

Site:	Working off site (client or hired premises)			
Address:	Various		Survey Ref No.	COV-03
Activity/Process:	Delivery of First Aid Training			
Person conducting the survey:		Director Approval:		
Name:	Nigel Barraclough	Name:	Jon Matley	
Date:	03/07/2020	Date:	03/07/2020	



Hazards	RISK Associated with Hazard		Risk	Additional Controls Required? (Each Control Measure is to be specific and managed)	Residual	Management Plan			
(Include Hazard Survey Number where applicable)	(inc. who might be harmed and how)	(Existing Control Measures)	Rating (See Note 2)		Risk Rating (See Note 2)	Owner	Target Date	Comp Date	
If a delegate who is infectious with COVID-19 attends they may pass the virus to other delegates or the trainer.	Contracting COVID-19 carries a risk of death, predominantly in those deemed as 'clinically at risk'. Approximately 1 in 2,200 people in society are infected at the time of writing (see note 3). Data suggests around 25% of those are people to be symptomatic. 94% of symptomatic COVID-19 patients are pyrexic (temp >37.8°C) The likelihood of an infectious person attending a course can be reduced to around 1 in 2,933 with screening to exclude those who are symptomatic. When combined with other the control measures outlined below, the likelihood of transmission can be reduced to 1 in 84,530 (improbable).	 Arrival Screening and Questionnaire: Screen all delegates and exclude anyone exhibiting COVID-19 symptoms which are a new continuous cough and/or a temperature >37.8OC and/or a loss of taste/smell. Check the temperature of all delegates and exclude those who are pyrexic. To further reduce the likelihood of fatality, screen delegates and exclude anyone who should be self-isolating according to government advice (e.g. household member is symptomatic/advised to self-isolate by test and trace system) or anyone who falls into a 'clinically extremely vulnerable' category as detailed by UK government. 	1 x 3 = 3	Controls Adequate	1 x 3 = 3				



Delegate/ trainer could	A delegate or trainer could become	Physical Distancing:	1 x 3 = 3	Controls Adequate	1 x 3 = 3		
become infected if they breathe in the droplets containing the virus.	infected with the virus.	1. Sit all learners 2m apart during the entire course. The venue must be assessed in advance to ensure physical distancing and to ensure that the number of delegates attending the course allows for physical distancing. chair/table positions will provide guide to delegates for distancing purposes. Floor markings may also be considered.					
		2. Lessons must be designed to ensure that a distance of 2m is maintained between delegates and between the delegates and trainer unless close contact is absolutely necessary for teaching or assessment purposes. Sensible adaptions to training and assessment activities must be introduced to achieve this and any contact <2m distance must be kept to an absolute minimum.					
		 A system must be in place to ensure physical distancing is maintained during access and egress of the classroom, for example, asking those nearest the door to leave the classroom first (see note 4). Face masks – Learners should be trained in the correct use of 3-ply 					



civilian face masks and BOTH people
must wear them during any close
contact <2m during
practise/assessment. If civilian 3-ply
masks become unavailable due to
supply chain demands, assessments
must be adjusted to maintain 2
meters physical distancing.
Respiratory Hygiene:
5. Delegates must receive instructions
on respiratory hygiene on arrival.
Instruct them that if they need to
cough/sneeze this should be done
into a tissue that is disposed of
immediately. Failing that they should
cough into a bent elbow (better than
a bare hand) and NEVER
cough/sneeze without covering their
mouth/nose. If someone coughs on
their hand or uses a tissue they
should use alcohol sanitizer
immediately. The trainer must
supervise this throughout the course.
6. Show Delegates the following video
on how COVID-19 spreads:
https://youtu.be/1APwq1df6Mwb
7. Tissues must be provided and readily
available for delegates.



Delegates may contract the virus by touching contaminated surfaces	A delegate or trainer could become infected with the virus.	Hand and Common Touch Surface (CTS) Hygiene:	1 x 3 = 3	Controls Adequate	1 x 3 = 3		
then touching their mouth, nose or eyes, touching		Hand sanitiser must be provided and readily available to delegates throughout the course.					
		2. Make delegates aware of where they can wash their hands and show them the following video on how to wash their hands:					
		<pre>https://www.youtube.com/watch?v= aGJNspLRdrc</pre>					
		3. Explain clearly that no one should touch their mouth, nose or eyes unless they have just washed their hands or sanitised. The trainer should supervise this throughout the course.					
		4. Delegates should sanitise hands frequently throughout the course. To ensure this happens, delegates should be instructed to sanitise their hands:					
		a. On arrival					
		b. After every theoretical teaching session					
		c. Before and after every practical session					
		d. Before and after touching any shared equipment					
		5. Common touch surfaces (CTS) e.g. door handles/kettle/desks etc. should be cleaned frequently. Sanitise at the					



		start and end of every day and at every break time. 6. Reduce CTS by propping doors open where safe to do so. 7. All training equipment must be thoroughly cleaned before use by an individual delegate (see below for CPR manikin hygiene). 8. Cups/mugs should either be disposable or a system must be in place to prevent contamination from shared crockery; such as delegates keeping their own mug for the entire course. Crockery must be washed in a dishwasher or washed in hot water with washing up liquid before being used by another delegate.					
If manikin hygiene is not strictly adhered to, there is a risk of passing the virus from shared use.	A delegate or trainer could become infected with the virus.	 CPR Manikin Hygiene: Shared use of manikins must be minimised as far as practically possible. Where manikins are shared, they must be kept to the same small group of delegates to prevent the possibility of course-wide infection spread. This document provides details of the manikin hygiene techniques available. A 'double fail-safe' level of protection must be in place to prevent the possibility of cross contamination from rescue breaths. Combinations include: 	1 x 3 = 3	Controls Adequate	1 x 3 = 3		



		 a. On a manikin with a one-way valve using sanitising wipes between delegates PLUS using a CPR face shield. b. Issuing a learner with their own manikin face on a manikin with a one-way valve PLUS using a CPR face shield. c. Issuing each learner with their own manikin face PLUS their own airway/lung. (This must be done where a manikin does not have a one-way valve). d. Issuing each learner with their own manikin. 5. At the end of each course, manikin faces should be sanitised following manufacturers instructions. 6. After each course, manikin lungs and airways must be replaced following manufacturer's instructions. 					
There is a risk of infection when cleaning/servicing CPR manikins	The trainer could become infected with the virus.	Personal Protective Equipment (PPE) for Cleaning/Servicing CPR manikins The trainer must wear PPE when disassembling manikin for cleaning or servicing: • 3 ply face mask • Disposable gloves (or domestic kitchen gloves that are then sanitised after use).	1 x 3 = 3	Controls Adequate	1 x 3 = 3		

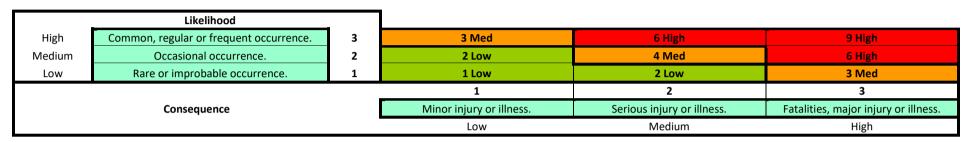


		Disposable apronEye protection					
There is a risk of chemical or thermal burns when sanitising manikin parts.	The trainer could suffer thermal burns if using hot water or chemical burns if using sodium hypochlorite (bleach).	Personal Protective Equipment (PPE) for Cleaning/Servicing CPR manikins If practicable, the trainer should sanitise manikin faces in the dishwasher to eliminate the risk. Where this is not possible, the trainer must wear PPE when carrying out manikin part cleaning: 3 ply face mask Domestic kitchen gloves Disposable apron Eye protection Chemicals should be stored and used following COSHH regulations.	1 x 2 = 2	Controls Adequate	1 x 2 = 2		
There is a risk of infection from shared wearing/use of choking vest and bandages	A delegate or trainer could become infected with the virus.	 Use of the choking trainer vest will be suspended and replaced with delegates demonstrating back blows and the correct hand positioning for abdominal thrusts on the CPR manikin, which must be wiped down before and after use. Each learner will be given their own triangular bandage and medium wound dressing. 	1 x 3 = 3	Controls Adequate.	1 x 3 = 3		



Notes

1. Risk Rating = Likelihood x Consequence:



2. Residual Risk Rating:

High	Improve control measures; consider stopping work. Conducting work at this level of risk is to be reported up the Line Management / Command chain.			
Medium	Medium Review control measures and improve if reasonably practicable to do so, consider alternative ways of working.			
Low Maintain control measures and review if there are any changes.				

3. Coronavirus (COVID-19) Infection Survey:

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/latest

4. Building Layout, Access and Egress

Further information on considerations for building layout, access and egress can be found here: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-3-1