

## Procedure

### Face to face training risk assessment process for all training (clinical and non-clinical)

#### 1 Scope

Trust-wide.

#### 2 Purpose

To make clear the procedure for face to face training risk assessment process for all training (clinical and non-clinical).

#### 3 Summary

Cambridge University Hospitals NHS Foundation Trust recognise that it is important to continue with some training throughout the COVID 19 pandemic to ensure that our workforce are equipped with the skills to maintain patient and staff safety. In order to comply with social distancing guidance and minimise the risk of transmission of COVID 19, all training should be held remotely/virtually where possible.

The only exception to this would be where the training requires a practical element to be undertaken by all of the participants such as equipment training, manual handling, resuscitation, clinical skills etc. Where it is not possible to deliver the training virtually, the following process should be followed:

1. The subject matter expert or trainer completes a face to face risk assessment proforma (appendix 1) and a face to face training COVID 19 risk assessment (appendix 2)
2. The face to face risk assessment proforma and face to face training COVID 19 risk assessment must be submitted to the COVID 19 training group via email [Covid-19traininggroup@addenbrookes.nhs.uk](mailto:Covid-19traininggroup@addenbrookes.nhs.uk) to seek approval for the training to be delivered
3. The COVID 19 training group will review the request for face to face training, taking into consideration the following:
  - Whether the training could be successfully delivered virtually
  - The risk to staff of the training not being undertaken
  - The risk to patients of staff not being trained correctly in a given skill/subject
  - Whether the face to face training COVID 19 risk assessment adequately identifies and controls the risks associated with COVID-19 in face to face training sessions

4. The COVID 19 training group will contact the subject matter expert or trainer to confirm whether the request for face to face training has been approved
5. If face to face delivery of training is approved, the trainers must adhere to the COVID classroom training guidance (appendix 3)
6. Where face to face delivery of training is not approved the subject matter expert or trainer will be supported by the workforce learning and development team to develop e-learning/ virtual learning alternatives; this can include video and assessment questions/ techniques to assess knowledge and understanding.

### Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

### Disclaimer

It is **your** responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

### Document management

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## Appendix 1: Face to face risk assessment proforma

Training course name	
Delivery	Face to face
Subject Matter Expert	
Date of assessment	
Can this training be delivered virtually ie eLearning, videos?	<input type="checkbox"/> Yes – please arrange for virtual training to be provided. No need to complete the rest of the form. <input type="checkbox"/> No – please complete the rest of this form
If no, please provide the reasons why the training is unable to be provided virtually  Please include any staff or patient safety concerns	
Please attach the risk assessment to show how the risks will be managed if the training is provided face to face	

Once complete, please forward this proforma together with the risk assessment (where applicable) to the Covid-19 Secure Training Group on outlook.

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## Appendix 2: Face to face training COVID-19 risk assessment checklist

This risk assessment checklist should be completed for any face to face training being carried out at CUH to ensure that it is carried out safely and in accordance with government COVID-19 guidance.

This checklist has been written as a series of questions in order to assist with the identification and implementation of control measures to manage the risks associated with COVID-19 during face to face training sessions. Please answer all the questions in the table below by indicating whether the control measures are in place or not. If the answer is 'no' to any of the questions, you need to document what further action is required, and who is responsible for completing the action.

For further guidance on the implementation of control measures, please refer to the [‘Trust-wide COVID-19 Secure Environment Risk Assessment’](#) and [‘Guidance to Support a COVID Secure Environment’](#) documents.

Once completed, the risk assessment should be communicated to all delegates. A copy should be kept locally alongside other health and safety risk assessments, and retained for a minimum of five years.

The risk assessment must be approved (signed and dated) by the appropriate subject matter expert. This risk assessment should be reviewed regularly to consider government policy, or after accidents, near misses and when significant changes occur.

Where the control measures detailed in the checklist have been implemented, then the training can be assessed as COVID-19 secure and the declaration at the end should be completed by the appropriate subject matter expert.

Should you need to purchase items to meet the requirements these can be sourced as per below:

Item	Where to source	Who to contact
Wipes	Source via procurement	Order via procurement
Hand sanitiser	Source via Medirest	Please call 348121, Medirest help desk
Floor tape	Source via Capital, Estates and Facilities	Place call on 216696, facilities help desk
Signage	Source via Capital, Estates and Facilities	Place call on 216696, facilities help desk

Once complete please send to the COVID-19 Training Group on outlook.

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Control Measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
<b>Face-to-face training</b>						
Training is only undertaken where considered essential and where there is a practical element to it that requires all staff to participate						
Training is prioritised to staff who are new to the Trust or who have not received any training previously						
Staff are informed not to attend training if symptomatic						
<b>Social distancing</b>						
The number of delegates booked for each training session is limited to enable 2 metre social distancing and seating/tables are arranged to ensure this is maintained						
Floor tape/visual markers are in place to help delegates maintain 2 metre distancing						
Signs and notices are displayed in the training room to promote social distancing						
All delegates are asked to adhere to 2m social distancing and are challenged when not complied with						
Consideration has been given to the use of one-way systems where viable						
<b>Close contact scenario based work / teaching</b>						
Close contact /scenario based work only occurs if essential to the delivery of the learning.						
Close contact /scenario based work is kept to an absolute minimum for the shortest time possible						

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<b>Control Measures</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>If no, what further actions required to ensure compliance:</b>	<b>Action to be completed by:</b>	<b>Complete</b>
Only the minimum amount of delegates (maximum of 3) are permitted to participate at any one time						
All participants and trainers will wear a face mask/visor during close contact/scenario based work						
Hand hygiene is performed pre and post close contact/scenario based work						
Participants are asked to step away whenever possible to maximise social distancing						
<b>Face masks</b>						
There is a supply of face masks/visors/gloves in the training rooms for trainers and delegates to wear for close contact work and where 2 metres social distancing is compromised						
Delegates and trainers that wish to wear a face mask/visor, despite 2m social distancing, are permitted to do so						
<b>Hygiene</b>						
A sufficient number of hand sanitisers are provided in the training room and used by all participants on entering and leaving the training room and pre and post practical work						
Signs and notices are displayed in the training room to promote awareness of good hygiene practices						
All delegates are asked to adhere to hygiene measures and are challenged when not complied with						
Training rooms are kept well ventilated by opening windows and doors wherever possible						

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<b>Control Measures</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>If no, what further actions required to ensure compliance:</b>	<b>Action to be completed by:</b>	<b>Complete</b>
<b>Cleaning &amp; waste</b>						
Cleaning of frequently touched surfaces, training equipment and high touch items is carried out on a regular basis with green Clinell wipes.						
Equipment/training aids are cleaned with green Clinell wipes between each individual contact						
Adequate clinical waste bins are available for COVID-19 waste (includes PPE waste)						
<b>Uniforms</b>						
Staff are asked not to wear 'used' clinical uniforms to training ie uniforms that have been worn in a clinical setting and have not been laundered prior to training						

**Please specify any further control measures you have implemented to provide a COVID-19 secure environment which are not already detailed above:**

<b>Additional control measures</b>

<p><b>Declaration (please click check box to agree with this declaration)</b></p> <p><input type="checkbox"/> I confirm that the above detailed face to face training is <b>COVID-19 secure</b> and that:</p> <ul style="list-style-type: none"> <li>• We have carried out a COVID-19 risk assessment and shared the results with delegates</li> <li>• We have cleaning, handwashing and hygiene procedures in place</li> <li>• We have taken all reasonable steps to minimise the risks from COVID-19 during training sessions</li> <li>• We have taken all reasonable steps to maintain a 2m distance in the training room</li> <li>• Where people cannot keep 2m apart we have taken all mitigating actions possible to manage the transmission risk</li> </ul>
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<input type="checkbox"/> I confirm that the above detailed face to face training is <b><u>NOT</u> COVID-19 secure.</b>					
Approved by (subject matter expert):					
Date of approval:					
Review date:					
Reviewed by :					



## Appendix 3:

### COVID-19 Classroom Training Guidelines

#### Introduction

CUH is closely monitoring the COVID-19 pandemic and closely following the latest guidance from the Government and Health and Safety Executive to ensure that we can safely return to the delivery of some of our mandatory/essential for role training in a way to ensure we are following standard hygiene and safe distancing practices.

**Please follow the guidelines** - taking care of our staff is important to us

- Staff are asked not to attend training if symptomatic (fever, cough, breathing difficulties, shortness of breath, loss of taste or smell, or other symptoms)
- Staff working in green COVID areas are encouraged not to wear their clinical uniforms to training sessions, where possible. Staff working in red and amber COVID areas must remove their clinical uniform before attending training.
- Hand sanitiser must be used on entering and leaving the training room
- Please ensure 2 metre social distancing at all times.
- Close proximity practical teaching should only occur if essential to the delivery of the learning. This should be kept to an absolute minimum, for the shortest possible time, with the minimum number of participants (for example maximum of 3 for bedside teaching) and **always** wearing a face mask
- Only use the designated chairs – do not use chairs that have been taped off and set aside
- The number allowed in training rooms is set to comply with social distancing rules
- All equipment and other training aids must be cleaned between each individual contact
- Social distancing must be maintained during breaks/ lunchtime

**Social distancing is one of the most important measures to prevent the spread and transmission of COVID-19.**