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|---|--|-----------------------------|--|--|----------------------------------|
| <b>Risk Assessment</b>  |  | <b>No.</b>                  |  | National Police Wellbeing Service –<br>Physical Health |                                  |
| <b>Activity / Area /<br/>Role Assessed:</b>                                   | NPWS Physical Health Programme – Video Delivery                                |                             |  |  |                                  |
| <b>Date of<br/>Assessment:</b>  | January 2021   | <b>Assessor /<br/>Team:</b> | Colin Lewis, Fleet and Logistics Coordinator |  | <b>Next<br/>Review<br/>Date:</b> |
| <b>Application (e.g.<br/>Force-wide,<br/>Divisional, Service,<br/>Group):</b> | Participants – diverse and remote locations<br>including domestic environments |                             |  |  |                                  |

**To be used together with Health and Safety Risk Matrix and Risk Assessment Guidance**

| Hazards: | Who is at<br>risk? | Control Measures:  | Score<br>L x S: | Further Action Required?  | By whom:   | Residual<br>Risk: | Done: |
|----------|--------------------|--|-----------------|---|--|-------------------|-------|
| Injury   | Participants       | <p>Qualified and competent trainer to deliver session</p> <p>Trainer to ensure continued professional development (CPD)</p> <p>Requirement for participants to take personal responsibility for their own safety</p> | 6               | <p>Trainer to provide qualifications and evidence of competence</p> <p>Trainer to provide evidence of CPD</p> <p>Publish instructions on the Oscar Kilo website to include: voluntary nature of programme, mitigating risks of lone exercise, suitable environments, fitness levels required and what to do if injured</p> <p>First aid equipment to be available if required</p> | <p>Trainer/NPWS</p> <p>Trainer/NPWS</p> <p>Oscar Kilo Team</p> <p>Participants</p> |                   |       |

| Hazards:   | Who is at risk? | Control Measures:   | Score<br>L x S: | Further Action Required?   | By whom:  | Residual Risk: | Done: |
|--|-----------------|---|-----------------|--|---|----------------|-------|
| Exacerbation/ aggravation of existing medical condition or pre-existing injury including respiratory | Participants    | <p>Participants to view and comply with this risk assessment</p> <p>Warm up and cool down exercises when appropriate</p> <p>Requirement for participants to take personal responsibility for their own safety</p> <p>Injury/condition check prior to participation. Medical advice to be sought if necessary<br/>Participants not to proceed if unfit</p> <p>Warm up and cool down exercises when appropriate</p> <p>Post session injury check</p> <p>Participants to view and comply with this risk assessment</p> | 8               | <p>Risk assessment to be placed on Oscar Kilo website with instructions to read and comply. Contact details for queries</p> <p>Trainer to include in sessions</p> <p>Publish instructions on the Oscar Kilo website to include: voluntary nature of programme, mitigating risks of lone exercise, suitable environments, fitness levels required and what to do if injured</p> <p>Individual checks by participants</p> <p>Trainer to include in sessions</p> <p>Individual checks by participants</p> <p>Risk assessment to be placed on Oscar Kilo website with instructions to read and comply. Contact details for queries</p> | <p>Oscar Kilo Team/ Participants</p> <p>Trainer /Participants</p> <p>Oscar Kilo Team/ Participants</p> <p>Participants</p> <p>Trainer/ Participants</p> <p>Participants</p> <p>Oscar Kilo Team/Participants</p> |                |       |

| Hazards:   | Who is at risk? | Control Measures:  | Score<br>L x S: | Further Action Required?   | By whom:  | Residual Risk: | Done: |
|--|-----------------|--|-----------------|--|---|----------------|-------|
|  |                 | Participants to keep any required medication in room and to hand e.g. inhaler<br>If history of respiratory or heart problems, participant must seek medical advice prior to exercise |                 | Individual actions for participants  | Participants  |                |       |
| Unsuitable environment including slips, trips, falls and exercising outdoors | Participants    | Selection of safe environment free from obstructions and hazards<br><br>Participants to view and comply with this risk assessment  | 8               | <p>Publish instructions on the Oscar Kilo website to include: voluntary nature of programme, mitigating risks of lone exercise, suitable environments, fitness levels required and what to do if injured</p> <p>Participants to assess their personal exercise environment and ensure it is safe including ensuring that weather conditions are suitable</p> <p>Risk assessment to be placed on Oscar Kilo website with instructions to read and comply. Contact details for queries</p> <p>Participants to wear suitable clothing for conditions including footwear offering grip, lateral and linear support</p> | <p>Oscar Kilo Team/<br/>Participants</p> <p>Participants</p> <p>Oscar Kilo Team/<br/>Participants</p> <p>Participants</p> |                |       |

| Hazards: | Who is at risk? | Control Measures: | Score<br>L x S: | Further Action Required? | By whom: | Residual Risk: | Done: |
|----------|-----------------|-------------------|-----------------|--------------------------|----------|----------------|-------|
|          |                 |                   |                 |                          |          |                |       |

|                  |                                 |              |              |                    |             |
|------------------|---------------------------------|--------------|--------------|--------------------|-------------|
| <b>Signed</b>    | C Lewis                         | <b>Date:</b> | January 2021 | <b>Print Name:</b> | Colin Lewis |
| <b>Position:</b> | Fleet and Logistics Coordinator |              |              |                    |             |
| <b>Signed</b>    |                                 | <b>Date:</b> |              | <b>Print Name:</b> |             |
| <b>Position:</b> |                                 |              |              |                    |             |
| <b>Signed</b>    |                                 | <b>Date:</b> |              | <b>Print Name:</b> |             |
| <b>Position:</b> |                                 |              |              |                    |             |

|            |   | Severity |    |    |    |   |
|------------|---|----------|----|----|----|---|
|            |   | 1        | 2  | 3  | 4  | 5 |
| Likelihood | 1 | 2        | 3  | 4  | 5  |   |
|            | 2 | 4        | 6  | 8  | 10 |   |
|            | 3 | 6        | 9  | 12 | 15 |   |
|            | 4 | 8        | 12 | 16 | 20 |   |
|            | 5 | 10       | 15 | 20 | 25 |   |

|                              |   |
|------------------------------|---|
| <b>Low Risk</b><br>1 - 8     | 1 - 2 Negligible risk, no controls necessary<br>3 - 8 No further action required, acceptable.                     |
| <b>Medium Risk</b><br>9 - 15 | Assess further action to mitigate risks; only continue if no further controls reasonably practicable.             |
| <b>High Risk</b><br>16 - 25  | 16 - 20 Cease activities until further control measures introduced.<br>25 - unacceptable under any circumstances. |