

R I S K A S S E S S M E N T



TITLE: COVID-19: CARE TEAMS

DATE OF ASSESSMENT: 18 / 05 / 2020

ASSESSMENT CARRIED OUT BY: Chris Krastins

DEPARTMENT/LOCATION: Care team office areas and the hub

MANAGER'S NAME: Lis Meates

HAZARD:	CONSEQUENCES:	RISK LEVEL:	WHO MIGHT BE HARMED:	CONTROL MEASURES (INCLUDING TRAINING GIVEN):	FURTHER ACTION:	RESIDUAL RISK:
Spread of COVID-19 Coronavirus	<ul style="list-style-type: none"> • Death • Serious illness • Short term absence resulting in reduction in workforce capacity • Increase in anxiety / decline in mental health and general wellbeing • Claims from families 	16	<ul style="list-style-type: none"> • Staff • Children and families under our care • Volunteers 	<p>Access to the Hospice</p> <ul style="list-style-type: none"> • Entry into the care areas are forbidden except for the care team or with express permission from the care team. • To access colleagues or desks in Corporate Services, staff will need to use the side entrance to the building. • Non care staff will not be permitted to use the lifts unless there is a very clear reason to do so and express permission has been given by the care team. • Outside of care we have a no visitors policy, the care team will risk assess potential visits by family members using care services. <p>Care Team Office attendance</p> <ul style="list-style-type: none"> ▪ Staff should work from home on a rotational basis if possible. (This includes senior care management and care team) ▪ Remote working tools such as Zoom and MS-teams to be used to avoid in-person meetings 		6

- Capacity limits identified for care office areas and the hub.
- **Maximum Capacity in upstairs care team office = 12**
- **Maximum capacity in Hub= 10**
- **Maximum capacity in downstairs care team office = 5-6 using masks**

Social distancing (objective is to maintain the required 2m social distance between staff)

- As much as possible, the care team will be kept working together (cohorting) and will use the correct PPE such as face masks and good frequent hand washing techniques
- Staff who have allocated desk space remain at their usual desk where possible
- Office layouts will be reviewed and desks / chairs moved as appropriate – where this is not possible, people will be arranged to work side by side or facing away from each other rather than face to face.
- A rota will be provided to ensure that we do not have too many people in at the same time where this is possible and within safe staffing limits.
- Face to face meetings can only be held if absolutely necessary and there is enough room in the designated meeting space to house people safely (masks should be used if appropriate)
- Staff asked to consider the use of outdoor and virtual meetings where possible and avoid sharing pens, papers or other objects.

- Staff desks to be moved to enable 2m distancing
- Excess desks to be removed and stored to create more space

- Staff to be asked to agree staggered start / finish and break times with their manager and colleagues to avoid crowding in the rest and entry areas.
- Staff asked to consider taking breaks outdoors wherever possible.
- Where it is not possible to remain 2m apart, as previously mentioned staff should work side by side, or facing away from each other, rather than face to face if possible and consider whether they wish to use a face mask.

Hygiene and infection control

- Hand washing facilities with soap and water in place as well as multiple hand sanitiser points.
- Disposable paper towels provided for hand drying.
- Staff required to wipe clean the signing in screen after use using the cliniwipes provided.
- Additional cleaning regimes in place to clean communal areas such as kitchens / bathrooms and door handles
- Staff required to use the hand sanitizer every time they enter the building or move between different areas of the building.
- Staff regularly reminded to frequently wash their hands for 20 seconds with soap and water and catch any coughs and sneezes in tissues.
- Staff asked to clean their own workspace at the beginning and end of each working day with the cleaning products provided

- and ensure workspaces are free from paperwork and personal effects.
- Staff asked to clean any other objects or areas that they have come into contact with such as the printer / copier and any kitchen spaces with the cleaning products provided.
 - Staff NOT to use the showers, however changing areas will be used for staff to change into scrubs prior to starting work and to change into own clothing at the end of the shift.
 - Scrubs to be washed on a 60 temp wash at the end of every shift using the laundry facilities in house.
 - Staff asked to remain on-site during break times.
 - Staff asked to support the use of digital and remote transfers of material where possible rather than paper format, such as using e-forms, emails.
 - Windows should be opened where ever possible (weather permitting) to allow fresh air to circulate the area.
 - When working with patients, all staff to follow the revised infection control policy and or provide services through virtual means.
 - When providing respite breaks, ensure planning includes deep cleaning of all used facilities and rotation of bedrooms and transport.
 - When a request is made for use of the snowflake suite, ensure segregated access is in place for visitors and that the revised visitors policy is followed.

Protecting people at higher risk

- Staff who are “at risk” either due to their age or because of a medical condition, are advised to continue to

follow the advice given by the government and / or their own health professional regardless of workspaces reopening.

- Staff who are currently shielding due to their own condition or that of a family member are advised that they must continue to follow the advice given by the government and / or their own health professional regardless of workspaces reopening

People who need to self-isolate

- Employees are regularly reminded that if they develop symptoms of coronavirus (COVID-19) (a new, continuous cough and/or a high temperature) they should be sent home and stay at home for 7 days from onset of symptoms.
- If the member of staff lives in a household where someone else is unwell with symptoms of coronavirus (COVID-19) then they must stay at home, working from home if that is possible and follow the usual absence management reporting procedure

Mental wellbeing

- Staff are reminded of who to contact should they need support
- Managers are to be provided with a 'toolkit' for supporting their team's wellbeing
- Increased frequency of resilience sessions.

Providing and explaining available guidance

- | | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|
- All staff will be issued with relevant procedures and regularly updated on any changes
 - Specific focus on guidance for staff returning to work following a period of absence / furlough
 - All staff briefings will reinforce messages and provide updates
 - Appropriate signage will be displayed throughout the building
 - Line managers to re-inforce the messages given during return to work and one to one meetings.

RISK MATRIX

Risk assessment is a careful examination of anything in your workplace that could cause people to suffer injury or ill health in the workplace, or for The Forget Me Not Children's Hospice to suffer negative impact. Assessing risks allows you to identify and prioritise the action you take to control them. Please fill in the "risk level" by putting an **x** in the risk matrix below, as to where you believe the risk level is, using the probability & impact scoring below as guidance.

EXAMPLE:

An incident where the likelihood of reoccurrence is 3 and the potential impact of the incident is a 4, results in a risk rating of 12.

LIKELIHOOD:

Likelihood this will happen again (vertical axis).

- 1 = **Very unlikely** - There is a **1 in a million** chance
of the hazardous event happening
- 2 = **Unlikely** - There is a **1 in 100,000 chance**

- 3 = Fairly likely** - There is a **1 in 10,000 chance**
4 = Likely - There is a **1 in 1,000 chance**
5 = Very likely - There is a **1 in 100 chance**

IMPACT:

What is the impact of the incident if it were to happen again (horizontal axis).

- 1 = Insignificant**
2 = Minor
3 = Moderate
4 = Major
5 = Catastrophic

RISK MATRIX					
	VL	L	FL	UL	VUL
Likelihood this will happen again	5	10	15	20	25
Ins	4	8	12	16	20
Mn	3	6	9	12	15
Md	2	4	6	8	10
Mj	1	2	3	4	5
Impact					

You don't have to carry out the risk assessment yourself – if you're not confident, get help from someone who is appropriately qualified or trained and knows about what they're assessing. But remember, you're responsible for seeing that's its adequately done and followed up.

It's always a good idea to involve others in the risk assessment process – particularly if you are assessing someone else's job / responsibility. They might notice things that aren't immediately obvious to you. By involving other people, you're also helping them to think about what could go wrong and how to avoid problems.

When assessing risk, remember to think about things other than the immediate task, for example the environment, the ability of those that may undertake the task being assessed, why the task is necessary and the location of the task being assessed. Also remember that impact can be defined in terms other than personal harm, for example reputational risk or risk to Forget Me Not Children's Hospice property.

ANYTHING SCORING ABOVE A 12 NEEDS TO BE ESCALATED TO THE DIRECTOR OF CARE OR C.E.O. FOR FINAL SIGN OFF