

## 13) Risk Assessment Form for Online 1-way Live Delivery

Type of service	Virtual 1-way Live								
Activity Description	To deliver fitness classes and physical activity sessions via platforms such as Facebook to participants that will be participating from home. This will be one-way delivery meaning that the instructor cannot see or hear the participants. The live stream can often be saved as a recording and accessed again by participants.								
Assessment Date				Review Date					
Organisation/Department				Assessor					
Participant Profile				Number of People					
Location				Risk Level					
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>							

<b>Data Protection/ Privacy Issues:</b> Sending sensitive information about referrals to instructors' personal devices.	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>							
<b>Data Protection/ Privacy Issues:</b> Instructors use their own devices to communicate with participants.	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>							
<b>Home Environment</b>  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.	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>							

		Instructors must take an emergency contact name and number for each participant.  Instructors should advise on suitable clothing and footwear for exercise.							
<b>Environmental conditions</b>  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.	Participant or Instructor	Instructor to mention room temperature and ventilation when talking about space - temperature should be around 18 degrees.  Participants may want to open some windows to improve ventilation. More info on web page.							
<b>Privacy in the Home</b>	Instructors	When video calling participants, instructors should ensure that private information, photos and anything that could identify their location is kept out of view.							
<b>Home Working Environment</b>  Instructors may not have a suitable set-up for safe home working.	Instructor	The Coordinator should provide instructors with a homeworking checklist to allow them to best manage the suitability of their own environment including: - Suitable lighting - Comfortable chair and desk set-up - Minimal noise - Safe set-up of electronic equipment (wires etc) - Smoke alarm audible from workstation - First aid supplies - Suitable display on electronic devices - Appropriate software							
<b>New Delivery Model</b>  Instructors and Coordinators are largely inexperienced at	Instructor and Participant	Coordinators should frequently check in and consult with instructors regarding challenges and adaptations							

delivering and prescribing physical activity services remotely.		<p>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>	Referral Scheme Participants	<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>Licencing</b></p> <p><b>Issues:</b> must comply with PPL and PRS Licencing if using licenced music.</p>	Instructor/organisation	Must ensure that the correct music licence is held or that only PPL and PRS free music is used.							

<b>Technology</b>  Poor sound quality	Participant	Instructors should ensure that participants are able to clearly hear instructions during the recording. 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.							
<b>Internet</b>  A poor internet connection may result in a participant or instructors screen freezing, becoming disconnected or sound/picture distorted or out of time as examples.  This may result in injury or illness due to not being able to follow the session correctly.	Participant and Instructor	If continued poor quality of instructors connection means that the class cannot continue safely, the instructor should end the class.  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.  The participant should be advised that if their internet connection is poor then they should leave the session.							
<b>First Aid Incident</b>  Participant may fall ill or becomes injured during the session	Participants or Instructor	Due to the instructor not being able to see participants, we would be unaware if a participant became ill or injured.  We therefore at the start of the class enforce that they 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.  Instructors need to advise participants that if they feel able to they should write in the comments/ chat box if they feel unwell or have an injury.							

<b>Emergency procedures</b>	Participant or instructor	<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>							
<b>Screening</b>  Limited time / instructor may forget to explain how things are going to work, pre-screen etc may result in injury or illness	Participant	<p>There should be time set aside during the session for discussion, pre-screening, what to expect, feedback etc. For example a 60 minute session would consist of 45m of activity and 15 min discussion.</p> <p>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.</p> <p>Instructor may suggest not to exercise or give tailored adaptations throughout</p>							
<b>Inappropriate Activity Prescribed / Instructed / Demonstrated</b>  Unsuitable activity pitched at the wrong level could result in pain, injury or even a medical event.	Participant	<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>Mental Wellbeing</b></p> <p>The pandemic has resulted in some difficult and painful experiences for a great deal of people, particularly those in the higher risk groups. Some of these topics are very likely to come up during the course of consultation, potentially causing some mental distress to the participant and instructor.</p>	<p>Instructor and Participant</p>	<p>The Coordinator should equip instructors with the contacts to refer participants for further support where needed.</p> <p>The Coordinator should ensure that instructors are able to pace their calls/ shifts to allow enough downtime to manage their own mental wellbeing.</p> <p>The Coordinator should link instructors to suitable support services in case they feel that their mental wellbeing is affected during this programme.</p> <p>The Coordinator should regularly check-in with instructors and be available to support them with questions or concerns.</p> <p>Instructors should approach sensitive topics with care and compassion when speaking to participants. Physical activity may not be the first priority.</p> <p>Instructors should encourage participants to engage with wellbeing tools/ resources as well as those related to physical activity.</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</p>	<p>Participant</p>	<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>							

working with sufferers of long COVID									
<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>							



[illegible]

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>
	<b>Medium</b> An injury requiring further medical assistance or is a RIDDOR incident.	<b>Low</b>	<b>Medium</b>	<b>High</b>

<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 <del>(LxS)</del>	1 - 5 Low priority	6 - 10 Medium priority	12 - 25 High priority - Immediate Action required		

	<b>Low</b> Minor injuries not resulting in any first aid or absence from work.	Low	Low	Medium
		<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.