

NATIONAL U3A COVID19 RISK ASSESSMENT FOR OUTDOOR ACTIVITIES

1 Introduction

The different nations and islands in Great Britain, Northern Ireland and islands of Great Britain have different rules and guidance. When travelling into another nation you must follow the guidance for that nation.

For your information the definitions for clinically extremely vulnerable are at the bottom of the document.

1.1. Purpose

The process remains as before, any U3A wishing to restart activity must carry out an appropriate risk assessment/checklist to ensure the activity is safe for members to participate in. The conclusion of the risk assessment/checklist will determine what actions must be taken to make the activity safe or conclude it is not yet safe to restart even with additional measures in place. Government guidelines continue to be central to any risk assessment and must be adhered to. Each U3A activity, venue and circumstance is different and must be assessed as such.

Whilst lockdown restrictions have been eased recently it is clear only very limited outdoor U3A activity can even be considered at present. Even whilst an activity may be managed so that it is deemed safe to restart, your members should consider separately if it is sensible to run the activity or take part.

1.2. Scope

Relevant to all U3As

1.3. Related documentation

- [Covid-19 Advice on U3A Activities - U3A-KMS-DOC-072](#)
- [General U3A Activity Risk Assessment Checklist in Covid-19 - U3A-KMS-FRM-014](#)

2 Risk assessment for all locations

To make an assessment of whether you should undertake any activity our advice is that it is important to carry out a risk assessment as you would do for any U3A activity. In the case of resuming an outdoor U3A exercise activity there would be two elements to

any risk assessment to be considered. It is strongly advised that you record any assessment before taking part in activity.

The first part of the risk assessment – identify what steps Group leaders propose taking to ensure the activity is covid secure - Eg limiting numbers, taking face coverings and hand sanitizers, own refreshments, limiting time and duration of activities. This information should be shared with participants so that they can complete the next part of the risk assessment for themselves. The second part of the risk assessment is for each potential participant to undertake a personal participation risk assessment considering the Covid-19 risks and hazards that taking part poses to the individual.

Our advice is that it is imperative that everyone completes a personal assessment of this nature and records it. This is however, a personal exercise and does not need to be shared with group leaders. It is sufficient to inform them that you have considered your personal situation and decided that you are safe to take part in the activity as arranged.

This is important because there are differing requirements for:

- People with different health conditions - clinically vulnerable, or clinically extremely vulnerable
- People of different ages
- Members living in a household where there is someone who is considered clinically vulnerable or clinically extremely vulnerable and therefore has limitations on contact with others.

Our advice is that a personal participation risk assessment should take into consideration a person's physical health and any underlying issues, age and the health and circumstances of those they may be living with or isolating within their household.

For your assistance in this matter and to enable you to make a thorough assessment of your own and the activity risks involved, please see [General U3A Activity Risk Assessment Checklist in Covid-19 - U3A-KMS-FRM-014](#) which everyone should view and complete including the personal section before considering taking part. As previously stated, there is no requirement for you to share your personal risk assessment but that you have considered the factors for yourself and concluded that you can safely take part.

Clinically extremely vulnerable people may include:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - People with cancer who are undergoing active chemotherapy
 - People with lung cancer who are undergoing radical radiotherapy
 - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - People having immunotherapy or other continuing antibody treatments for cancer
 - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

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3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.
7. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

For more information about who has been classed as clinically extremely vulnerable, please visit the [NHS Digital website](#)