**EXAMPLE – CARE HOME - Risk Assessment Form**

This Care Home Risk Assessment Form should be reviewed and amended in line with the latest government guidance to cover the changing circumstances of the Care Home during the Covid 19 Pandemic

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| RISK ASSESSMENT DETAILS | RISK MATRIX & RATING |
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| **Establishment**  |  |
| **Location** |  |

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| **Details of activity: sample assessment of care home management during Covid -19**  |
| **Date of assessment** |  |
| **Name of person carrying out assessment** |  |

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| --- | --- |
| **Managers Signature** | **Date** |

 | POTENTIAL OUTCOME LIKELIHOOD

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| --- | --- | --- | --- | --- |
| Catastrophic | Fatal injury/permanent disability |  | Highly likely | More likely to occur |
| Major | [RIDDOR](http://www.hse.gov.uk/riddor/reportable-incidents.htm) reportable Specified Injury/ Disease/Dangerous Occurrence |   | Likely |  |
| Moderate | RIDDOR reportable Over 7 Day Injury |  | Possible |  |
| Minor | Minor injury (requiring first aid) |  | Unlikely |  |
| Insignificant | Minor injury |  | Remote | Less likely to occur |

POTENTIAL OUTCOME

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| --- | --- | --- | --- | --- | --- |
| Catastrophic |  |  |  |  |  |
| Major |  |  |  |  |  |
| Moderate |  |  |  |  |  |
| Minor |  |  |  |  |  |
| Insignificant |  |  |  |  |  |
|  | Remote | Unlikely | Possible | Likely | Highly Likely |

 LIKELIHOOD

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| --- | --- |
| Risk rating | Action |
|  | HIGH  | Urgently review/add controls & monitor (if Likely or Highly Likely – stop work, seek competent advice, notify H&S Team) |
|  | MEDIUM  | Review/add controls (as far as reasonably practicable) & monitor |
|  | LOW | Monitor control measures |

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| **Hazard and related condition / activity** | **Persons at risk** | **Existing control measures** | **Additional Control Measures**  | **Risk rating after existing & additional control measures** *Potential Outcome x Likelihood = Risk Rating (e.g. Minor x Unlikely = Low)* |
| **Staffing**the spread of Coronavirus to staff, residents, families’ visitors and contractors. Covid Pandemic potential for spread of infection which may cause serious respiratory illness, death | All building users including staff, residents, catering, cleaning staff, visitors, essential health & social care personnel & contractors | * latest Government guidance and advice communicated to staff, residents and relatives. Currently any person developing a new continual cough or a temperature in excess of 37.8°C whilst at work must be sent home and advice re self-isolating offered. See latest Government Guidance on Coronavirus.
* Enhancing additional staff numbers ready to bring in should staff on rota be unable to work. Including the increase in current staff hours where achievable, by offering set hours to relief staff, and by establishing consistent agency staff usage.
* Staff have been asked to declare any underlying medical conditions and/ or pregnancy. Those in a high-risk group (as defined by NHS advice) should be assessed for suitability in continuing to work in a setting. (see NHS guidance) Individual risk assessments have been completed for those identified and will continue to be reviewed.
* Those persons in the very vulnerable groups will need shielding – those with serious medical conditions. See latest social distancing information from the Government to protect older people and vulnerable adults. Staff who live alone and have symptoms of coronavirus illness (COVID-19), however mild, stay at home for 7 days from when their symptoms started.
* Where staff are living with others and they are the first in the household to have symptoms of coronavirus, then they must stay at home for 7 days, but all other household members who remain well must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill.
* For anyone else in the household who starts displaying symptoms, they need to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14-day isolation period.
* Staff who are pregnant or from the BAME community or with specific health conditions may be asked to work from home as they are in the vulnerable group and to follow government advice as it is issued.
* If a staff member chooses to work, they can do as long as all the appropriate risk assessments have been completed and they do not work in direct contact or within 2 meters of resident and social distance in workplace.
* When a staff member is shielding and working from home a risk assessment should be undertaken to understand how they are staying safe whilst working from home.

Individual risk assessments for all must be completed and reviewed if an outbreak at the service staff. *Masks are to be worn at all times for all contacts with residents* * Where accommodation is shared the person not receiving any contact should preferably be asked to stay in another room.
* Access to full PPE will be available where there is contact with diagnosed or suspected [person with covid](file:///C%3A%5Ccovid)-19.
* Staff who fall into the clinically vulnerable group should not provide care to symptomatic residents.
* All care staff and residents should sneeze into a tissue NEVER into the hands. Wash hands immediately after. Used tissues will be put in a bin immediately (as above – all waste bins to be lined – preferably double-lined).
* Staff complete PPE training in line with IPC guidance.
* Regular Hand Hygiene audits and Donning and Doffing observations are carried out by a competent person
* Donning and Doffing Posters are displayed and full guidance is available to all staff.
 | *Staff are supported to implement national guidance – How to work safely in a care home to enable them to work safely with residents with COVID-19**If staff start to feel unwell or are symptomatic they are to isolate at home for 7 days or longer if symptoms persist. Managers and providers should follow the return to work – Flow chart guidance.**Staff should not work across different provider’s services including* *Agency staff in line with guidance and to reduce the risk of spread wherever possible.* *All care staff should now be routinely tested – every 7 days in line with national guidance.**Managers to investigate (using the RIDDOR for Covid guidance note), all staff being confirmed as work related Covid and follow the reporting criteria as appropriate.**Individual Staff and Resident Covid 19 Risk assessments must be reviewed if a Service has an outbreak.* Those from the BAME community or with health conditions should be a priority. *Boxes of tissues are available in all Residents bedrooms, staff rooms and communal areas.**New guidance -Personal Protective equipment(PPE) resource for care workers during sustained Covid 19 transmission in UK – updated July 2020.*  | Medium |
| **Staffing/ Team from the BAME community**the spread of Coronavirus  | All building users including staff, residents, catering, cleaning staff, visitors, essential health & social care personnel & contractors | The adjustments required for high risk staff teams could have wide ranging and significant impacts on the service, the other staff and residents, particularly where it is a smaller service, a rural service and/or a service with predominantly BAME and high-risk staff.Mitigation may include removal from areas that are considered hazardous (ie. hot zones). This may imply: * a reduction in staffing levels and in activity levels that could affect resident safety, increase stress on remaining staff.
* Increase in cost of additional PPE.
* an increase in length of support provided may be impacted as a result when taking PPE on and off.
* Service may have difficulty fulfilling induction/training/mentoring requirements or providing usual observations, supervisions and support to individuals.
* Complete Equality impact assessment on Rota changes
* Consider changes in travel and accommodation may be required.
* Implement monitoring of sickness and absence of staff
* Consider environmental changes to staff facilities and rest areas for social distancing.
* Update the service business contingency plan to reflect the measures and adjustments that may be required to address the need to make the required changes.
 | * Complete Individual Risk Assessment – with all BAME staff as a priority
* Aim to reduce the exposure to the high risk areas to the lowest level possible
* Review if a requirement to use agency care and nurse staffing to ensure safe staffing levels
* *Consider if additional procurement for PPE is required*
* *Factor in additional time in for resident support, and request resident to wear a mask during care intervention.*
* *Prioritise individual risk assessments for those who are in a high risk category e.g. – Serious health conditions, and shielding. BAME Community, Pregnant.*
 | Medium  |
| Stress and anxiety about Coronavirus,Impact on health and wellbeing  | *Staff & Residents* | * Share up-to-date LA communications based on Government guidance including for psychosocial and mental health concerns.
* Regular line manager communication *if not safe distancing face to face* *contact, to use video where possible*, including *staff who may be off work.*
* Team support and regular meetings to talk through anxieties if needed such meetings should observe the required 2 metre social distancing and use of technology where ever possible.
* 1 to1s will take place to check out the health and welfare (anxiety) and life work balance for staff.
* Managers and staff team regularly offer reassurances and give appropriate updates to residents regarding the homes situation, visitors and maintaining family contacts.
* Managers and staff team offer regular support and updates to family /key supporters.
* This includes facilitating ways family can stay in touch.
* Managers ensure appropriate breaks are provided and staff are able to remove PPE and have a break outside of high risk areas (hot zones) more frequently.
* Share the NHS heatwave plan with staff and residents and ensure staff are provided with guidance on keeping hydrated whilst wearing PPE, and are encouraged to take regular breaks, particularly during hot weather and before and after tasks that require more exertion.
 | *Encourage the Increased use of technology to maintain and support relationships.**Bereavement counselling service available nationally from charity and key organisations* *Communication via a newsletter, leaflet to keep residents and relatives informed.**Gov.guidance 12/05.- ‘Coronarvirus (Covid 19) Health and wellbeing of the adult social care staff available.**Refer to The NHS – Heatwave plan for England.* | low |
| **Residents** & spread of Coronavirus the spread of Coronavirus to staff, residents, families’ visitors and contractors. Covid Pandemic potential for spread of infection which may cause serious respiratory illness, death | All building users including staff, catering, cleaning visitors, and essential health personnel & contractors. | * Residents with symptoms must be isolated for 14 days from the first day of symptoms. Residents with suspected Covid 19 symptoms should be isolated until a test result can be confirmed.
* New Residents should be isolated for the 14 days following admission.
* All residents will be supported by staff until such times that hospital treatment may be required.
* Residents identified as shielding should be shielded in their room where possible, staff are to wear appropriate PPE when caring for shielded residents and maintain social distancing where possible. Encourage the Resident to also wear a mask.
* If two or more people are symptomatic residents should be encouraged to remain in their rooms, the Outbreak plan/checklist should be followed until the known outcome of tests.
* Residents with Dementia will be supported to have their risk assessments reviewed on a regular basis. Managers are encouraged to implement the “walking with purpose” best practice advice and resources and an ABC plan in place to support the person to modify behaviours that place them at risk as much as safely feasible to do so.
* DNAR plans have been revised to ensure they are up to date
* Residents, Staff and visitors are encouraged to follow guidance of regular handwashing, social distancing requirements.
* All Staff will have a temperature check taken on arrival and on leaving work, any visiting essential professionals or contractors will have temperature check taken and recorded.
* All residents have a Risk Assessment in place about how they need to be supported during the Covid 19 Pandemic.
* All Residents will take temperatures taken and checked for symptoms regularly, (twice daily) residents will be tested to check if they have the virus by routine testing every 28 days.
* When isolating a single resident where possible bathroom/toilet facilities will be identified for individual use or if unable sink in the room and a commode will be provided as appropriate to their needs.
* Staff will wear PPE as single use and in line with PHE national guidance when caring for symptomatic residents.
* Care Home Managers and Staff will follow PHE guidance when undertaking a swab test for a resident, following the instructions supplied with the tests, and ensure labelling is checked and confirmed as correct.
* Consent form is completed and signed prior to testing, if unable to make decision POA as applicable involved /Best interest decision process will be followed.
* The Care Home Visiting Policy is shared with Residents, relatives and staff and is line with national and local guidance and advice, all residents have an individual dynamic risk assessment in place.
 | *Outbreak management will mean changes to this control where PPE, cleaning and isolation methods will change. Guidance is being updated on an ongoing basis and speedily disseminated to managers and staff**Actively and sensitively discussing advanced care planning with all residents /family.**During an outbreak it may be necessary to move residents however this will be done under consultation with HPT* *A checklist of actions for RMs to follow is available to be completed should the service need to report an outbreak.**Government portal available for care homes to arrange Coronavirus testing, with guidance for testing and accompanying video on link.*  | Medium |
| **Cleaning - Environment** & spread of Coronavirus  | All building users including staff, residents, catering, cleaning staff, visitors, essential health personnel & contractors | * Cleaning schedules regularly reviewed and sign off and ensure routine of cleaning that any COVID-19 areas are cleaned after non COVID-19 areas in line with National guidance admission and care of residents during Covid 19.
* Regular cleaning with usual cleaning products will continue, with an increase to regular daily cleaning of high touch areas – door handles, bannisters, taps, tables, chairs and handsets.
* Ensure and observe cleaning and then disinfecting of equipment and appropriate storage until reuse and cleaning the environment using colour coded equipment and disposable cloths at least TWICE daily with either;

 A general purpose detergent followed by, or combined with, a chlorine releasing agent at least 1000ppm av Chlorine (e.g. Milton 50ml/litre), or a Veridical product compliant with EN14476 testing. * Deep cleaning of rooms after a person has vacated and before a new admission.
* Staff have access to [IPC cleaning workbooks](https://www.infectionpreventioncontrol.co.uk/content/uploads/2018/12/Care-Home-IPC-Resource-Booklet-Sept-2018-1.pdf)
* Further cleaning of living room chairs and dining areas will be carried out by night staff over night.
* Ensure that personal equipment such as wheelchairs, walking aids, hoists and assistive technology are cleaned before, and after use.
* All waste bins will be lined and regularly checked and replaced all used waste should be placed in the outside waste container daily.
* Clinical or Infectious waste should be double bagged and placed in the outside waste bin after 72 hours or placed in the clinical waste stream.
* Regularly stock takes are carried out on supplies of cleaning chemicals, liquid soap, paper towels, tissues, toilet roll, bin bags.
 | Refer to [COVID Annex G](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/893717/admission-and-care-of-residents-during-covid-19-incident-in-a-care-home.pdf) and the government environmental cleaning guidance *Domestic and Housekeeping staff are all informed of current resident status in the home (Hot zones) All Domestic staff are provided with additional instruction, support to carry out duties in line with national guidance and best practice and full access to all appropriate PPE to carry out tasks safely.* *Cleaners are informed of Covid positive people and appropriate access to rooms arranged for cleaning.* | Medium |
| **Hand Hygiene** - spread of Coronavirus | All building users including staff, residents, catering, cleaning staff, visitors essential health personnel & contractors  | * Hand wash facilities are monitored on a regular basis to ensure they are clean and provide soap and paper towels, and a suitable waste bin
* Staff wear uniforms to ensure they are ‘bare below the elbows’ and only a plan wedding band is worn.
* Staff will follow hand washing procedure as per handwashing guidance, for a minimum of 20 seconds, before and after care is given on arrival and before leaving work to go home, and after and before rest breaks and are encouraged to wash their hands more frequently.
* Good hand hygiene practice will be carried out when putting on PPE and after taking off, when PPE is removed.
* Everyone will be reminded to wash their hands regularly, on arrival at the premises and before and after handling cleaning chemicals, eating/drinking, using the toilet, coughing or sneezing and to not to touch face (eyes, mouth, nose) with hands that are not clean.
* Hands must be dried properly with disposable paper towels to prevent infection and drying out. Staff to be advised to use appropriate hand moisturisers to prevent dermatitis.
* Bathrooms, sinks and toilets will be regularly cleaned throughout the day and after supporting someone to use the facilities Residents will be supported to wash their hands.
 | *Hand washing posters in all toilet and bathroom facilities are displayed.* *Monitoring of facilities and products required checked on a regular basis and re stocked by housekeeping staff.**Hand Hygiene Audits are complete with staff by the Management*  | low |
| **Personal protective Equipment** (PPE ) & spread of Coronavirus | All building users including staff, residents, catering, cleaning staff, essential health personnel ,visitors and contractors | * Managers ensure the latest guidance is followed when; Supporting a resident within 2 metres or more, or If an outbreak has occurred.
* Staff to ensure correct removal of Personal Protective Equipment (PPE) is followed to prevent contamination from used PPE.
* PPE items are placed in the clinical waste bin immediately after doffing.
* During an outbreak staff must be careful when pushing PPE into a bin that they do not contaminate their arms, if they do touch PPE then wash arms with warm soapy water as per the hand wash procedure.
* Domestic staff rubber gloves should be washed and dried properly before reuse.
* All staff have received the Donning and Doffing of PPE cascade training and the on line training has been completed.
* Manager completes staff observations on the correct donning and doffing procedure.
* Staff to report any changes in resident’s condition, care provision that may require closer contact and/or direct contact with contaminated droplets e.g. resident coughing towards staff when delivering direct care
* Individual Staff Risk Assessments are in place, these will be reviewed on a regular basis and should an outbreak occur. Staff to inform manager if they suspect PPE is not adequate for the care giving process, or if there has been a breach of procedure.
 | *Government Guidance on How to work safely in a care home – last updated on 20th July 2020**PPE –Donning & Doffing staff observation checklist is used.* | Medium |
| **Care & Support** delivery & Spread of Coronavirus | Staff, Residents | * Staff to maintain social distancing where possible
* If within 2 metres or more even if not providing direct care, mask is worn.
* Staff providing direct care of residents with symptoms, should wear gloves, apron, mask and eye visor.
* If there is a risk of coughing, sneezing or droplets into the carers face a visor should be worn as well as the other PPE, PHE guidance.
* Residents are encouraged as much as possible to meet own personal care needs to wash and dress. Staff to assist physically only when resident cannot do, to prompt as much as possible.
* Staff to remain vigilant and try to avoid direct face to face contact when delivering care.
* All equipment and aids are cleaned/laundered as appropriate
* Staff need to consider their position when delivering direct care e.g. stand to one side
* Staff to inform managers if they believe they have been infected from delivering direct care e.g. if resident with no symptoms coughs onto carer with no PPE on.
* Staff providing 2 persons, care should consider positioning to avoid direct face to face contact or risk of cross contamination
* Once the 2-person care activity has taken place and it is safe to do so one staff member will leave to prevent further risk of cross contamination
* Where possible once the 2-person care activity is completed the additional person should leave the room or reduce level to less than 15 minutes within the same room if possible
* Access to outside spaces for people managed on a rota basis with regular IPC measures in place before and after exercise or access.
 | *How to work safely in a care home guidance – July 2020* | Medium  |
| **Laundry & Linen**Spread of Coronavirus | Staff, residents, domestics, & laundry staff | * Infection prevention control procedures are followed when dealing with laundry; red alginate bags are provided to help identify potentially infected laundry from normal
* Laundry management is monitored on regular basis including the wearing of PPE, the use of Red bags and the disposal of any waste products.
* Laundry & linen is washed on the highest temperature recommended 60 degrees or above
* All equipment (Slings) are cleaned/laundered as per manufacturer’s instructions.
* Staff uniforms are laundered on site – *delete as* appropriate.
* Staff facilities are provided for staff to safely change in and out of uniforms to launder safely at home – *delete as appropriate*
 | *Advice and guidance has been provided by IPC team* | Medium |
| **Activities** Spread of coronavirus | Staff (including Catering , residents, visitors & essential health and social care professionals and contractors | * Activities are provided where possible social distancing is encouraged between residents and staff
* Activity rooms are arranged with space between chairs/tables to try to implement social distancing
* All equipment and resources are single person use and are cleaned after use
* Activities are arranged at various different times throughout the day to reduce the “flow of people”
* No external professionals providing activity or entertainment are allowed in the home at this time.
 |  | Low |
| **Dining Room – Eating & Drinking**  | Staff (including Catering & Residents  | * Spacing between furniture is arranged with a maximum of two residents per table
* Residents are encouraged to carry out hand washing before and after eating & drinking
* Anyone showing symptoms has their dining options offered in their room
* High touch areas including condiments are cleaned before and after use
* Dining tables including under the lips and chair arms are cleaned after each service
* Staff rooms have restricted access to ensure social distancing
* Dish washer is maintained to ensure it is in good working order
 |  | Low |
| **Non care home staff & spread of Coronavirus** | All building users including staff, residents catering, cleaning ,health personnel, HAS assessment staff visitors & contractors | * All non-essential visitors have been postponed or meetings takes place by other means, FaceTime, telephone etc.
* Visitors to residents at their end of life will receive advice on the homes policy and protocol for facilitating special circumstances visitation arrangements.
* Contractors will be expected to follow their own risk assessment comply with the homes hand washing procedures, contractors should only attend homes with an outbreak in an emergency, contractors should not enter (Hot Zones) or access isolated rooms without appropriate PPE and direct instruction from the Home Manager.
* Residents admitted from Hospital will be supported to isolate for 14 days in line with national guidance and the homes policy and procedures.
 | *The Guidance ‘Admission and Care of residents during COVID 19 Incident in a Care Home &**Dept. of H&S Care have issued Covid 19: Our Action Plan for Adult Social Care.*  | Low |
| **Fire and Emergencies-** Including statutory servicing and maintenance Spread of Coronavirus and  | All building users including staff, Residents, catering, cleaning staff, Health personnel visitors and contractors | * All staff undergo induction in the fire and emergency routines and accident/first aid procedures. This should be the usual routes. Repeat as necessary with new starters or those unfamiliar with the premises (agency/re-deployed staff).
* All emergency cut-off points for water, gas and electric are clearly marked and known by staff and that details of emergency contacts are readily available.
* Property services will continue to carry out statutory maintenance checks, managers and staff will give information on the covid-19 requirements when contractors enter the property
* Registered manager will ensure regular alarm and safety checks are ongoing and any faults reported as per the normal procedure.
* Some regular maintenance may not be carried out. However, safety critical works should be reported for repair e.g. failure of fire alarm, damage to asbestos.
* Contractors are to wear face masks (will have their own) when entering the building to carry out works, the senior staff member to identify any areas that are out of bounds, if the works are in external buildings masks may not be necessary and contractors will follow their own PPE risk assessment.
* Contractors will be temperature checked on arrival, with job and contact details recorded. Contractors will not be left unsupervised and be monitored to ensure they do not enter no-go areas.
* Contractors will be asked to inform senior staff members of work not completed.
* Senior staff will ensure RM’s are notified of work not completed so an appropriate temporary management regime can be put in place e.g. more regular water temperature checking due to contractor being unable to test the thermostatic mixing valve.
* All contractors will liaise with staff before entering premises and avoid entering if not required following social distancing when picking up keys etc. for external buildings.
 | *Continue with weekly fire panel check and ensure staff respond - keeping to social distancing as far as practicably possible.**Registered Manager completes regular care home audits – relating to Health & Safety of the home and residents.* | Low |
| Management and Leadership  | Staff, residents | * The Registered manager will inform their senior manager/nominated individual if they are unable to operate safely with current management and staff levels.
* The care home Dependency Tool is implemented, reviewed and adjusted as a result of any changes to a resident’s health and wellbeing.
* Registered Manager will inform the Care Quality Commission and the Local Authority of any issues and concerns regarding staffing that may prevent the service running as usual and send in the relevant notifications.
* New staff are offered training and induction on site and virtually to ensure they have the right knowledge and information to do their job
 | *Use CQC Notifications guidance and the Local Authority – Risk Notification procedure*  | Low |
| Changes in service delivery may impact on our legal requirements under MCA  | Staff and residents  | * Where we restrict residents, not able to understand the best interest decision process followed, this may need the DoLS process to be followed.
* Consent for testing (taking a swab) best interest decision will be applied as applicable
* Normal operating procedures apply
 | *Seek additional advice from MCA team at the Local Authority**Consent form now available that covers people not able to make informed decision* | Low |
| **ACTION PLAN** (insert additional rows if required) | **To be actioned by:** | **Action completed:** |
| Additional control measures to reduce risks *so far as is reasonably practicable* | **Name** | **Position** | **Date** | **Signature** | **Date** |
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| COMMENTS AND INFORMATION*Use this section to record how the risk assessment & control measures have been communicated to relevant people, and any other comments and information* |
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| **Scheduled date of next review** *Minimum annually, or if there are any significant changes, or following an incident or near miss* | **Are there any changes to the activity since the last review?***Clarify that all the controls are still in place and how monitored on a regular basis* | **Signature of manager** | **Date of review** |
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