

General Risk Assessment

Date: (1) 13/1/2021	Assessed by: (2) FBMH COVID19Teaching FBMHcovid19teaching@manchester.ac.uk	Checked by: (3)	Location(s): (4) Stopford Building Jean McFarlane Building Ellen Wilkinson Building Carys Bannister Building	Assessment ref no (5)	Review date: (6)
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TEMPLATE COVID-19 RISK ASSESSMENT: Safe working during clinical teaching in University premises or University occupied spaces

Background

FBMHs run several accredited UG and PG healthcare professional programmes where students are required to develop clinical skills. Students develop these key skills in a number of different ways, such as hands-on physical examination of fellow students, simulated patients or real patients. These programmes include medicine, dentistry, nursing, midwifery, pharmacy, optometry, speech and language therapy and audiology.

There is a risk of transmission of SARS-CoV-2, the causal agent of COVID-19 through close contact between staff and students, between students or between students and patients (real or simulated). Transmission of the disease is either through the direct inhalation of respiratory droplets from people coughing or sneezing (there is also a theoretical risk of transmission through normal conversation) or by transferring contamination from surfaces that have been exposed to respiratory droplets. The most common symptoms are recent onset of a new continuous cough, high temperature or change in taste or smell (anosmia).

The new variant of coronavirus with a mutated spike protein is recognised as the emerging predominate strain in circulation during the winter of 2020 which has resulted in stricter government controls. Although this variant is generally regarded as being more effective at binding to cellular receptors, the control measures required to reduce the onward transmission (hand face space) remain the same but these should be more stringently applied and monitored through local COVID secure observations, reporting to the relevant management unit as described the locally managed specific risk assessment.

This template risk assessment will need to be completed to form a specific risk assessment which will need to be approved by the Head of School.

Changes

All programmes have altered their teaching to allow the maximum amount of online teaching to take place (lectures and project supervision etc.) but it is not possible for students to develop clinical skills via online teaching. Changes to timetabling, space utilisation, the use of PPE and novel teaching methods will allow clinical and procedural skills teaching to take place in small groups.

Scope

To assess the risks of COVID-19 infection and specify control measures and arrangements to minimise these risks, so far as is reasonably practicable, to facilitate safe working within teaching space.

The risk for any individual activity, with the mitigations in place and separating the activity risk from the health risk, is low (i.e., not increased above the general risk for COVID infection). Specific health risk is addressed through the [Guidance for staff on Vulnerability](#) and the risk health matrix available to all returning staff and with manager's guidance on this matter. Individuals who are concerned about their risk should discuss the matter with their line manager and/or GP.

Activity	Hazard	Who might be harmed and how	Existing measures to control risk	Action	Risk rating	Result
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Returning to study	Infection with SARS-CoV-2 & resulting COVID-19 disease	Staff & students attending for teaching and anyone who they subsequently come in to contact with could develop COVID-19.	Control Measures <ul style="list-style-type: none"> Exclude any staff or students who are sick or isolating 	Staff to inform line manager if they develop any symptoms and self-isolate (see: <i>Process for dealing with reports of positive COVID-19 cases or self isolation</i>).	Low	A
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		Infected people display a wide range of symptoms from being asymptomatic to severe illness and potentially fatal disease	<ul style="list-style-type: none"> Limiting the hands-on clinical examination skills to teaching of critical skills as required by the relevant professional regulator Timetabling will ensure that students attend teaching in small groups to allow social distancing Staff and students will wear face coverings during the teaching sessions If students develop symptoms they should follow the University Guidance available at: (http://documents.manchester.ac.uk/display.aspx?DocID=50060) 	<p>Any staff or student with concerns around specific vulnerability should discuss these with their line manager or programme director using the Guidance for Vulnerability as an aide (see Guidance on vulnerability).</p> <p>Students to complete a declaration of fitness to return to study which includes an undertaking to notify the University of any changes.</p>		
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Accessing clinical teaching rooms	Infection with SARS-CoV-2 & resulting COVID-19 Disease	Staff & students using FBMH spaces – risk of infection from contaminated surfaces	Hygiene measures – Staff and students <ul style="list-style-type: none"> Disinfection of work surfaces and equipment Removal of unnecessary furniture from teaching areas High frequency of hand cleansing (standard practice for simulated clinical teaching areas) Disinfection of teaching space entry/exit points (door handles). Doors to remain open where possible. The member of staff leading the teaching session must ensure there are adequate supplies of cleaning/disinfecting materials available at the start of the session. All shared equipment and/or multi-user equipment is cleaned before and after each use (using disinfectant appropriate for equipment type) Clinical skills equipment disinfected before and after each work session 	<p>Staff and Students to maintain regular cleaning of teaching areas.</p> <p>Students encouraged to bring their own equipment (e.g. stethoscope).</p>	Low	A
Carrying out clinical skills teaching (& simulation teaching)	Infection with SARS-CoV-2 & resulting COVID-19 disease	Staff & students using teaching spaces – risk of infection from contaminated surfaces	Changes to format of teaching & 'social bubble' timetabling <ul style="list-style-type: none"> Wherever possible participants will remain separated by the recommended minimum distance in UK Government guidelines. 	Limit close contact to the act of performing a skill or examination Use appropriate (certified) PPE where possible when conducting examinations/ procedural	Low	A

			<ul style="list-style-type: none"> • Timetabling will minimise group sizes to ensure that the minimum number of students is in the building at any one time. • Clinical examination skills and some procedures cannot be performed in a socially distanced way because they require 'hands on' physical contact. • Students will be assigned to a 'social bubble' (4-6 students) for core skills teaching. All skills that cannot be performed in a socially distanced way will be taught in the small group ('bubble'). • Some activities may involve simulated patients (SP). Programmes should only recruit low risk SPs for use in teaching. SPs should submit a self-declaration confirming the absence of COVID-19 symptoms and be provided with suitable PPE. • Keep the activity time involved as short as possible • Use back-to-back or side-to-side working (rather than face-to-face) whenever possible • Increase the frequency of hand washing and surface cleaning 	<p>skills requiring close contact Use only healthy/low risk volunteers for examination skills (simulation equipment to be used for 'pathology') Implement 'bubble' based teaching in small groups. The Programme Director must ensure that a register of attendance is kept which includes details on social bubble groupings</p>		
Procedural Skills – Equipment requirements	Infection with SARS-CoV-2 & resulting COVID-19 Disease	Staff & students using teaching spaces – risk of infection from contaminated surfaces	<p>Skills delivery</p> <ul style="list-style-type: none"> • Aerosol generating skills will not to be taught to groups of students at the present time (review as appropriate). • Exposed surfaces of equipment should be disinfected before and after use. Where reusable equipment cannot be readily disinfected disposable consumables will be used instead. • CPR/Resuscitation mannequins to be equipped with disposable airways. 	<p>Students encouraged to bring their own equipment (e.g. stethoscope) to teaching.</p> <p>Simulation Aids/Models etc. to be disinfected between use. Resuscitation/CPR mannequins to be equipped with disposable airway/lung kits. <u>Or</u> manual 'bag' ventilation equipment.</p>	Low	A
Room capacity for clinical teaching areas	Infection with SARS-CoV-2 & resulting COVID-19 Disease	Staff & students using FBMH spaces – risk of infection from contaminated surfaces and	<p>Social Distancing Measures</p> <ul style="list-style-type: none"> • Maintaining 2m social distance whenever and wherever possible • When 2m distancing is not possible, students will work within social bubbles (maximum 4-6 students) • Low occupancy density of space 	Users to comply with all signage and maintain social distancing. Staff leading the teaching session will monitor compliance.	Low	A

		through contact with others				
			<ul style="list-style-type: none"> • One way systems may be implemented in some areas to maintain social distancing. Signage will be used to alert students to restrictions on movement. 			
Repopulation of teaching space	Infection with SARS-CoV-2 & resulting COVID-19 Disease	Staff & students	<p>PPE</p> <ul style="list-style-type: none"> • PPE will be provided where the work students are required to undertake means they are not able to maintain the minimum social distancing. The PPE required for most close contact clinical work will be single use clinical face masks. • PPE may also be supplied where it is <i>not necessary</i> but is used to simulate actions taken in the clinical environment (that a student will need to undertake on clinical placement). • The use of shared PPE is not appropriate. • Reusable visors are not required for close contact clinical work but if staff or students choose to wear them, they should be worn in conjunction with single use clinical face masks. • The use of uncertified face coverings is discouraged. • Students and staff are reminded that PPE provided for clinical teaching is single use and disposable. This is necessary to simulate the clinical environment adequately. 	Staff/students should not share PPE	Low	A

Authorised by designated senior manager on behalf of the Faculty.

I confirm that I have considered and understand the risks in returning to campus and the associated hazards.

I am satisfied that all activities within the programme have been reviewed and will comply with the control measures outlined in this risk assessment. All control measures will be followed to reduce the risks to as low as is reasonably practicable.

Print name:

Signed:

Date:

Process for dealing with reports of positive COVID-19 cases or self-isolation

Overview

- If any student or member of staff reports that they are self-isolating or have tested positive for COVID-19, [the Division of Campus Life](#) must be notified through the completion of an online form, which is linked to in the guidance below.
- This will allow the Division of Campus Life, directed by Public Health England, to co-ordinate a response to the student or member of staff and any subsequent activity across our University, such as gathering data to support NHS Test and Trace with contact tracing.
- Data collected will be handled in line with GDPR and in accordance with our COVID-19 privacy policy.
- Any communications related to reports of self-isolation or positive COVID-19 cases **must not be issued** without first consulting [Kim Graakjaer](#), Head of Student Communications (in relation to student cases) or [Jamie Brown](#), Head of Communications (in relation to staff cases).

Process for student cases

- [Summary of process for reporting student cases](#)

Students have now been sent [detailed COVID-19 safety guidance](#). This directs them to contact their School or PGR [Student Support team](#) if they have started to self-isolate or have tested positive for COVID-19.

School/PGR Student Support should ensure the student is aware of our [COVID-19 guidance](#) and reassure them that they are not in trouble. They should gather the following details from the student as a matter of priority:

- Name of student
- Student's University ID number
- Date of positive test (if applicable)
- Date of first symptoms (if known)
- Which University department the referral is being made from
- Confirmation that the student has been referred to [COVID-19 guidance](#)
- Whether the student has been contacted by NHS Test and Trace

School/PGR Student Support staff should then enter these details into [the COVID-19 referral form](#) and email [Sarah Littlejohn](#), Head of Campus Life, and [Spencer Davies](#), Head of Advice and Response, with the subject line 'COVID-19 report submitted by [name] on [date]'.

In addition, students who live in Greater Manchester who are self-isolating and need help with the delivery of food or medication, or other support, can call 0800 234 6123.

Following receipt of [the COVID-19 referral form](#), the Division of Campus Life, directed by Public Health England, will co-ordinate a response to the student and subsequent activity across our University, such as gathering data to support NHS Test and Trace with contact tracing.

Process for staff cases

University Safety Services risk assessment form and guidance notes.

Last updated 29/09/20

- [Summary of process for reporting staff cases](#)

Staff have been directed to inform their line manager if they have tested positive or are self-isolating.

The line manager should be supportive to the member of staff and ensure that they have read the [COVID-19 staff support resources](#).

Line managers should gather the following details from the member of staff as a matter of priority:

- Name of staff member
- Department
- Staff member's email address
- Date of positive test (if applicable)
- Date of first symptoms (if known)
- Confirmation that the staff member has been referred to instructions on self-isolating and getting tested
- Whether the staff member has been contacted by NHS Test and Trace

Line managers should then enter these details into [the online referral form](#) and email [Sarah Littlejohn](#), Head of Campus Life, and [Spencer Davies](#), Head of Advice and Response, with the subject line 'COVID-19 report submitted by [name] on [date]'. No message is necessary.

Following receipt of [the COVID-19 referral form](#), the Division of Campus Life, directed by Public Health England, will co-ordinate a response to the member of staff and subsequent activity across our University, such as gathering data to support NHS Test and Trace with contact tracing.

Useful resources

- [COVID-19 safety guidance for students](#)
- [COVID-19 staff support resources](#)

Notes to accompany General Risk Assessment Form

This form is the one recommended by Safety Services, and used on the University's risk assessment training courses. It is strongly suggested that you use it for all new assessments, and when existing assessments are being substantially revised. However, its use is not compulsory. Providing the assessor addresses the same issues, alternative layouts may be used.

- (1) **Date:** Insert date that assessment form is completed. The assessment must be valid on that day, and subsequent days, unless circumstances change and amendments are necessary.
- (2) **Assessed by:** Insert the name and signature of the assessor. For assessments other than very simple ones, the assessor should have attended the University course on risk assessments (THS 15 Principles of Risk Assessment)
- (3) **Checked / Validated* by:** delete one.

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Checked by : Insert the name and signature of someone in a position to check that the assessment has been carried out by a competent person who can identify hazards and assess risk, and that the control measures are reasonable and in place.

The checker will normally be a line manager, supervisor, principal investigator, etc. Checking will be appropriate for most risk assessments.

Validated by : Use this for higher risk scenarios, eg where complex calculations have to be validated by another "independent" person who is competent to do so, or where the control measure is a strict permit-to-work procedure requiring thorough preparation of a workplace. The validator should also have attended the University's risk assessment course or equivalent, and will probably be a chartered engineer or professional with expertise in the task being considered. Examples of where validation is required include designs for pressure vessels, load-bearing equipment, lifting equipment carrying personnel or items over populated areas, and similar situations.

- (4) **Location**: insert details of the exact location, ie building, floor, room or laboratory etc. If off-campus, provide information about expected location(s) or attach itinerary.
- (5) **Assessment ref no**: use this to insert any local tracking references used by the school or administrative directorate.
- (6) **Review date**: insert details of when the assessment will be reviewed as a matter of routine. This might be in 1 year's time, at the end of a short programme of work, or longer period if risks are known to be stable. Note that any assessment must be reviewed if there are any significant changes – to the work activity, the vicinity, the people exposed to the risk, etc
- (7) **Task / premises**: insert a brief summary of the task, eg typical office activities such as filing, DSE work, lifting and moving small objects, use of misc. electrical equipment. Or, research project [title] involving the use of typical laboratory hardware, including fume cupboards, hot plates, ovens, analysis equipment, flammable solvents, etc.
- (8) **Activity**: use the column to describe each separate activity covered by the assessment. The number of rows is unlimited, although how many are used for one assessment will depend on how the task / premises is sub-divided. For laboratory work, activities in one particular lab or for one particular project might include: use of gas cylinders, use of fume cupboard, use of computer or other electrical equipment, use of lab ovens, hot plates or heaters, use of substances hazardous to health, etc
- (9) **Hazard**: for each activity, list the hazards. Remember to look at hazards that are not immediately obvious. For example, use of a lathe will require identification of the machine hazards, but also identification of hazards associated with the use of cutting oils (dermatitis), poor lighting, slipping on oil leaks, repetitive actions, etc.

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The same activity might well have several hazards associated with it. Assessment of simple chemical risks (eg use of cleaning chemicals in accordance with the instructions on the bottle) may be recorded here. More complex COSHH assessments eg for laboratory processes, should be recorded on the specific COSHH forms.

- (10) **Who might be harmed and how:** insert everyone who might be affected by the activity and specify groups particularly at risk. Remember those who are not immediately involved in the work, including cleaners, young persons on work experience, maintenance contractors, Estates personnel carrying out routine maintenance and other work. Remember also that the risks for different groups will vary. Eg someone who needs to repair a laser may need to expose the beam path more than users of the laser would do. Vulnerable groups could include children on organised visits, someone who is pregnant, or employees and students with known disabilities or health conditions (this is not a definitive list).

For each group, describe how harm might come about, eg an obstruction or wet patch on an exit route is a hazard that might cause a trip and fall; use of electrical equipment might give rise to a risk of electric shock; use of an ultraviolet light source could burn eyes or skin.

- (11) **Existing measures to control the risk:** list all measures that already mitigate the risk. Many of these will have been implemented for other reasons, but should nevertheless be recognised as means of controlling risk. For example, restricting access to laboratories or machine rooms for security reasons also controls the risk of unauthorised and unskilled access to dangerous equipment. A standard operating procedure or local rules (eg for work with ionising radiation, lasers or biological hazards) will often address risks. Some specific hazards may require detailed assessments in accordance with specific legislation (eg COSHH, DSEAR, manual handling, DSE work). Where this is the case, and a detailed assessment has already been done in another format, the master risk assessment can simply cross-reference to other documentation. For example, the activity might be use of a carcinogen, the hazard might be exposure to hazardous substances, the existing control measures might all be listed in a COSHH assessment. Controls might also include use of qualified and/or experienced staff who are competent to carry out certain tasks; an action plan might include training requirements for other people who will be carrying out those tasks.

- (12) **Risk Rating:** the simplest form of risk assessment is to rate the remaining risk as high, medium or low, depending on how likely the activity is to cause harm and how serious that harm might be.

The risk is **LOW** - if it is most unlikely that harm would arise under the controlled conditions listed, and even if exposure occurred, the injury would be relatively slight.

The risk is **MEDIUM** - if it is more likely that harm might actually occur and the outcome could be more serious (eg some time off work, or a minor physical injury).

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The risk is **HIGH** - if injury is likely to arise (eg there have been previous incidents, the situation "looks like an accident waiting to happen") and that injury might be serious (broken bones, trip to the hospital, loss of consciousness), or even a fatality.

Schools or administrative directorates may choose to use other rating systems. Typical amongst these are matrices (of 3x3, 4x4, 5x5 or even more complex) which require the assessor to select a numerical rating for both "likelihood that harm will arise" and "severity of that harm". These may give a spurious sense of accuracy and reliability – none are based on quantitative methods. There are methods of estimating risk quantitatively, and these may be appropriate for complex design of load bearing structures and the like. Advice on methods of risk assessment is available from Safety Services. Whatever system of assessment is adopted, it is **essential** that the assessor has received suitable training and is familiar with the meaning of the terms (or numbers) used.

- (13) **Result:** this stage of assessment is often overlooked, but is probably the most important. Assigning a number or rating to a risk does not mean that the risk is necessarily adequately controlled. The options for this column are:

T = trivial risk. Use for very low risk activities to show that you have correctly identified a hazard, but that in the particular circumstances, the risk is insignificant.

A = adequately controlled, no further action necessary. If your control measures lead you to conclude that the risk is low, and that all legislative requirements have been met (and University policies complied with), then insert A in this column.

N = not adequately controlled, actions required. Sometimes, particularly when setting up new procedures or adapting existing processes, the risk assessment might identify that the risk is high or medium when it is capable of being reduced by methods that are reasonably practicable. In these cases, an action plan is required. The plan should list the actions necessary, who they are to be carried out by, a date for completing the actions, and a signature box for the assessor to sign off that the action(s) has been satisfactorily completed. Some action plans will be complex documents; others may be one or two actions that can be completed with a short timescale.

U = unable to decide. Further information required. Use this designation if the assessor is unable to complete any of the boxes, for any reason. Sometimes, additional information can be obtained readily (eg from equipment or chemicals suppliers, specialist University advisors) but sometimes detailed and prolonged enquiries might be required. Eg if someone is moving a research programme from a research establishment overseas where health and safety legislation is very different from that in the UK.

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For T and A results, the assessment is complete.

For N or U results, more work is required before the assessment can be signed off.

- (14) **Action Plan.** Include details of any actions necessary in order to meet the requirements of the information in Section 11 'Existing measures to control the risk'. Identify someone who will be responsible for ensuring the action is taken and the date by which this should be completed. Put the date when the action has been completed in the final column.