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|  | **Undertaking Aerosol Generating Procedures (AGPs) in Educational & Childrens Social Care Settings Risk Assessment (H&S Update – 15th September 2020)** |  |

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| **Operations/Work Activities covered by this assessment:** | Undertaking aerosol generating procedures (AGP’s) in educational & childrens social care settings | | |
| **Site Address/Location:** | [NAME AND ADDRESS OF SCHOOL] | **Individual / employee:** | [INSERT INDIVIDUALS NAME] |
| **Note:** This template is an aid to undertaking site specific risk assessments for undertaking AGPs.  It supplements and should be used in conjunction with guidance – Guidance for Aerosol Generating Procedures within Education and Children’s Social Care Settings:  <https://www.nottinghamshire.gov.uk/education/school-holidays-and-closures/back-to-school/coronavirus-and-schools-nottinghamshire-ppe-guidance>  An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suffering from an  infectious agent transmitted wholly or partly by the airborne or droplet route.  \*Procedures listed as AGPs are:   * Respiratory tract suctioning * Manual ventilation * Tracheotomy or tracheostomy procedures (insertion or removal) * Upper ENT airway procedures that involve suctioning * Non-invasive ventilation (NIV), Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP) * Induction of sputum using nebulised saline * High flow nasal oxygen (HFNO) 20L+per min   **\*\*Oral or yankauer suction** is not defined as an AGP however a lower tier of risk controls are required.  CYP who need only oral/yankauer suction, to clear mouth secretions, can remain in the classroom (ensuring that other CYP and members of staff in the environment remain 2 metres distance apart). The staff member undertaking the delegated health care task/AGP, is to wear the standard PPE required. As per DfE guidance (disposable gloves, surgical type II/IIR mask, disposable apron and eye protection dependant on risk assessment).  \*\*\***Mechanical ventilators**, that have an adapted filter to close the circuit, a Clear-Therm Mini HMEF device (code 1831000) enables pupils requiring this type of AGP to remain  in the mainstream settings. If respiratory tract suctioning is required, the AGP risk controls below, needs to be implemented. | | | |

| Hazards  Considered  *Step 1 (Clause 3.1)* | Who might be  harmed and how  *Step 2*  *(Clause 3.2)* | Existing Control Measures:  *Step 3*  *(Clause 3.3)* | | Risk Rating | | | | Further action *Step 3*  *Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)* | Actions Step 4 (Clause 3.4) | | | | Risk Rating | | |
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| Likelihood | Severity | Risk Rating | | Who | When | | Complete | Likelihood | Severity | Risk Rating |
| *(Name)* | *(Date)* | | *(Date)* |
| SARS-COV-2 transmission via aerosol particles as a result of undertaking AGPs\* listed above. | Persons in close vicinity undertaking AGPs or entering area during or after AGP procedure from   * Airborne transmission * Surface contamination | Persons undertaking AGP procedure are suitably trained.  Good hand hygiene practices are followed.  PPE is worn throughout the AGP by those undertaking procedure:   * FFP3 mask * Gloves * Long sleeved fluid repellent gown * Eye protection/visor * Clothes that can be washed at 60 degrees and only worn for the time working. | |  |  |  | |  |  |  | |  |  |  |  |
| Lack of ventilation in area AGP is taking place. The risk is increased the more confined the area. | Persons in close vicinity undertaking AGPs or entering area during or after AGP procedure. | Adequate natural ventilation from opening windows.  Preferred position is to achieve cross flow of air / high and low level. | |  |  |  | | Where natural ventilation is adequate a ‘lag time’ minimum of 1 hour should be allowed between room reuse. Aim to achieve 5-6 exchanges or air.  Where there are low levels of ventilation i.e. minimal or no opening windows, the lag time should be extended to 2-3 hours to achieve 5-6 air exchanges.  Addition mechanical ventilation means my need to be considered where the above cannot be achieved vented externally to safe zone. |  |  | |  |  |  |  |
| Surface contamination from aerosol settlement. | Persons in close vicinity undertaking AGPs or entering area during or after AGP procedure. | Decontamination/cleaning between procedures room/fittings/equipment.  All surfaces must be wiped down with 1000 parts per million of available chlorine or product with equivalent cleansing properties for enveloped viruses i.e. Screen.  Wear suitable PPE, non-sterile gloves and apron. | |  |  |  | | Periodic ‘deep cleans’ of area and equipment.  Removal of all loose non-essential items from AGP space particularly absorbent difficult to clean surfaces. |  |  | |  |  |  |  |
| Adjacent areas leading to area AGP is taking place allowing for accidental exposure. | Persons who may enter designated AGP location or in adjacent areas of building. | Ensure all staff within premises are aware of AGP location.  Room must be separate from other staff and building users and have closed door. | |  |  |  | | Consider additional warning signage.  Consider locking door when area not in use.  Existing air circulating systems must not contaminate adjacent parts of the building, consider disconnection. |  |  | |  |  |  |  |
| Contaminated waste & PPE. | Persons who may come into contact with waste. | Waste should be bagged and disposed of in accordance with local procedures. | |  |  |  | | Procedures should ensure waste is held for 72 hours before collection. |  |  | |  |  |  |  |
| Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions | | | | | | | | | **Review Date (*Step 5*):** | | | | | | |
| **Assessors Signature:** | | | **Date:** | | | | **Authorised By:** | | | | **Date:** | | | | |

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| **Potential Severity of Harm** | High **(e.g. death or paralysis, long term serious ill health)** | Medium | High | High |
| Medium **(an injury requiring further medical assistance or is a RIDDOR incident)** | Low | Medium | High |
| Low **(minor injuries requiring first aid)** | Low | Low | Medium |
|  |  | Low  **(The event is unlikely to happen)** | Medium  **(It is fairly likely it will happen)** | High  **(It is likely to happen)** |
|  |  | Likelihood of Harm Occurring | | |

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| **Risk Definitions** | |
| **Low** | Controls are adequate, no further action required, but ensure controls are monitored and any changes reassessed. |
| **Medium** | Consideration should be given as to whether the risks can be reduced using the hierarchy of control measures. Risk reduction measures should be implemented within a defined time periods. Arrangements should be made to ensure that the controls are maintained and monitored for adequacy. |
| **High** | Substantial improvements should be made to reduce the level to an acceptable level. Risk reduction measures should be implemented urgently with a defined period. Consider suspending or restricting the activity, or applying interim risks controls. Activities in this category **MUST** have a written method statement/safe system of work and arrangements **MUST** be made to ensure that the controls are maintained and monitored for adequacy. |