & 3	<ul style="list-style-type: none"> <li>• Health and safety briefing to reiterate points in A2</li> <li>• Manual Handling training</li> <li>• Sort loads into manageable sizes</li> <li>• Use mechanical lifting/carrying aids at all times when available</li> </ul>	1	4	4			



				<ul style="list-style-type: none"> <li>• Team lifting/carrying</li> <li>• Predetermined travel routes</li> <li>• PPE for manual handling appropriate to the activity e.g. gloves, safety boots etc</li> <li>• Avoid manual handling if possible</li> <li>• Ensure all group manual handling activities are co-ordinated</li> <li>• Utilise any carrying handles</li> <li>• Adhere to safe lifting weight signage</li> <li>• Where Ambulance Service manual handling aids are to be used, FRS personnel to have instruction and training on use; aids to be used only under the guidance and supervision of Ambulance Service staff.</li> </ul>						
Lifting and moving patients	Using equipment such as stretcher / wheelchair to move patients;	<ul style="list-style-type: none"> <li>• Sprains</li> <li>• Strains</li> <li>• Finger entrapment</li> <li>• Musculoskeletal injuries</li> <li>• Uncontrolled descent of casualty.</li> <li>• Exposure to COVID-19</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• COVID 19 PPE as outlined in section A1</li> <li>• Use mechanical lifting/carrying aids at all times when available</li> <li>• Adopt correct manual handling techniques as per training</li> <li>• Ensure all group manual handling activities are co-ordinated</li> <li>• Plan route to be used to keep travel distances as short as possible</li> <li>• Request additional resources if required</li> <li>• Correct donning and doffing procedures as per Section B</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>• 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.</li> <li>• Access to professional counselling services this will be communicated to staff.</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>	1	4	4			

	Lifting patients into / onto stretchers / wheelchairs, carry chairs;	<ul style="list-style-type: none"> <li>• Sprains</li> <li>• Strains</li> <li>• Musculoskeletal injuries</li> <li>• Uncontrolled descent of casualty.</li> <li>• Exposure to COVID-19</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• COVID 19 PPE as outlined in section A1</li> <li>• Use mechanical lifting/carrying aids at all times when available</li> <li>• Adopt correct manual handling techniques as per training</li> <li>• Ensure all group manual handling activities are co-ordinated</li> <li>• Request additional resources if required</li> <li>• 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. This will be communicated to staff.</li> <li>• Correct donning and doffing procedures, See Section B</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>• Access to professional counselling services</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>	1	4	4			
	Movement of patients up and down stairs or in confined or restricted spaces	<ul style="list-style-type: none"> <li>• Sprains</li> <li>• Strains</li> <li>• Finger entrapment</li> <li>• Increased risk of musculoskeletal injuries</li> <li>• Uncontrolled descent of casualty</li> <li>• Exposure to COVID-19</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• COVID 19 PPE as outlined in section A1</li> <li>• Use mechanical lifting/carrying aids at all times when available</li> <li>• Adopt correct manual handling techniques as per training</li> <li>• Ensure all group manual handling activities are co-ordinated</li> <li>• Plan route to be used to keep travel distances as short as possible</li> <li>• Request additional resources if required</li> <li>• 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. This will be communicated to staff.</li> </ul>	2	4	8			

				<ul style="list-style-type: none"> <li>• Correct donning and doffing procedures. See Section B</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>• 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 and supervision of Ambulance Service staff.</li> <li>• Access to professional counselling services</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>						
	Handling patients from floors	<ul style="list-style-type: none"> <li>• Sprains</li> <li>• Strains</li> <li>• Musculoskeletal injuries</li> <li>• Uncontrolled descent of casualty.</li> <li>• Exposure to COVID-19</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• COVID 19 PPE as outlined in section A1</li> <li>• Use mechanical lifting/carrying aids at all times when available</li> <li>• Adopt correct manual handling techniques as per training</li> <li>• Ensure all group manual handling activities are co-ordinated</li> <li>• Request additional resources if required</li> <li>• 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. This will be communicated to staff.</li> <li>• Correct donning and doffing procedures as per Section B</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>• 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</li> </ul>	1	4	4			

				<p>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 and supervision of Ambulance Service staff.</p> <ul style="list-style-type: none"> <li>• Access to professional counselling services</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>						
	Movement of bariatric patients.	<ul style="list-style-type: none"> <li>• Sprains</li> <li>• Strains</li> <li>• Musculoskeletal injuries including permanent debilitating injuries</li> <li>• Uncontrolled descent of casualty</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Exposure to COVID-19</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2 & 3	<ul style="list-style-type: none"> <li>• COVID 19 PPE as outlined in section A1</li> <li>• Consider use of mechanical lifting aids</li> <li>• Adopt correct manual handling techniques as per training</li> <li>• Utilise any carrying handles on aids wherever possible</li> <li>• Ensure all group manual handling activities are co-ordinated</li> <li>• Plan route to be used to keep travel distances as short as possible</li> <li>• Request additional resources if required</li> <li>• 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.</li> <li>• Correct donning and doffing procedures as per Section B</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>• Access to professional counselling services</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>	2	4	8			
Use of medical equipment	Inappropriate use of medical equipment	<ul style="list-style-type: none"> <li>• Minor injury/illness</li> <li>• Major injury/illness</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2, 3 & 4	<ul style="list-style-type: none"> <li>• Medical equipment would only be used in support of Ambulance Service clinician and under their strict guidance, supervision and instruction and</li> </ul>	1	5	5			

				<p>only if assessed and qualified as competent to use.</p> <ul style="list-style-type: none"> <li>• Ambulance Service staff to lead in operation of any and all equipment.</li> <li>• Medical equipment suitably cleaned/decontaminated after use under supervision of Ambulance Service clinician</li> <li>• COVID 19 PPE as outlined in section A1</li> <li>• Correct donning and doffing procedures. See Section B</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> </ul>						
Attending incidents where the patients are suspected or confirmed of having COVID-19	Contact with patients with COVID 19	<ul style="list-style-type: none"> <li>• Minor illness</li> <li>• Major illness</li> <li>• Exposure to COVID-19</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2, 3 & 4	<ul style="list-style-type: none"> <li>• Agreed pre selection of FRS personnel</li> <li>• Information and training on all infection control policies &amp; procedures in place and adhered to</li> <li>• COVID 19 PPE as outlined in section A1</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>• A distance of 2-metres will be maintained from the patient wherever possible</li> <li>• Where close patient contact is required, strict PPE procedures must be adopted. The minimum PPE level is as per Section A1</li> <li>• Correct donning and doffing procedures as per Section B</li> <li>• FRS personnel to be trained in personal decontamination procedures</li> <li>• Vehicle decontamination procedures to be undertaken</li> <li>• Staff to be trained on procedure.</li> <li>• Procedure conducted under supervision and guidance of Ambulance Service staff</li> <li>• Correct disposal methods adhered for contaminated PPE which must be treated as medical/clinical waste.</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> <li>• Ongoing health screening</li> <li>• Staff to be instructed that those who during this activity have had close contact (as defined in official guidance) with a</li> </ul>	1	5	5			

				<p>confirmed COVID-19 patient should inform their appropriate manager</p> <ul style="list-style-type: none"> <li>• Staff to be given access to regular COVID testing to monitor health during activity.</li> <li>• Access to professional counselling services</li> </ul>						
Dealing with incidents where infectious substances and/or biohazards may be present	Contamination from patients	<ul style="list-style-type: none"> <li>• Minor illness</li> <li>• Major illness</li> <li>• Exposure to infectious substances and/or biohazards</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1 & 3	<ul style="list-style-type: none"> <li>• Agreed pre selection of FRS personnel</li> <li>• Information and training on all infection control polices &amp; procedures in place and adhered to</li> <li>• Vaccination against relevant diseases prior to activity commencing e.g. hepatitis B etc.</li> <li>• COVID 19 PPE. See section A1</li> <li>• A distance of 2-metres will be maintained from the patient whenever possible</li> <li>• Where close patient contact is required, strict PPE procedures must be adopted</li> <li>• Correct donning and doffing procedures as per Section B</li> <li>• Personal Decontamination procedures to be undertaken following such incident's in accordance with Ambulance Service guidance</li> <li>• FRS personnel to be trained in personal decontamination procedures</li> <li>• Vehicle decontamination procedures to be conducted under supervision and guidance of Ambulance Service staff</li> <li>• Correct disposal methods adhered for contaminated PPE which must be treated as medical/clinical waste.</li> <li>• FRS personnel to be tested for exposure to infectious substances and/or biohazards whenever deemed suitable</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> <li>• Ongoing health screening</li> <li>• 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</li> </ul>	1	5	5			

				<ul style="list-style-type: none"> <li>• Staff to be given access to regular COVID testing to monitor health during activity.</li> <li>• Access to professional counselling services</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> </ul>						
Dealing with incidents involving casualties or fatalities	Contact with multiple injured and/or deceased persons throughout each shift period i.e. repeated exposure to traumatic scenarios	<ul style="list-style-type: none"> <li>• Minor illness</li> <li>• Major illness</li> <li>• Exposure to infection</li> <li>• Infection of FRS responders.</li> <li>• Spreading of the infection to a wider group</li> <li>• Loss of working time.</li> <li>• Adverse impact on the NHS.</li> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Loss of life</li> <li>• Reputational damage to the Service</li> </ul>	1, 2, 3 & 4	<ul style="list-style-type: none"> <li>• COVID test undertaken by staff prior to being accepted for this activity</li> <li>• Information to be shared to all potential staffs re what the activity will entail</li> <li>• Vaccination against relevant diseases prior to activity commencing e.g. hepatitis B etc.</li> <li>• Training to be given prior to activity commencing Minimal persons exposed for the minimum duration</li> <li>• Crew rotation</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> <li>• 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</li> <li>• Avoid all contact with equipment known as 'sharps'</li> <li>• Cover any breaks in exposed skin with appropriate dressings</li> <li>• Utilise appropriate PPE for incident type as directed by ambulance personnel</li> <li>• COVID 19 PPE as outlined in section A1.</li> <li>• Observe minimum 2 metres distancing wherever possible.</li> <li>• Personal hygiene - washing hands, use of hand sanitising gels.</li> <li>• Correct disposal methods adhered for contaminated PPE which must be treated as medical/clinical waste.</li> </ul>	2	3	6			
Dealing with members of the public at incidents	Frightened, anxious, panicked members of public and/or family members	<ul style="list-style-type: none"> <li>• Intimidation</li> <li>• Physical abuse</li> <li>• Verbal abuse</li> <li>• Violence</li> <li>• Stress</li> <li>• Anxiety</li> </ul>	1, 2, 3 & 4	<ul style="list-style-type: none"> <li>• Health and safety briefing to reiterate points in A2</li> <li>• Request Police attendance for public control</li> <li>• Withdraw to place of safety</li> <li>• Remain inside of vehicle</li> </ul>	2	2	4			

		<ul style="list-style-type: none"> <li>• Other psychological Injury</li> <li>• Minor injury</li> <li>• Major injury</li> </ul>		<ul style="list-style-type: none"> <li>• Defer activity to ambulance personnel</li> <li>• Crews routinely debriefed before end of every shift</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> <li>• Record as an act of violence at work/known hazard and log for future attendances</li> </ul>						
Dealing with animals at incidents	Attack by an animal	<ul style="list-style-type: none"> <li>• Bites</li> <li>• Scratches</li> <li>• Minor injury</li> <li>• Illness/infection</li> <li>• Inability to render assistance to casualty</li> <li>• Psychological Distress</li> </ul>	1 & 3	<ul style="list-style-type: none"> <li>• Occupier requested to control/secure animal.</li> <li>• Occupier requested to remove animal.</li> <li>• Personnel not to enter area where attack by the animal is possible.</li> <li>• Request attendance of additional resources if required (RSPCA, Vet etc.)</li> <li>• 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.</li> <li>• First aid training</li> <li>• Seek medical attention at all times.</li> <li>• Record as an act of violence at work/known hazard and log for future attendances</li> </ul>	2	3	6			
Providing patient and/or ambulance personnel support	Work related psychological illness	<ul style="list-style-type: none"> <li>• Adverse effect on FRS responders' mental health and wellbeing</li> <li>• Stress</li> <li>• Anxiety</li> <li>• Fatigue</li> <li>• Absenteeism</li> <li>• Loss of working time.</li> <li>• Presenteeism</li> <li>• Unwarranted impact on the NHS.</li> <li>• Reputational damage to the Service</li> </ul>	1	<ul style="list-style-type: none"> <li>• COVID test undertaken by staff members prior to being accepted for this activity</li> <li>• Information to be shared to all potential staffs re what the activity will entail</li> <li>• Training to be given prior to activity commencing</li> <li>• Activity to be agreed for a limited time period</li> <li>• Minimal persons exposed for the minimum duration</li> <li>• Withdraw from activity</li> <li>• Crew rotation</li> <li>• Peer support in recognising signs and symptoms of fatigue/stress</li> <li>• For stress related symptoms see TUC/HSE guidance</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> <li>• Access may include <ul style="list-style-type: none"> <li>○ Employee Assistance programmes</li> </ul> </li> </ul>	2	3	6			



				<ul style="list-style-type: none"> <li>○ Access to FRS mental health support</li> <li>○ Access to professional counselling services</li> <li>○ Support from Ambulance Service staff/managers and signposting if required</li> <li>○ Health screening</li> <li>● 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</li> <li>● Staff to be given access to regular COVID testing to monitor health during activity.</li> <li>●</li> </ul>						
Disrobing at the end of shift	Cross-contamination	<ul style="list-style-type: none"> <li>● Biohazards: e.g. pathogens, virus's etc</li> <li>● Spreading an infection</li> <li>● Taking a contamination home with you</li> <li>● Contaminating family members</li> <li>● Unwarranted impact on the NHS.</li> <li>● Reputational damage to the Service</li> </ul>	1, 2	<ul style="list-style-type: none"> <li>● Establish physical separation of clean and dirty areas</li> <li>● Ensure the provision of warm water and soap</li> <li>● PHE donning and doffing in accordance with guidance in Section B</li> <li>● Use of alcohol / sterile hand gels.</li> <li>● Use the pre-arranged appropriate storage facilities for personal clothing</li> <li>● Dispose of single use PPE in medical waste bin at premise, if available.</li> <li>● If a medical waste bin is not available, all PPE to be bagged and sealed</li> <li>● Disposal point for contaminated PPE/ uniform etc.</li> <li>● FRS personnel to be trained in personal decontamination procedures</li> <li>● Appropriate decontamination of PPE by professional cleaners, PPE to be treated as clinical waste</li> </ul>	1	4	4			
Provision of Welfare facilities	Inadequate welfare and hygiene facilities provided	<ul style="list-style-type: none"> <li>● Stress</li> <li>● Anxiety</li> <li>● Infection of FRS responders from bio-hazards</li> <li>● Adverse effect on FRS responders' mental health and wellbeing</li> <li>● Loss of working time.</li> </ul>	1	<ul style="list-style-type: none"> <li>● Welfare Facilities for suitable rest breaks and toilet breaks for practitioners and in appropriate designated areas that can maintain social distancing measures.</li> <li>● Facilities provided are to be COVID 19 secure</li> <li>● Suitable facilities for adequate hand hygiene to be adopted and adhered to</li> </ul>	2	2	4			

		<ul style="list-style-type: none"> <li>• Potential exposure to COVID-19</li> <li>• Unwarranted impact on the NHS.</li> <li>• Reputational damage to the Service</li> </ul>		<ul style="list-style-type: none"> <li>• Only utilise buildings/parts of any building essential to the task. These facilities are to be COVID-19 secure</li> <li>• Suitable facilities for practitioners to change clothing</li> <li>• Training to be given prior to activity commencing</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> </ul>						
Post activity considerations	FRS personnel becoming infected or showing symptoms of an infection.	<ul style="list-style-type: none"> <li>• Stress</li> <li>• Anxiety</li> <li>• Psychological stress</li> <li>• Adverse effect on FRS personnel mental health and well being</li> <li>• Further transmission of COVID-19 within the workplace</li> <li>• Spreading the transmission to home premise</li> <li>• Loss of working time.</li> <li>• Impact on an operational response.</li> <li>• Impact on the NHS.</li> <li>• Reputational damage to the Service</li> </ul>	1	<ul style="list-style-type: none"> <li>• Early engagement of safety representatives via joint H&amp;S committee meetings to assist in debriefing the work activity</li> <li>• Health and Safety brief to reiterate signs and symptoms of COVID 19</li> <li>• If personnel or staffs become symptomatic whilst staffing for the activity, the staffing is to cease immediately and the individual is to self-isolate and request a COVID 19 test</li> <li>• Personal and workplace hygiene – e.g. provision of hand sanitiser, workplace hygiene rules, etc.</li> <li>• The health surveillance arrangements for the activity is to continue for a period of 10 days on return to the FRS workplace.</li> <li>• Inform appropriate manager.</li> <li>• Ensure staff have support available for advice with regards to occupational health needs.</li> <li>• Access to professional counselling services to be communicated to staff.</li> <li>• Employee Assistance Programme (EAP) or service equivalent to be flagged and highlighted to all staff</li> <li>• If personnel become symptomatic they will self-isolate and follow test and trace guidance</li> <li>• Review the risk assessment to ensure suitable and sufficient control measures are in place</li> </ul>	1	5	5			

# 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

For driving of ambulances:

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 staff 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.

Ambulance staff will be expected to don item of PPE 'b' when FRS staff are undertaking driving activity (non-patient care) and if the ambulance staff refuse to don the PPE then item 'e' will be donned by FRS staff. This to be agreed with Ambulance Trust in advance of activity commencing.

For patient/ambulance personnel support:

Items of PPE b, 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. Items of PPE a & c will be provided and will be available for immediate use to each individual staff 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 the activity of Ambulance Driving and Patient/Ambulance personnel support 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 Ambulance Driving and Patient/Ambulance personnel support see Section A1.
4. FRS personnel involved in the activity of Ambulance Driving and Patient/Ambulance personnel support must have received information, instruction & training in the safe use of any associated equipment.

5. Any equipment used for the activity of Ambulance Driving and Patient/Ambulance personnel support 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 Ambulance Driving and Patient/Ambulance personnel support must have first received relevant manual handling information/training and any follow up refresher training as required. (See Section B)
9. All FRS personnel are all fit and well (See Section B)
10. A safety briefing/induction must be given to all personnel.
11. A debrief of the additional activity will be undertaken at routine intervals whilst the additional activity is being undertaken.
12. Safe systems of work identified in this and any subsequent risk assessments will be adhered to.

### **Section B - relevant documents/guidance:**

1. Tri-partite/NJC Agreements
2. Self- isolation guidance
3. Guide to donning and doffing standard PPE
4. Stay at home guidance
5. Home care guidance
6. Social distance guidance
7. Insert service work wear policy
8. Insert service fitness policy
9. Insert service manual handling policy
10. HSE RR1052 - The effect of wearer stubble on the protection given by Filtering Face pieces Class 3 (FFP3) and Half Masks

## **Appendix B**

The Health Surveillance arrangements in place in relation to Ambulance Driving and Patient/Ambulance Personnel Support limited to current competence (not additional FRS First or Co Responding) 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.