

## 15) RISK ASSESSMENT FORM FOR TELEPHONE SERVICE

Type of service	Telephone Service								
Activity Description	To work remotely with low, moderate and high-risk participants to safely and gradually develop their mobility and fitness whilst they are not accessing in-person services. The instructor will prescribe exercise to the participant over the phone.								
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>One-to-one Working</b>	Instructor and Participant	<p>The Coordinator must inform instructors of a reporting procedure where they are encouraged to inform of any incidents of threat, harassment, or other behaviour that makes them feel in any way unsafe.</p> <p>Instructors are encouraged to immediately cease communication with a participant whose behaviour seems threatening or intimidating and report the incident to the Coordinator.</p> <p>Participants should be provided contact details for the coordinator as well as their assigned instructor so that they may safely report an interaction with their instructor if required. They should be assured that any issues will be dealt with sensitively and discreetly.</p>							

<b>Home Environment</b>  The participants' home environment may not be optimal for exercises prescribed.	Participant	Instructors should advise participants on how to make their space safe and appropriate for the type of exercise they are prescribing.  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.  Instructors must take an emergency contact name and number for each participant.  Instructors should advise on suitable clothing and footwear for exercise.							
<b>Safeguarding Issues:</b> Instructor may become concerned about a participants welfare or safety especially as they can see into participants homes.	Participant	If the instructor has any concerns regarding a participant's welfare or safety they should follow their organisations safeguarding procedure.							
<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 advise that when undertaking exercises room temperature and ventilation when talking about space - temperature should be around 18 degrees.  Participants may want to open some windows to improve ventilation. The above should be covered during the phone call. Participants can also be directed to web page (if able to access) or information can be sent out via post.							

<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 delivering and prescribing physical activity services remotely.	Instructor and Participant	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.  Procedures and risk assessments should continuously be reviewed and updated in line with any changes.  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.							
<b>Out-dated Referral Information</b>  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.	Referral Scheme Participants	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.  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.  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).							
<b>Technology</b>  Poor sound quality	Participant	Instructors should ensure that participants have heard and understood instructions if communicating via telephone. Where possible, the instructor should send out the information via e-mail or post following consultation.							
<b>Lack of Visual Information available to aid exercise prescription</b>  The Instructor cannot see the participant doing exercise to assess mobility, fitness, balance, strength and health risks.	Participant	The initial consultation includes an extended PAR-Q where the instructor and participant can discuss their current fitness and ability levels.  For moderate-high risk participants, Instructors should recommend lower intensity exercise than they would if they could supervise.							
<b>Exercise/ Activity</b>  No instructor supervision during exercise activity	Participant	All instructors qualified in delivery of the session.  Participants cannot be observed and corrected during exercise, so instructors must ensure that resources provided are suitable for the participant's level of experience in following exercise instructions, as well as their fitness level. Instructors should double check with participants what forms of exercise and media they are most confident with.							

		<p>Use simple, easy to follow language when giving advice.</p> <p>Promote the importance of a warmup and cool-down to ensure adherence to these components.</p> <p>Participants must be educated on physical signs that they should stop exercising, and they should keep any medication nearby that could be needed (inhaler, GTN spray etc).</p> <p>Participants are encouraged to inform instructors of any changes to their health or medication status.</p>							
<p><b>Inappropriate Activity Prescribed</b></p> <p>Unsuitable activity pitched at the wrong level could result in pain, injury or even a medical event.</p>	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 recommendations 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 working with sufferers of long COVID</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>							

Cardiac Rehab Specific	Participant	<p>Instructor should recommend water always be available to drink during any exercise</p> <p>Instructor should recommend exercise be carried out at least 1 hour after eating.</p> <p>Instructor should reiterate exercise should not be performed if participant feels unwell.</p> <p>Instructor should reinforce the importance to cease exercising if the participant has chest pain, nausea, and dizziness, unusual joint pain, becomes very breathless, cold and clammy</p> <p>Instructor should remind participants to 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>Instructor should remind participants to 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 and also to limit the chance of this occurring when prescribing exercise.</p> <p>Instructors should carry out a pre-exercise checklist prior to exercise prescription to ensure participants are suitable to exercise on that day. Instructors should encourage and guide participants how to self-assess on future exercise days.</p> <p>Instructors should refer participants back to GP or Cardiac Rehab Team, if they report or display the following symptoms. Decrease in exercise</p>							
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		performance, worsening of angina, worsening of other symptoms, uncontrolled tachycardia, any further cardiac event, resting BP >180/100 or symptomatic hypotension.								
		Instructors should verbally guide and remind participants of correct warm up and cool down procedures.								
		Instructors should encourage a lower training heart range for those considered high risk.								
		Instructors should promote the avoidance of isometric exercise and the avoidance of Valsalva manoeuvre.								
		Participants should be educated in the correct protocol in case of angina and correct use of GTN								
		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.								
		Instructors should discuss the safe and appropriate use of household items, such as water bottles and tinned food, when prescribing exercise, as a way of quantifying resistances for strength exercises.								

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.	Medium	High	High
	<b>Medium</b> An injury requiring further medical assistance or is a RIDDOR incident.	Low	Medium	High
	<b>Low</b> Minor injuries not resulting in any first aid or absence from work.	Low	Low	Medium

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