**Practical Training Risk Assessment (v1.1)**

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| **Management Unit** |  | **Location (Site / Building / Room)** |  | |
| **Assessment Date** |  | **Review Date** |  | Version XX |
| **Assessor’s Name** |  | **Job Title** |  | |
| **Description of Task** | **Delivery of practical skills training (please specify task)** | | | |

This template is provided to allow schools / research institutes and service units to plan, assess and record local control measures that may be needed to mitigate the risk of Covid-19 during practical skills training for members of staff and students. It is intended to act as a **supplement** to the University generic risk assessments and campus arrangements rather than a replacement. Where existing arrangements identified in the generic risk assessments are deemed sufficient these may simply be referenced in the relevant sections of this document. Local or task specific variations from the generic risk assessment where required should also be detailed in full.

This template is intended to cover the delivery of practical training courses intended to allow staff and students to develop the practical skills required to safely undertake their day to day work or research activities. It is intended primarily to cover those skills that would usually be taught face to face e.g. practical laboratory skills or use of specialist equipment. It is not intended to cover general teaching activities such as lectures and tutorials and should not be used as an alternative to existing guidance / policies for activities of this type. Some general precautions are identified within the Covid-19 general risks section of the assessment and these will generally be the same as those found in the general risk assessment template available from the SEPS Covid-19 Resource Centre which can be found by following the link below:

<https://www.gla.ac.uk/myglasgow/seps/az/sepscovid-19resourcecentre/>

If any additional hazards are identified these should be added to the risk assessments. This template provides a general outline of some of the likely hazards that may be present and while this list may be used for reference it should not be considered exhaustive. **The responsibility for identification of foreseeable, significant hazards associated with training activities remains with the risk assessor.**

**Note: This template is by necessity generic and is unlikely to cover all the risk control measures required to safely undertake all training courses required in each local area. It is extremely important that any local arrangements, requirements and procedures are included when the template is completed.**

**Note: If specialist risk assessments (e.g. under CoSHH) are required these may completed separately using the appropriate template. Where this is undertaken, clear references to any supplementary risk assessments should be included in the relevant section of this document.**

**Note: It is currently University policy that face coverings are required at all times in all buildings on campus, including teaching and study spaces, some exceptions apply including staff and students working in specialist facilities such as laboratories where a specific risk assessment has been carried out which may be relevant to practical training sessions.** See [Internal communication on face coverings (6th October)](https://www.gla.ac.uk/myglasgow/news/coronavirus/updatearchive/headline_756641_en.html).

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| **Details of Training Provision** | |
| **Record date(s) and proposed location(s) of training courses to be undertaken.** |  |
| **Identify trainer(s) and any external training organisations involved in the delivery of sessions.** |  |
| **Give details of who will be participating in training as delegates (e.g. staff, students) and how many people require training.** |  |
| **Detail any practical requirements for training session e.g. use of specialist equipment, PPE etc.** |  |
| **Give details of the arrangements in place to record participation and identify local contacts in the event a course delegate or trainer develops symptoms of Covid-19.**  *To ensure compliance with GDPR, contacts must not be informed of the infected person’s identity without that individual’s prior consent.* |  |

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| **Risk identification** | | **Risk assessment** | | | | **Risk management** | | | |
| Hazard | Potential consequences | Inherent risk | | | Risk Control measures  *(Users should use this column to indicate any specific local arrangements they will put in place to deal with the identified hazards within their area/activity)* | Residual risk | | Additional control measures/comments | |
| **Likelihood** | **Impact** | **Risk rating** | **Likelihood** | **Impact** | **Risk rating** |  |
| **Individual Risk Factors** | |  |  |  |  |  |  |  |  |
| Staff or students with severe underlying health conditions falling into the Government defined *“clinically extremely vulnerable”* category may be at high risk. | Severe illness if infected.  Long term sickness absence. | 5 | 5 | 25 | * *Those who are in the “clinically extremely vulnerable” category should consult their GP or medical adviser before undertaking any face to face training sessions.* * *Those who are in the “clinically extremely vulnerable” category should be requested to self-identify to allow their individual risk to be considered*   ***Individuals need not state why they fall into a vulnerable category nor should they be named or otherwise identified in this document.*** |  |  |  |  |
| Staff or students with underlying defined health conditions (e.g. expectant mothers) falling into Government defined *“clinically vulnerable”* category may be at above average risk (this currently includes all people over 70) | Unknown impact to the unborn baby.  Severe illness in the mother if immune compromised due to pregnancy or other associated health condition.  Likelihood of more severe illness for those with underlying health conditions and for older people. | 5 | 4 | 20 | * *Those who are in the “clinically vulnerable” category should consult their GP or medical adviser before undertaking any face to face training sessions.* * *Those who are in the “clinically vulnerable” category should be requested to self-identify to allow their individual risk to be considered.*   ***Individuals need not state why they fall into a vulnerable category nor should they be named or otherwise identified in this document.*** |  |  |  |  |
| Staff or students with visual, hearing or mobility impairments. | Individual may be less able to move quickly, may not see or hear clearly to help them avoid other people.  May require assistance to carry out certain tasks which could breach social distancing guidelines.  May need to touch items and surfaces that others would not.  Face coverings and other PPE may introduce additional difficulties for some people (e.g. individuals who lip read) | 4 | 3 | 12 | *Users should indicate whether this section applies to any of their staff or students (whether delivering or receiving) training and what arrangements are in place to protect them.*  ***Individuals must not be named here.*** |  |  |  |  |
| Student / staff wellbeing | Anxiety about attending in person training sessions due to perceived increase in risk of infection.  Concern over changes to policies and procedures and understanding differences in working practices.  Anxiety over learning new skills / techniques using alternative / distanced techniques. | 4 | 3 | 12 | *Indicate any further arrangements beyond the standard University level provision.*  ***Individuals must not be named here.*** |  |  |  |  |
| **Delivery of Training Sessions** | |  |  |  |  |  |  |  |  |
| Training course attended (or delivered) by a person who is infected with Covid-19 | Infection of one or more persons in the training group by Covid-19 during a training session leading to potential further transmission. |  |  |  | * Population infection rate will determine the likelihood of encountering an infected person (this should form part of the overall assessment of risk and may affect risk scores). * When infection / transmission rate is high training sessions may need to be delayed or alternative means of delivery considered. * All staff should complete the University induction module before returning to campus. * Local inductions should be updated to ensure specific precautions required during the Covi-19 pandemic. * Where possible training sessions and inductions should be delivered online by alternative means e.g. Zoom, Teams, Moodle to reduce the need for face to face training. * Consider producing videos that demonstrate practical skills to either eliminate the need for face to face training or provide support / refresher materials. * Carry out face to face training in small groups or on a one-to-one basis to reduce the number of people involved and make distancing easier. * Ensure social distancing guidelines are adhered to so far as is reasonably practicable during face to face training. Working practices may need to be redesigned to maintain physical distancing. * Where multiple practical skills are to be taught, use fixed partnering / groupings to reduce the risk of spreading infection widely. * Encourage trainers and trainees to use face coverings during training sessions. Bear in mind that some people may not be able to wear face coverings for perfectly valid reasons. * Limit the duration of training sessions to reduce the risk of prolonged contact with an infected person. |  |  |  | It is currently University policy that face coverings are required at all times and in all buildings on campus, including teaching and study spaces, with the following exceptions:   * Individuals who are exempt from wearing a face covering for medical reasons * Individuals who are working alone in offices * Individuals working in specialist facilities such as laboratories where a bespoke risk assessment has been undertaken   Staff and students are also asked to wear face coverings in outdoor settings where they are likely to be in close proximity to others.  Members of the University community are asked to continue to treat others with respect. If an individual is not wearing a face covering they may well have a medical reason for not doing so.  For further information see [Internal communication on face coverings (6th October)](https://www.gla.ac.uk/myglasgow/news/coronavirus/updatearchive/headline_756641_en.html). |
| Potential for non-compliance by staff and / or students | There is a risk that staff and students may not accept and maintain physical distancing or may adopt otherwise non-compliant behaviours. |  |  |  | * Trainers and demonstrators should challenge non-compliant behaviour. * Students / trainees should be empowered to challenge any non-compliant behaviour of staff. This should be clear to all participants in the training session. * **In all cases, challenges should be given and accepted in a sensitive manner recognising that people will make mistakes from time to time and may just need a reminder of correct behaviours.** |  |  |  |  |
| **Use of Shared Areas / Facilities** | |  |  |  |  |  |  |  |  |
| Entry and exit from buildings and rooms where face to face training is to occur. | Risk of contracting Covid-19 due to contact with building users or residual virus on high contact surfaces such as door handles. |  |  |  | * High contact surfaces (e.g. door handles) should be subject to an enhanced cleaning regime. * Ensure adequate hygiene facilities are available for users including hand washing facilities and availability of hand sanitiser. Where possible this should be present in the training area. * Training sessions should be scheduled to stagger arrivals / departures and avoid otherwise busy times to help avoid congestion and make it easier to maintain separation distances. * Entry to training areas should be managed to eliminate / reduce queueing and prevent bottlenecks forming. Clear joining instructions should be provided for course delegates to facilitate this, these should be pitched at users not familiar with the area. |  |  |  |  |
| Increased occupancy of laboratories and buildings where training is taking place. | Increased risk of Covid-19 due to presence of additional people and possible associated difficulty in maintaining social distancing. |  |  |  | * Training sessions should not exceed the maximum specified occupancy of any given area. In rare cases this may not be possible for small equipment rooms and in this event additional precautions such as face coverings (visors may also be used in conjunction with face coverings) or alternative venues will be required. * To avoid increased occupancy of training rooms or laboratories, other users should not be permitted to enter the area during training sessions. This should be clearly communicated before the session with signage at the point of entry. * Sufficient welfare and hygiene facilities should be available to accommodate all staff and students in the area where training is taking place. |  |  |  | It is currently University policy that face coverings are required at all times and in all buildings on campus, including teaching and study spaces, with the following exceptions:   * Individuals who are exempt from wearing a face covering for medical reasons * Individuals who are working alone in offices * Individuals working in specialist facilities such as laboratories where a bespoke risk assessment has been undertaken   Staff and students are also asked to wear face coverings in outdoor settings where they are likely to be in close proximity to others.  Members of the University community are asked to continue to treat others with respect. If an individual is not wearing a face covering they may well have a medical reason for not doing so.  For further information see [Internal communication on face coverings (6th October)](https://www.gla.ac.uk/myglasgow/news/coronavirus/updatearchive/headline_756641_en.html). |
| Ventilation | Increased circulation / exposure to covid-19 aerosols due to inadequate ventilation in the training area. |  |  |  | * Training should be undertaken in well ventilated areas where possible. Windows and doors (other than fire doors or other doors that are required to remain closed for safety / technical reasons) should be opened to improve air flow. * Where practical, training can be undertaken outdoors then this should be done. * Where rooms are small, the ventilation level in relation to occupancy should be taken into account in considering a safe occupancy level. |  |  |  |  |
| **Use of Shared Equipment** | |  |  |  |  |  |  |  |  |
| Exposure to residual virus on surfaces of shared benches, equipment etc. | Contact with residual virus left behind on shared equipment by an infected person causing infection in other users and giving rise to spread of Covid-19. |  |  |  | * Ensure adequate hygiene facilities available for users including hand washing facilities and availability of hand sanitiser in the training area. * Ensure shared equipment and workstations are thoroughly cleaned before and after use with particular attention paid to high contact surfaces e.g. controls, eyepieces etc. Cleaning materials should be available in the vicinity of the workstation. * Minimise need for shared equipment by providing sufficient workstations and equipment for all trainees. Avoid switching users on equipment during training sessions so far as possible. * Where equipment does have to be shared between users, ensure that touch surfaces are thoroughly sanitised between users. Ensure that users wash, or sanitise, their hands before and after use and are instructed to avoid touching their face until this has been done. * Can the trainer safely talk through a process while distanced rather than demonstrate physically? |  |  |  |  |
| Hands on training requiring trainers and trainees to be in close proximity. |  |  |  |  | * Use of technology e.g. microscopes with video screens to prevent the need for close-up work where possible and help maintain distancing. * Where distancing is not possible face coverings should be worn by everyone involved in training (note that some individuals may have valid reasons for being unable to comply). * Close-proximity training sessions should be short in duration and should take place in well ventilated areas. * Where close-proximity training is required fixed training groups should be implemented to reduce the number of individuals involved. * Use of separating screens can be used to separate trainers and trainees reducing the risk of infection. * Improved ventilation in areas where rooms are small or close proximity cannot be required to reduce the concentration of virus particles in the event an infected person is present. * If no other control measures can be implemented consider the use of additional PPE e.g. FFP2 / P3 respirators or face shields used with face coverings for tasks where close proximity is required. |  |  |  | It is currently University policy that face coverings are required at all times and in all buildings on campus, including teaching and study spaces, with the following exceptions:   * Individuals who are exempt from wearing a face covering for medical reasons * Individuals who are working alone in offices * Individuals working in specialist facilities such as laboratories where a bespoke risk assessment has been undertaken   Staff and students are also asked to wear face coverings in outdoor settings where they are likely to be in close proximity to others.  Members of the University community are asked to continue to treat others with respect. If an individual is not wearing a face covering they may well have a medical reason for not doing so.  For further information see [Internal communication on face coverings (6th October)](https://www.gla.ac.uk/myglasgow/news/coronavirus/updatearchive/headline_756641_en.html). |
| Use of light switches, power switches and other commonly touched controls. | Contact with residual virus left behind on shared equipment by an infected person causing infection in other users and giving rise to spread of Covid-19 |  |  |  | * Lights and equipment should be left switched on throughout the training session(s) where practical to reduce the need for individuals to touch them. |  |  |  |  |
| Use of shared / specialist PPE by multiple users during training. | Contact with residual virus left behind on shared equipment by an infected person causing infection in other users and giving rise to spread of Covid-19 |  |  |  | * Personal issue PPE should be provided wherever possible. Sharing of standard PPE should not be permitted between users. * Suitable cleaning and storage solutions for PPE should be provided to reduce the risk of contamination. * Specialist PPE which cannot be provided for every user should be thoroughly cleaned before and after each use. Where this cannot be achieved effectively, specialist PPE should be quarantined for a suitable period between users (72 hours). |  |  |  |  |
| **Reduced Effectiveness of Training** | |  |  |  |  |  |  |  |  |
| Reduced effectiveness of training sessions due to distancing. | Increased risk of improper practices / techniques leading to more accidents by inexperienced staff / students.  Risk that PPE and other protective equipment may not be used appropriately by new users. |  |  |  | * Provide relevant pre-reading in advance of training courses to ensure trainees are familiar with the subject / equipment before training begins. * Provide opportunities for refresher training via online training packages. Consider use of videos demonstrating techniques / processes to support face to training and allow trainees to remind themselves of techniques. * Provide supporting material for practical training courses to allow users to assist users in carrying out new tasks e.g. user guides, SOPs to allow * Introduce a means of confirming the learning outcomes of a course e.g. written or online examination, exercise to demonstrate understanding e.g. developing a standard operating procedure etc. * Provide access to remote mentoring or online Q&A sessions for trainees to allow them to ask questions or clarify procedures. |  |  |  |  |
| **Emergency Arrangements** | |  |  |  |  |  |  |  |  |
| Fire or other emergency situation requiring evacuation from a building during training. | Increased risk that not everyone will evacuate due to a reduction in the number of available fire wardens.  Trainees may not be familiar with alarm signals, fire exits and / or evacuation procedures in the area and may not evacuate safely.  Risk of social distancing being compromised during fire evacuations. |  |  |  | * This will mostly be covered by the University level arrangements. Indicate if there are any local increased risks or additional control measures in place. * An appropriate safety briefing should be given to trainees before training begins to ensure they are familiar with fire safety procedures in the area. * Building users should maintain physical distancing while evacuating and at assembly points, so far as is practicable. Face coverings must be worn while evacuating while within the building. * Trainers should take responsibility for anyone under their supervision during training sessions and ensure they evacuate correctly in the event of an emergency. |  |  |  |  |
| First aid provision (including specialist first aid) | Reduced number of staff on campus will reduce the number of first aiders available.  Anxiety over infection risk and need to maintain social distancing may restrict delivery of first aid assistance.  Reduced availability of specialist first aid support e.g. oxygen therapy first aid |  |  |  | * This will mostly be covered by the University level arrangements. Indicate if there are any local increased risks or additional control measures in place. * Where specialist first aid provision is required for a process to be carried out safely, this must be available before any training involving this process can take place. |  |  |  |  |
| **Other Identified Hazards** | |  |  |  | *Include any additional hazards (including specific local issues) not identified above, additional rows may be added if required.* |  |  |  |  |
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**Risk Rating Calculator**

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| --- | --- | --- | --- |
| **Likelihood that hazardous event will occur** | | **Impact/Consequence of hazardous event** | |
| **1** | **Very unlikely** | **1** | **Insignificant (no injury)** |
| **2** | **Unlikely** | **2** | **Minor (minor injury requiring first aid only)** |
| **3** | **Possible** | **3** | **Moderate (Up to three days absence)** |
| **4** | **Likely** | **4** | **Major (More than seven days absence)** |
| **5** | **Very likely** | **5** | **Catastrophic (Permanent injury or death)** |

**Action Level Table**

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| --- | --- | --- | --- |
| **Risk Rating** | **Risk Level** | **Actions to be taken** | |
| **20 – 25** | **Very High Risk** | **STOP!** | Stop the activity and take immediate action to reduce the risk, a detailed plan should be developed and implemented before work commences or continues. Senior management should monitor the plan. |
| **15 – 16** | **High Risk** | **Urgent Action!** | Take immediate action and stop the activity if necessary, maintain existing controls rigorously. The continued effectiveness of control measures should be monitored periodically. |
| **8 – 12** | **Moderate Risk** | **Action** | Moderate risks may be tolerated for short periods while further control measures to reduce the risk are being planned and implemented. Improvements should be made within the specified timescale, if these are possible. |
| **3 – 6** | **Low Risk** | **Monitor** | Look to improve at the next review or if there is a significant change. Monitor the situation periodically to determine if new control measures are required. |
| **1 – 2** | **Very Low Risk** | **No Action** | No further action is usually required but ensure that existing controls are maintained and reviewed regularly. |

**Some example hazards that may apply to the activity (not exhaustive)**

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| --- | --- | --- | --- |
| **Working at height** | **Noise** | **Lighting (including strobe lighting)** | **Fire and explosion** |
| **Falling objects** | **Vibration** | **Compressed air** | **Hazardous chemicals** |
| **Slippery, uneven or worn floors** | **Hand tools** | **Magnetic fields** | **Biological risks / disease** |
| **Obstructions and projections** | **Repetitive hand / arm movement** | **Pressure systems** | **Animals** |
| **Confined spaces** | **Machine operation** | **Needles and sharps** | **Compressed Air** |
| **Mechanical Lifting** | **Manual Handling** | **Lasers** | **Hydraulic systems** |
| **Poor housekeeping** | **Vehicle movements** | **Ionising and non-ionising radiation** | **Other (please specify on assessment)** |