

## 12 Risk Assessment Form- Virtual 2-way Live Delivery

<b>Type of service</b>	<b>Virtual 2-way Live</b>								
<b>Activity Description</b>	To deliver fitness classes and physical activity sessions via platforms such as Microsoft Teams, Zoom or Skype to participants that will be participating from home. This will be two way delivering meaning that the instructor can see and hear the participants.								
<b>Assessment Date</b>				<b>Review Date</b>					
<b>Organisation/Department</b>				<b>Assessor</b>					
<b>Participant Profile</b>				<b>Number of People</b>					
<b>Location</b>				<b>Risk Level</b>					
Hazard (Something with a potential to cause harm)	Person at Risk	Existing Controls (Consider Hierarchy of Control)	Initial Risk Rating (S x L)			Further Controls Required (Consider Hierarchy of Control)	Final Risk Rating (S x L)		
			Severity	Likelihood	Risk Rating		Severity	Likelihood	Risk Rating
<b>Disclaimer</b> <b>Issues:</b> Participants must understand potential risk and exercise common sense.	Participant	Participants must be provided with a written disclaimer before and a verbal disclaimer at the start of the session. See example disclaimer in Coordinator Guidance for Online Classes and follow link for more information.  <a href="https://www.cimspa.co.uk/library-and-guidance/delivering-sport-and-physical-activity-online-policy">https://www.cimspa.co.uk/library-and-guidance/delivering-sport-and-physical-activity-online-policy</a>							

<p><b>Data Protection/ Privacy Issues:</b> Sending sensitive information about referrals to instructors' personal devices.</p>	Participant	<p>Consent confirmed with participant prior to sending contact details to instructor.</p> <p>Any personal information MUST be sent within password protected documents.</p> <p>Instructors agree to SLA stating that any participant information MUST be deleted from their personal devices when the project is complete and after securely sending all records back to the Coordinator.</p> <p>Information must only be accessible to the relevant parties, and must be kept secure in line with GDPR.</p>							
<p><b>Data Protection/ Privacy Issues:</b> Instructors use their own devices to communicate with participants.</p>	Instructor	<p>Consent confirmed with instructors that they are comfortable using their own devices for participant communication purposes.</p> <p>Participants must be made aware that following the end of the project, they should only contact instructors via professional e-mail addresses and contact numbers.</p>							
<p><b>Home Environment</b></p> <p>The participants' home environment may not be optimal for exercises instructed, and when communication is via 1 way/pre-recorded, the instructor cannot see the environment to advise/ take this into account.</p>	Participant	<p>The consultation prior to the session should include discussion/viewing of equipment and environment at the participants home, including obstacles, chairs, and any exercise equipment.</p> <p>Instructors should advise participants on how to make their space safe and appropriate for the type of exercise they are prescribing.</p> <p>Participants should be advised to tell someone what they are doing if they live alone, particularly if they are at risk of a fall or another health event.</p>							

		<p>Instructors must take an emergency contact name and number for each participant.</p> <p>Instructors should advise on suitable clothing and footwear for exercise.</p> <p>Participants may wish to take steps such as; phones on silent, note on front door (do not disturb), make others aware in the house that the session is in progress, re-arrange deliveries, let people that may telephone know the class is in progress.</p>							
<p><b>Safeguarding Issues:</b> Instructor may become concerned about a participants welfare or safety especially as they can see into participants homes.</p>	Participant	<p>If the instructor has any concerns regarding a participant's welfare or safety they should follow their organisations safeguarding procedure.</p>							
<p><b>Environmental conditions</b></p> <p>Air temperature too warm/cold If the air temperature is too warm or too cold it may put the participant at risk of illness or injury.</p>	Participant or Instructor	<p>Instructor to mention room temperature and ventilation when talking about space - temperature should be around 18 degrees.</p> <p>Participants may want to open some windows to improve ventilation. More info on web page.</p>							

<p><b>Privacy in the Home</b></p>	<p>Instructors and Participant</p>	<p>When video calling participants, instructors should ensure that private information, photos and anything that could identify their location is kept out of view.</p> <p>Participants should be made aware that during video calls the instructor will be able to see them, inside their house/garden and hear them if their video/mic function are on.</p>							
<p><b>Home Working Environment</b></p> <p>Instructors may not have a suitable set-up for safe home working.</p>	<p>Instructor</p>	<p>The Coordinator should provide instructors with a homeworking checklist to allow them to best manage the suitability of their own environment including:</p> <ul style="list-style-type: none"> <li>- Suitable lighting</li> <li>- Comfortable chair and desk set-up</li> <li>- Minimal noise</li> <li>- Safe set-up of electronic equipment (wires etc)</li> <li>- Smoke alarm audible from workstation</li> <li>- First aid supplies</li> <li>- Suitable display on electronic devices</li> <li>- Appropriate software</li> </ul>							
<p><b>Poor Housekeeping: Participant's and Instructors Household</b></p> <p>Members – others in the house may be on show/ seen in the live recording during the session by other people not known to them</p>	<p>Participant and Instructor – friends/family in households</p>	<p>Ensure participants inform others in the house to remain out of shot and noise is kept to a minimum during the class</p> <p>Someone assisting the participant may be in the shot which is acceptable, however the person assisting must be aware that the others on the call can see/hear them.</p>							

<p><b>New Delivery Model</b></p> <p>Instructors and Coordinators are largely inexperienced at delivering and prescribing physical activity services remotely.</p>	<p>Instructor and Participant</p>	<p>Coordinators should frequently check in and consult with instructors regarding challenges and adaptations that they have come across when trialling new methods of consultation and delivery.</p> <p>Procedures and risk assessments should continuously be reviewed and updated in line with any changes.</p> <p>Instructors are responsible for checking with their insurance what services they are covered to deliver (if not covered by the council), and should communicate with the Coordinator regarding alternative delivery methods. Written approval of online delivery should be sought from the insurer.</p>							
<p><b>Out-dated Referral Information</b></p> <p>Many referrals were originally referred over 3 months ago, meaning that their health information is out of date. The risk is that new health conditions/ medications could contra-indicate certain types of exercise.</p>	<p>Referral Scheme Participants</p>	<p>The initial consultation includes an extended PAR-Q where the instructor and participant can discuss their current fitness and ability levels, particularly in relation to shielding over the pandemic.</p> <p>After completing the PAR-Q and discussing any changes to health or medication status since the referral, the instructor should use their judgement to decide whether to wait for an up to date referral form prior to advising the participant about home exercise.</p> <p>All Referral Scheme participants MUST have an up to date referral form prior to starting a live referral scheme intervention. The recommendation is that any referral that is beyond 3 months need to be re-referred (this could be done by the participant or the co-ordinator).</p>							

<p><b>Screening</b></p> <p>Limited time / instructor may forget to explain how things are going to work, pre-screen etc may result in injury or illness</p>	<p>Participant</p>	<p>There should be time set aside before the session for discussion, pre-screening, what to expect. They may also want to set time aside for 121 feedback either via a breakout room or via telephone. For example a 60 minute session may only consist of 45m of activity to allow the instructor to follow up with individuals separately. Pre exercise screening should be conducted by a qualified instructor before exercise begins in every session - this gives up to date info on that day of how the client is. Q's - falls, medical conditions, taken or got medications, general wellness for that day. Instructor may suggest not to exercise or give tailored adaptations throughout</p>							
<p><b>Technology</b></p> <p>Poor sound quality</p> <p>Poor Internet connection or unsafe internet access</p>	<p>Participant and instructor</p>	<p>Instructors should ensure that participants are able to clearly hear instructions. Where possible, the instructor should send out the information via e-mail following consultation and session. The instructor may need to follow up with a phone call.</p> <p>If continued poor quality of instructors connection means that the class cannot continue safely, the instructor should end the class.</p> <p>If the instructors internet is poor then can the employer should support an upgrade, purchase a dongle or find another more suitable venue with good access. If this is not possible the instructor should not deliver two way live online sessions.</p> <p>Support should be offered to help participants on how to utilise technology.</p>							

<p><b>Licencing</b></p> <p><b>Issues:</b> must comply with PPL and PRS Licencing if using licenced music.</p>	<p>Instructor/organisation</p>	<p>Must ensure that the correct music licence is held or that only PPL and PRS free music is used.</p>							
<p><b>First Aid Incident</b></p> <p>Participant may fall ill or becomes injured during the session</p>	<p>Participants or Instructor</p>	<p>At the start of the class enforce that participants should only participate if fit, well and able. It would be advisable to have a phone close by and exercise when others are also in the house.</p> <p>If injury or illness can be managed by the instructor, they should end the call and ask participants to follow the cool down sheet/video they have been provided with.</p> <p>If the instructor falls seriously ill or injured and is unable to get the medical assistance they need, participants will be encouraged to contact one of the coordinating team who can come onto the call and manage the incident making contact with the emergency services. Instructors need to be sending local co-ordinators details via chat/ comments section at the start of the session</p> <p>Where possible the participants should complete the cooldown video/sheet provided.</p>							

<p><b>Emergency procedures</b></p>	<p>Participant or instructor</p>	<p>If any emergency occurs, the instructor or participant should leave the call straight away.</p> <p>Instructors and participants should have a local procedure in place if this occurs.</p> <p>We encourage participants to have someone in the home with them at the time of exercising.</p> <p>If this is not possible, instructors have access to participant medical conditions and contact details that we have permission to pass onto emergency services.</p> <p>We also ask for 2 emergency contacts.</p>							
<p><b>Too many participants on the class</b></p> <p>instructor will be unable to monitor their technique and effort levels resulting in injury or illness.</p>	<p>Participants</p>	<p>Numbers limited depending on session type: Steady Steps - max of 5 participants Cardiac Rehab - 1:1 then into a group of up to 5 when suitable.</p> <p>The sessions will be pre-booked and access is a link by invitation only.</p>							
<p><b>Inappropriate Activity Prescribed / Instructed / Demonstrated</b></p> <p>Unsuitable activity pitched at the wrong level could result in pain, injury or even a medical event.</p>	<p>Participant</p>	<p>The instructor should educate participants to safely self-monitor their exercise intensity so that their exercise is appropriate for their conditions. Only progress exercises when ready.</p> <p>Pitch exercise delivery at a lower intensity/ difficulty level than if the exercise was supervised.</p>							

		<p>The instructor may create tailored programmes, or select appropriate resources from a database of approved physical activity videos/ programmes/ apps.</p> <p>All instructors must be appropriately qualified to work with the individuals on their caseload. Instructors may screen participants and refer them back to the coordinator to reassign if they are unsuitable.</p>							
<p><b>Quality of classes delivered</b></p> <p>If classes are of poor quality the participant may become ill, injured or confused.</p>	Participant	<p>Session coordinators have access to the sessions. Spot checks will be completed.</p> <p>There is also the ability to record the sessions (with participants permission) to monitor session quality and use for training purposes.</p>							
<p><b>Class ends early due to unforeseen circumstances</b></p> <p>Participants are required to slowly lower the intensity of exercise known as cooling down for their heart rate to return to normal rate steadily avoiding potential health implications. If a class is abruptly stopped whilst in full flow this could harm the participant.</p>	Participants	<p>Cool down exercise sheet with instructions and pictures and a cool down video has been circulated so that the participant can cool down effectively in such an event.</p>							

<p><b>COVID</b></p> <p>The long term effects of COVID mean that COVID rehabilitation referrals are likely, though this is not included in standard Exercise Referral training.</p> <p>This is such a new situation that there are not yet standardised guidelines for working with sufferers of long COVID</p>	Participant	<p>The Coordinator will keep on top of COVID rehab guidance as it emerges and maintain communications with hospital services involved in the first stages of COVID rehabilitation.</p> <p>Instructors should apply the principles of known exercise referral conditions to the symptoms of long COVID. For example; breathlessness and chronic fatigue.</p> <p>Instructors may complete the following CPD to improve their confidence in working with sufferers of long COVID: <a href="https://www.e-lfh.org.uk/programmes/covid-19-recovery-and-rehabilitation">https://www.e-lfh.org.uk/programmes/covid-19-recovery-and-rehabilitation</a>.</p>							
<p><b>Steady Steps Specific Measures</b> – participants identified as being at risk of falling and are 65 years old and over. Many will have medical conditions and frailties associated with aging.</p> <p>This group will require special considerations when delivering an exercise programme to avoid falls, illness, injury or confusion.</p>	Participant	<p>Steady Steps sessions will consist of warm up, joint mobilisers strength etc.</p> <p>During pre-screening the participants we will use a persona assessment to determine their suitability for this type of session as well as ensuring that they have access and understand how to use the platform</p> <p>Postural Stability Instructor's (PSI) decision making designed on functional assessments (mainly 2-4's), FRAT 3/5 minimum, reports changes in MS/Bal, has reduced confidence in balance and has a falls history, has NO medical contra-indicators of exercise</p> <p>PSI to be aware of pace of instructions, simple language, step by step cues, descriptive and educational words and language.</p> <p>Purpose and ADL's included to resonate with what we know about clients</p>							

		Manage all transitions and adhere to evidence base fidelity points of PSI							
<b>Cardiac Rehab Specific</b>	Participant	<p>Water should always be available to drink</p> <p>Wait at least 1 hour after eating before commencing exercise</p> <p>Participant should not exercise if they feel unwell</p> <p>Participant should not continue to exercise if they have chest pain, nausea, and dizziness, unusual joint pain, become very breathless, or cold and clammy</p> <p>Participant should monitor their exertion through a combination of RPE and heart rate if reliable method available to measure. Participant should be educated prior to exercise about how to measure intensity via these methods.</p> <p>Participant should take medication as normal on day of exercise.</p> <p>Participant should be advised to keep the feet moving at all times during exercise to avoid the risk of postural hypotension. The instructor should limit the amount of changes in body position during exercise also to limit the chance of this occurring.</p>							

		<p>Instructor performs a pre exercise checklist prior to exercise to ensure participant is suitable to exercise on that day.</p> <p>Refer back to GP if they hit any of the following criteria. Decrease in exercise performance, worsening of angina, worsening of other symptoms, uncontrolled tachycardia, any further cardiac event, resting BP &gt;180/100 or symptomatic hypotension.</p> <p>Instructor should ensure correct warm up and cool down is demonstrated with correct length of time and suitable activities.</p> <p>Instructor should encourage a lower training heart range for those considered high risk.</p> <p>Instructor should promote the avoidance of isometric exercise and the avoidance of Valsalva manoeuvre.</p> <p>Participants should be educated in the correct protocol in case of angina and correct use of GTN</p> <p>In the absence of a functional exercise test (FET), exercise professionals can utilise validated tools (e.g. Duke Activity Status Index) and detailed history taking to gauge the patient's current level of activity and exercise tolerance.</p> <p>Resistances can be quantified through using household items such as cans or bottles of water, and progressed gradually as tolerated</p>							
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During this activity, what could go wrong resulting in an emergency situation?	
How could this emergency situation be prevented / controlled?	
Who should respond to a potential emergency situation and how? Have staff been trained to respond to this emergency situation?	
Could any non – routine changes affect the safety arrangements in place for this activity? (E.g. weather, people, equipment etc.) What can be done?	

Risk Assessor (s) Name(s):		Risk Assessor(s) Signature (S):	
Authorised By:		Authoriser Signature:	<b>Initial</b>
Date Conducted:		Date of Next Review:	
		Date of Review:	
		Date of Review:	
		Date of Review:	
		Date of Review:	

Risk Assessment Conclusion	
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Potential Severity of Harm	<b>High</b> Death, paralysis, long term serious ill health.	<b>Medium</b>	<b>High</b>	<b>High</b>
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<b>L*</b> = Likelihood of harm	1 - Unlikely	2 - Possible	3 - Quite possible	4 - Highly possible	5 - Very likely
<b>S*</b> = Severity of harm possible	1 - Possible risk of injury	2 - Minor injury	3 - Over 3 days injury	4 - Major injury	5 - Death/Disablement
<b>RR*</b> = Risk Rating (LxS)	1 - 5 Low priority	6 - 10 Medium priority	12 - 25 High priority - Immediate Action required		

	<b>Medium</b> An injury requiring further medical assistance or is a RIDDOR incident.	<b>Low</b>	<b>Medium</b>	<b>High</b>
	<b>Low</b> Minor injuries not resulting in any first aid or absence from work.	<b>Low</b>	<b>Low</b>	<b>Medium</b>
		<b>Low</b> The event is unlikely to happen.	<b>Medium</b> It is fairly likely to happen.	<b>High</b> It is likely to happen.
Likelihood of Harm Occurring				

Risk Rating Definitions	
<b>Low</b>	This is an acceptable level of risk. No further controls are required as the risk rating cannot be reduced any further. However, it is advised that continual monitoring occurs in order to ensure that no changes / deviation of control measures occur.
<b>Medium</b>	It is advised that further controls are implemented to reduce the risk rating to as low a level as possible. If the risk cannot be reduced to lower than a medium, then on site monitoring should occur to ensure that all stipulated controls are being adhered to.
<b>High</b>	This is an unacceptable risk rating. Urgent interim controls should be implemented to reduce the risk so far as is reasonably practicable. If the risk rating cannot be reduced to lower than a <b>High</b> , then a documented safe system of work should be implemented to control the activity. It may be necessary to seek further professional advice. Serious considerations should be given to the validity of carrying out the activity at all. Regular monitoring of the activity should occur.