




Reference Number: V39	Risk Assessment Record					
Assessed by: Claire Snowdon	Signature: 		Position: H&S Manager			
Approved by: Tara Allen	Signature: 		Position: Director of Resources			
Activity: Managing the risk of Coronavirus/COVID 19 (additional localised and task specific C19 risk assessments also in place in the Central Policies area of the network)	Date: 6/2/2020	Review Dates:	07/02/2020 25/02/2020 10/03/2020 18/03/2020 03/04/2020 27/04/2020 22/05/2020 12/06/2020 28/07/2020 26/08/2020 18/12/2020 01/03/2021	10/02/2020 26/05/2020 12/03/2020 23/03/2020 09/04/2020 04/05/2020 28/05/2020 25/06/2020 07/08/2020 1/10/2020 15/1/2021 01/04/2021	20/02/2020 05/03/2020 16/03/2020 30/03/2020 17/04/2020 14/05/2020 08/06/2020 06/07/2020 21/08/2020 10/11/2020 28/01/2021 16/04/2021	29/07/2021

Risk assessment to be reviewed at least annually or following an accident, incident or near miss.

Task/s	Persons at Risk	Named Hazard/s	Controls in Place	Risk Rating L x S = R			Additional Controls Required	Risk Level (H, M, L)
Managing risk of spread of coronavirus	Students Residents Service Users Staff Visitors Contractors	Lack of staff to meet need in services	<p>Movement of staff will be restricted and only permitted where absolutely essential (see separate Restricting Staff Movement Between Settings risk assessment).</p> <p>Teams of staff working into a setting to remain as consistent as possible given levels of staff absence (competency and training assessed prior to relocation).</p> <p>Planning of rotas and class groups to ensure that bubbles of people</p>	3	4	12	<p>Separate closure risk assessments in place for each residence.</p> <p>Consider guidance to allow exemption from contact isolation: https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings</p> <p>Please note that any decisions to risk assess staff to exempt from isolation in Care Home settings must be approved by the local Director of Public Health.</p>	High

		<p>remain <i>as consistent as possible</i> (but this will be dependent on staff absence).</p> <p>Daily leadership meetings to ascertain staffing numbers, Leadership rotas in place.</p> <p>Where a CQC registered service is unable to provide sufficient numbers of suitably qualified, competent, skilled and experienced staff in line with Regulation 18, a notification must be submitted.</p> <p>Where a OFSTED registered service is unable to provide sufficient numbers of suitably qualified, competent, skilled and experienced staff in line with Regulations 6, 10.1, 13 and 31 a notification must be submitted.</p> <p>Serious incidents to be Report to Charities Commission see https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity</p> <p>All staff sickness/absence to be reported in line with current sickness reporting.</p> <p>Adequate rest periods to be factored into all shifts to ensure staff do not become fatigued.</p> <p>Ensure that where agency or bank staff are used that the correct induction has been completed and</p>			<p>Separate spread sheet in place to triage those in residence who could be sent home for short periods of time if staffing numbers were not safe and a temporary closure were required (see also closure RA).</p> <p>Consult with commissioners where staff reaches a point where a service(s) cannot be safely staffed.</p> <p>Consider sharing staff with other organisations that are required to remain open (whilst maintaining bubbles as much as is practicable given level of staff absence).</p> <p>Consider cancellation of booked annual leave if staffing figures became critical (Under reg.15 of the Working Time Regulations 1998 (SI 1998/1833), an employer can require an employee not to take annual leave on particular days by giving the employee notice of at least the same length as the period of leave to be cancelled. For example, if the employee has booked a period of four days' annual leave, the employer must give at least four days' notice of cancellation).</p> <p>Where there is any risk of staffing shortage PHF with liaise with families, local authorities and commissioners.</p> <p>Each residence to monitor numbers of empty beds to support with relocating of residents if this was required.</p>	
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		<p>they are 'buddied' up with an experienced member of staff.</p> <p>Block book agency staff where possible to keep staff teams as consistent as possible.</p>				<p>On line Capacity Tracker completed in residential settings on a daily basis (any movement of workforce will be documented in this tracker).</p> <p>Update DRBC plans to include provision for I Region of Concern</p>	
	<p>Spread of infection leading to illness and in severe cases death/managing those who are symptomatic</p>	<p>COVID secure poster to be signed and displayed in all settings adhering to the control measures dictated in this and other c19 specific tasks.</p> <p>RA and COVID secure poster to be communicated to staff with records kept.</p> <p>Covid policy approved and shared.</p> <p>Lateral flow testing now operational for those staff who consent across all settings with results logged on NHS app and locally to the 'test results' mailbox for each service. (See separate risk assessment Covid 19 Mass Testing LFD).</p> <p>NOTE: where a positive LFD test result is obtained this MUST be followed up with a confirmatory PCR test within 2 days of the positive LFD.</p> <p><i>If you don't get your PCR results within two days of your positive LFD result, you and your household will still have to self-</i></p>	2	5	10	<p>Cases of confirmed or suspected cases to be reported via SPOC or accordance with local authority guidelines (see individual RAs).</p> <p>All positive cases to be logged with PHE 0300 303 8596.</p> <p>Outbreak Control meetings (OCT) arranged and chaired by PHE in the event of an outbreak.</p> <p>DfE helpline also available: Phone: 0800 046 8687 Email: DfE.coronavirushelpline@education.gov.uk Opening hours: 8am to 6pm (Monday to Friday)</p> <p>All government guidance is being adhered to various members of the task group are signed up to receive automatic updates. In particular the following advice is being referred to; task forces signed up for updates from Government, PHE, NHS, CQC, HSE, NASS etc.</p> <p>https://openwho.org/courses/COVID-19-IPC-EN - Covid specific training for staff</p>	Medium

isolate even if your PCR test comes back negative.

Vaccination programme for residents and staff continues (staff can use the following link to find their NHS number
<https://www.nhs.uk/nhs-services/online-services/find-nhs-number/>

Current self isolation guidance can be found here:
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

If you live alone and you have symptoms of coronavirus illness (COVID-19), however mild, you should self isolate and arrange for a PCR test. You must self isolate until you receive the results of your test.

Symptoms include:

High temperature (feel hot to touch on your chest or back)
A new, continuous cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours), **anosmia - loss or change to your sense of smell or taste** (you cannot smell or taste anything, or things smell or taste different to normal).

Where necessary 'Environmental cleaning following a possible case' protocol should be followed as advised by Public Health England.

Larger residences to consider where they can split areas and maintain consistent staffing teams to create smaller households to reduce risks of cross infections and also potentially reduce numbers who would need to do into isolation if there were symptomatic people in one 'household' in the residence isolation.

Any asymptomatic resident who completed an overnight hospital stay must complete a 14 day isolation period on return to the settings.

In residential settings consideration should be given to self isolate residents that have attended A&E but this should be assessed on a individual basis and take into account use of PPE/C, length of stay etc. Isolation should not generally be required for residents attending pre-planned medical appointments where PPE/C has been in use.

Where air conditioning is in use and a person is in isolation consider switching off the A/C if this does not pose risks associated with increased temperatures.

Test and Trace effective from 28/5/2020.

Staff, students and service users encourage to walk or cycle (cycle to work

Staff to be mindful that many people who have tested positive have not one of the 3 recognised symptoms; staff to be vigilant and remain off work if unwell (for example runny nose, sore throat and headache) ; to seek a test if they develop any C19 symptoms, You must self isolate if:

- You have symptoms that may be caused by C19, including those waiting for a test result
- You have received a positive test result (whether or not you have symptoms)
- You live in the same household as someone with C19 symptoms or someone who has tested positive

A household means:

- One person living alone
- A group of people living at the same address (may or may not be related)
- A group of people who share a nomadic way of life (e.g. those who live on traveller sites, canal boats etc)

If you live with others and you **are the first in the household to have symptoms of coronavirus**, then you must self isolate with all members of your household. You should seek a PCR test as soon as possible and isolate while you

scheme for staff) wherever possible. Cycles to be stored in bike racks at 2m distance.

		<p>Members of your household can also take a PCR tests as they are at higher risk of being infected.</p> <p>You and your household must self isolate until the test results are received.</p> <p>If you receive a positive test result you must self-isolate for 10 days from the start of the symptoms or the positive test result if you were asymptomatic. <i>PLEASE NOTE THE DAY OF THE RESULT OR ONSET OF SYMPTOMS COUNTS AS DAY ZERO. 10 FULL DAYS OF ISOLATION MUST BE COMPLETED NOT INCLUDE THE DAY OF THE RESULT/SYMPTOMS.</i></p> <p>If you test positive and are admitted to hospital you must isolate in hospital (or continue to self isolate on discharge) for 14 days from the FIRST POSTIVE PCR test result.</p> <p>If you are asymptomatic but received a positive result self-isolate for 10 days from the result unless you later develop symptoms. If you develop symptoms you must self-isolate for 10 days from the onset on the symptoms not the date of the positive result.</p> <p>If a member of your household receives a positive test the rest of the household must isolate for 10 days.</p>					
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If during the isolation period anyone else in the household starts displaying symptoms they must get a test and remain in isolation until they get the results. If the test result is positive they must self isolate for 10 days from when the symptoms appeared, regardless of what day they are on in the original isolation period.

In the foundation's Adult Residential Care settings residents must still self isolate for 14 days (not the reduced 10 day rule).

If you are isolating because of a positive test result but did not have any symptoms, and you develop COVID-19 symptoms within your isolation period, start a new 10 day isolation period by counting 10 full days from the day following your symptom onset.

If at the end of the isolation period if you still have a high temperature you must remain in isolation until this returns to normal and has remained normal for at least 48 hours (you do not need to remain in isolation if a cough or anosmia continues after 10 days as this could last for several weeks after an infection has gone).

Anyone who has been in contact with a confirmed case of Covid 19



		<p>(via test and trace) MUST self isolate for 10 days (14 if a resident). The full isolation period must be completed even if they take a test during the isolation period and it is negative.</p> <p>Covid stay at home guidance can be found here: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</p> <p>If you know you have lived with or had close contact with a confirmed case of COVID 19 but have not been contacted via Trace and Track, self isolate and ring NHS 111 for further advice.</p> <p>In the event of a positive result PHE (0300 3038596) and local commissioners must be notified (in line with local guidance). Close contact tracing will be completed using the tracing form; this will inform who else is required to self isolate. (note from September 2021 close contact tracing to be completed by Track and Trace in educational settings).</p> <p>Online reporting via Covid 19 Case tracker on sharepoint.</p> <p>All visitors required to complete online form with personal contact details (retained on file for 21 days then destroyed).</p>					
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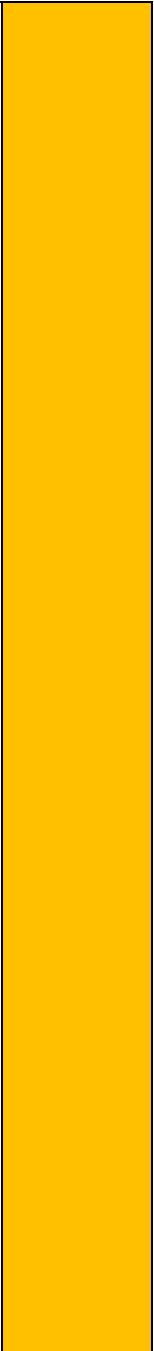
Staff from vulnerable groups will not be required to support students/residents or service users who are suspected or confirmed with COVID (to also consider BAME and other groups who appear to be disproportionately affected by COVID, separate risk assessments in place to support these staff).

Where a client is returning to a residence following a hospital admission a C19 test must be completed 48 hours prior to the planned return with a negative result received prior to returning to the residence. The resident will then complete 14 days isolation on return from a hospital admission.

Travel – you must have proof of a negative COVID-19 test to travel to England from abroad. See <https://www.gov.uk/guidance/coronavirus-covid-19-testing-for-people-travelling-to-england#history>

You can shorten your quarantine period if you pay for a COVID-19 test after isolating for 5 days. This is known as the Test to Release for International Travel scheme.

The Test to Release scheme is not available to anyone who has been in or through any country that is on the **travel ban red list** in the 10 days before arrival in England.



Following link provides guidance on how to obtain a test:

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#who-can-be-tested>

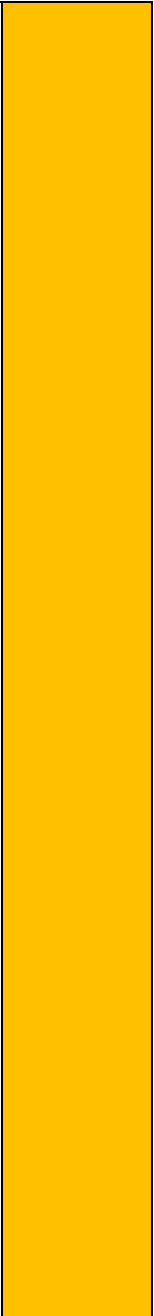
Staff who have previously tested positive should still self isolate if they develop new symptoms and should seek another PCR test.

Routine PCR testing of asymptomatic residents and staff taking place at adult residential settings weekly for staff, monthly for residents (see also separate risk assessment Covid 19 testing/swabbing on Central Policies area of the network).

Routine weekly home PCR testing in Day Care settings (only Thurs, Fri, Sat and Sun).

Where staff that have previously tested positive, and remain asymptomatic, they will be exempt from being retested as part of routine PCR testing for a period of 90 days.

Where a member of staff receives an inconclusive result from routine testing they can remain at work so long they are asymptomatic, however another test should be completed. If a second inconclusive result is obtained they

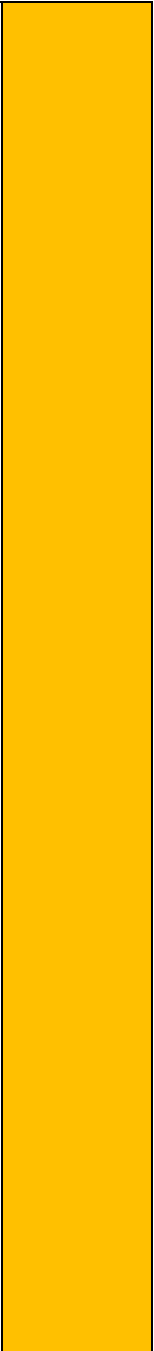


should isolate and commence a PCR test within 48 hours.

If anyone develops symptoms on PHF premises the unwell person should be removed to an area which is at least 2 metres away from other people (if the resident is in their bedroom they should remain there). An area should be allocated at each site for this purpose and should be as sterile as possible to support with effective cleaning if necessary. Shut the door and if possible open a window (if this is safe and does not pose a risk of falls from height); if air conditioning is on switch it off.

The individual who is unwell should make arrangements to go home as soon as possible. If necessary they should call NHS 111 from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain their current symptoms. If the person affected is not able for any reason to call NHS 111 themselves then a staff member should call on their behalf.

Whilst they waiting, they should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag then throw



the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available. This will apply only to the period of time while waiting for transport to hospital.

Staff supporting the individual should wear gloves, apron and and as a minimum fluid repellent mask (eye protection should be worn if there is a risk of splashing).

In our residential settings staff supporting a suspected or confirmed case will wear a FFP2/3 mask and will be face fit tested (FFT) where required (by a qualified and competent tester).

All areas that the unwell person has recently accessed should be **locked off with the attached notice displayed on the door** to inform all in the building that the room cannot be accessed. If this includes corridors the areas should be cordoned off with signs.

Cleaning of areas where there has been a confirmed case in should not commence unless a trained domestic is present who can clean in line with the safe system of work

(please note cleaning requires use of a FFP2/3 mask not just a fluid repellent mask).

Where a trained domestic or the correct PPE/C is not available an external cleaning company should be contacted.

If symptoms are later confirmed as a positive case consideration should be given to also fogging the affected areas.

Where a resident has symptoms and is self isolating staff to ensure new PPE is used for each episode of care. It is essential that used PPE is disposed of as infected clinical waste and using orange bags and bins.

In settings where items require laundering and the person is symptomatic, minimise the possibility of dispersing virus through the air, do not shake dirty laundry. Place in a red disposal bag to transfer to the laundry and wash items as appropriate in accordance with the manufacturer's instructions. All dirty laundry can be washed in the same load.

Temperatures of all staff working into residential and adult settings will be taken on arrival at work (where possible using a tympanic thermometer). If above 37.8 the

individual will be sent home to commence isolation seek a test and (there is no requirement to take temperatures of staff or students in our educational settings).

Temperatures of clients in our residential settings taken twice daily. (Can we check to see whether this is still happening?)

Any international school trips have been cancelled.

Notices are displayed at all points of entry warning people not to enter the buildings if they are symptomatic.

Separate risk assessments are in place to support the use of swimming pools.

Out of hours team available to deal with evening and weekend concerns (to consist of both operational and strategic support).

In the event there is a death of someone who is suspected or confirmed as COVID positive ensure that :

- All other residents are located in a different room or where this is not possible that at least 2 metres distance is adhered at all times

		<ul style="list-style-type: none"> • Avoid all non essential contact with the deceased • Follow all normal policies and procedures where there is a death in service. • Report to H&S/Quality department on AIN mailbox to ascertain if RIDDOR report is required. <p>If a member of staff is diagnosed as having COVID-19 and there is reasonable evidence that it was caused by exposure at work, this must be reported to the enforcing authority under RIDDOR 2013 as a case of disease.</p> <p>If a member of staff dies as a result of occupational exposure to coronavirus, then it is reportable to the enforcing authority under RIDDOR 2013.</p> <p>We should probably notify CQC too.</p> <p>If the member of staff is based in a children’s residence or education DfE should be notified.</p>					
	Social distancing	One way circulation (with markings to enforce) in use where possible; in particular entrances and exits to the building to avoid staff crossover.	3	4	12	Social distancing to be adhered to when receiving deliveries.	High

Staff to check corridors (particularly narrow ones) before entering to ensure they are clear.

Additional medication cabinets have been purchased to support with administration of medication.

Outdoor facilities to be used where possible but where there is shared equipment this must be cleaned after each bubble has used it.

Where employees complete additional work outside PHF they have been requested to declare this so impact on bubbles within the Foundation can be assessed.

Transient teams such as IT and FM to rationalise work requests as much as possible to work within a set bubble in a day.

Guidance has been issued to Central Services staff who may need to use corridors also accessed by staff/students.

Each educational setting and Hedleys Horizons has completed a 'Rebuilding/COVID secure' RA specific to the site.

Visitors permitted only if local Director of Public Health authorises this.

Deliveries must not be signed for, request that the delivery driver takes a photograph instead, 2m maintained at all times. Consider use of gloves if handwash facilities are not close by.

Liaise with Transport providers to ensure they have risk assessments in place; flag and concerns observed with local authority. Where possible make third party risk assessments accessible to staff (Transport Manager attempting to obtain copies)

Separate risk assessments in place to manage families/friends visiting residential settings.

Each resident has an individual visiting plan detailing their arrangements for visitors.

Visitors protocol is in place.

Rules of social distancing to be adhered by all – a minimum of 2 meters to be adhered to at all times to include in staff rooms, canteens, during cigarette breaks, meal times, travel to and from work etc.

Easy read posters available for all staff detailing PPE/C to be worn in each setting.

All visitors LFD tested on arrival.

Visiting Professionals (e.g. District Nurses) must not be allowed entry to care homes without proof of a negative test within the last 72 hours (exception for emergency 999 response).

Shadowing to train bank staff to be kept to a minimum however some will be necessary to ensure a bank of experienced bank staff.

Where used bank staff will be kept in one setting wherever possible.

Business travel only to take place where absolutely necessary (e.g. KIT visits) where car sharing must take place staff to sit diagonally opposite with good ventilation in the car; a face covering should also be worn.

Staff should only car share to access the workplace where there is no safer alternative (e.g as an alternative to public transport) – Car sharing now the preferred option. When this is absolutely necessary this should be done in line with the controls above and with a consistent buddy. You WILL be classed as a close contact if you share a car with someone outside of your household who later tests positive.

Activities to take place out doors wherever possible.

Purchase of food for residential settings etc. via online order wherever possible.

Parents/carers/taxi drivers and escorts advised not to gather in groups at drop off/pick up times.

Second smoking shelter identified at Chipchase for user by staff on site.

Lift occupancy has been reviewed with floor markings and posters to

Consider floor markings for furniture and signage to ensure it is not moved.

		<p>indicate positioning (including no face to face positioning).</p> <p>Staff encourage to use the stairs instead of the lift wherever possible.</p> <p>Start time/finish times and use of shared areas such as staff rooms and kitchens to be staggered wherever possible.</p> <p>Hot desking is not permitted.</p> <p>E learning to be completed instead of face to face learning wherever possible.</p> <p>Only essential face to face training to be completed (consideration given to extending refresher periods etc).</p> <p>Where face to face training is necessary a specific RA must be in place.</p> <p>Specialist manikins purchased to support with moving and handling training.</p>				<p>Ascertain which agencies are completing weekly C19 tests to staff.</p>	
	Shielding those with underlying health conditions	<p>As of 31 March 2021 those classed as clinically extremely vulnerable (CEV) are no longer required to shield.</p> <p>https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19</p>	2	5	10		Medium

		<p>protecting-extremely-vulnerable-persons-from-covid-19#cev</p> <p>Those who were shielding should be vigilant around social distancing rules and all other COVID .</p> <p>Pregnant women to seek the advice of their midwife to ascertain if they should remain at work; risk assessment to be updated for any pregnant woman who chooses to remain at work during the pandemic (but must not be in a client facing beyond 28 weeks).</p> <p>Log of those who have and underlying health conditions and the action that has been advised to be maintained by HR.</p>					
	Ensuring adequate standards of cleaning	<p>Maintain good levels of ventilation wherever possible (ensuring this does not pose a risk of falls from height), fans and air conditioning can be used in spaces where you are not supporting a positive or suspected case.</p> <p>Where necessary fit additional window restrictors to aid with increased ventilation but manage the risk of falls and absconding.</p> <p>Selgiene extreme to be used where it is available (this has now been tested against the virus 11.3.20) with a dwell time of 5 minutes. Where not available alternative disinfectant to be used.</p>	2	5	10	<p>'Fogging' all areas of Foundation sites and minibuses that are in current use, effective for up to 30 days after spraying onto a dust free surface.</p> <p>"Virus Killer" units available for use in our residential settings.</p> <p>Ensure monthly infection control audits are being completed and reviewed.</p> <p>Complete CQC C19 specific self assessment, emailed to all service areas 18/08/2020.</p> <p>Ensure an Infection Control Champion has been allocated at each location.</p>	Medium

Additional cleaning of the following items is advised with checklists in place to record this:

General
Door handles
Window handles/latches
Bannisters/handrails
Push pads for door access/egress
Keyboards
Computer keyboards/mice
Worksurfaces
Cupboard/drawer handles
Telephone handsets
Remote controls

Bathrooms
Toilets
Flushes
Seats

Catering
Tables
Chairs
Microwave doors
Taps
Kettles

Flushing of WCs to be completed with the lid closed (consider signs to support this).

Use a wipe or paper towel that can be disposed of immediately rather than a cloth.

Where outdoor equipment is used it must be cleaned between use by different groups.

Cleaning audits to be closely monitored, internal cleaning audits to be completed to audit any external contractors.

Any concerns about cleaning to be escalated to Head of Estates and Facilities or H&S Manager.

Staff not to pick up each others phones but put phones in a room on a loop to allow the easy transfer of calls to your own handset.

		<p>Remove soft toys and soft furnishings where possible (where soft toys cannot be removed they must not be shared).</p> <p>Reduce requirement to share any resources (e.g. stationery).</p> <p>Registers and staff sign in to be completed electronically wherever possible.</p> <p>Avoid sharing paper documents wherever possible; in particular rotas that would be handed by large numbers of staff.</p> <p>Visitors or contractors to site to be signed in by receptionist and told to use handgel.</p> <p>Where volunteers or students (nursing, therapy or teaching) they must adhere to the same rules as employed members of staff. Work Experience students are not currently permitted on sites.</p> <p>Badges to be wiped after they are returned by the visitor.</p> <p>Staff who enter the building when reception is not manned encourage to use their own pen or where is necessary to use a pen to sign in handgel will be available for use immediately after signing in, signage in place to reinforce this. Receptionists to sign in visitors wherever possible.</p>					
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Reception staff to remind all entering the building to use hand gel; signage in place to enforce this or direct those entering where the hand gel is located.

Separate risk assessment for management of C19 in Foundation wide vehicles (to include application of Stay Safe monthly).

IT team and those responsible for managing IT equipment to ensure this is cleaned after any support has been provided either desk top or remote (to include in particular ipads or other items used by a number of different people).

Avoid sharing iPad/keyboards etc wherever possible.

IT team to wipe keyboards with antibacterial wipes before and after use when providing desk top support, they have also been provide with pocket sized hand gel.

Safe system of work in place to clean areas where there has been someone symptomatic on the premises.

Where equipment has to be shared between a bubble (therapy equipment) but it cannot be effectively cleaned between use it should remain unused for a period of 48 hours (72 for plastic).

			Where there is a confirmed case additional cleaning (to include fogging) to be completed.					
		Standards of personal hygiene/infection control	<p>Staff have been advised to be vigilant in good hand hygiene and ensure hand washing lasts for at least 20 seconds using warm water and antibacterial soap.</p> <p>Principles of bare below the elbow (BBE) to be enforced, posters available for display.</p> <p>NHS hand wash guidance notices displayed in appropriate areas (with 'wash your hands lyrics' where suitable)</p> <p>Support provided with handwashing where required.</p> <p>Hand dryers taken out of use, additional paper towels supplied and additional bin emptying.</p> <p>All advised to avoid touching their eyes, nose and mouth with unwashed hands.</p> <p>Staff who wear spectacles are advised to regularly wash them with soap and warm water, particularly on donning and doffing PPE/C.</p> <p>Hand cleanse stations (that contain at least 60% alcohol) to be made available at points of entry</p>	2	5	10	<p>Where returning students require an AGP separate spaces must be identified to complete this procedure that is removed from all other students (staff completing procedure will have PPE/C as dictated by guidance, see separate risk assessment).</p> <p>Cleaning of these rooms to take place following the procedure.</p> <p>Face fit testing to be completed by a qualified and competent person if using a FFP3 respirator.</p> <p>HSE guidance on Face Fitting and facial hair and use of respirators if required.</p> <p>The following video to be used as a training resource:</p> <p>https://www.hse.gov.uk/coronavirus/ppe-face-masks/face-mask-ppe-rpe.htm?utm_source=hse.gov.uk&utm_medium=referral&utm_campaign=coronavirus&utm_term=rpe&utm_content=news-page</p> <p>All non essential items to be removed to support with easy cleaning of areas.</p>	Medium

and where there is no easy access to a wash hand basin (***however access may need to be considered if this poses a risk to students, service users or residents, wipes could be provided as a safer alternative***).

Disinfectant wipes in office areas to support with cleaning of phone handsets, keyboards/mice.

A plentiful supply of tissues should be made available along with receptacles to dispose of waste – staff advised to ‘catch and sneeze or cough and dispose of it appropriately

Where appropriate students, residents and service users will be reminded to manage their own hygiene (various resources available to support with this using the educational guidance document detailed above).

Due to a very limited amount of changing rooms staff are not required to change into their uniform at work however are required to bring a fresh set of clothing (uniform) to the work place to change into in the event clothing becomes contaminated during the working day (spare clean clothing also available on each site).

Coats, other outdoor clothing and personal items to be stored in staff



areas away from service users, residents and students.

When storing coats and bags of pupils or service users try to keep them as segregated as possible to prevent cross infection.

YouTube:

<https://www.youtube.com/watch?v=FJrpfmnOnpc>

Distributed for use by staff, residents, service users and students as appropriate

Staff to change their clothing if it becomes contaminated with bodily fluid throughout the working day.

Staff encouraged to shower on return home at the end of the day.

Work tops to be laundered after use using biological washing powder at a minimum of 60 degrees.

PPE/C available for use.

Microwaves to be cleaned following each use.

Staff to make their own drinks only and not make on behalf of colleagues.

Staff to use own or disposable crockery/cutlery wherever possible. Where this cannot be avoided ensure it is immediately washed,

			dried and out away after use, use a paper towel rather than shared tea towel to dry.				
		Correct use of PPE/C/usc e impacting on wellbeing/health	<p>Easy read posters detailing what needs to be worn and when.</p> <p>Staff provided with guidance on donning and doffing PPE/C (2 videos available on staff intranet).</p> <p>Staff to use PPE/C in line with Foundation/government guidance for the setting and individual risk assessments.</p> <p>PPE/C to be stored in an appropriate clean dry cupboard away from potential sources of contamination.</p> <p>Vinyl gloves can be used in care home settings providing they are the correct size however where there is a high risk of the glove tearing or the task requires a high level of dexterity (to include use of sharps/needlesticks) an alternative (such as nitrile) should be considered.</p> <p>Robust hand hygiene to be maintained where there is any skin on skin contact.</p> <p>Gloves, apron and IIR mask must be worn whenever you are within 2 metres of any resident who is coughing, even if you are not providing personal care.</p>			<p>Training on donning and doffing to be recorded in usual way.</p> <p>Guidance for students in years 7 and above who are wearing face masks/coverings. Line managers to be vigilant and ensure PPEC is used in the correct way.</p> <p>PPE/C cannot be used to exclude a close contact unless there is confidence that PPE/C is being worn correctly and infection control guidance is understood. Infection control nurse can visit to assess standards if needed.</p> <p>Implement skin checks and guidance.</p> <p>Guidance on keeping skin healthy shared with staff: https://www.rcn.org.uk/magazines/bulletin/2020/june/save-your-skin-covid-19</p> <p>Signage for mask wearing and mask free zones from September 2020.</p> <p>Exemption cards available for those who cannot wear a face mask or covering.</p> <p>Where staff cannot tolerate a mask for a medical reason and they work in a residential setting a referral to Occupational Health must be made and alternative employment considered.</p>	

When speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate it may not be possible to wear a face mask all of the time however a risk assessment must be in place to support this and ensure individuals are not put at increased risk (consider wearing the mask at least some of the and wearing alternative PPE that will support communication).

Each setting has PPE/C specific PPE requirements where an individual requires additional PPE a separate RA should be in place for the individual.

Where PPE/C will not be tolerated by an individual resident, service user or pupil alternatives to be considered with strategies to desensitised the individual to its use.

Where masks are used on a sessional basis staff to be trained in what this means and when the mask should be replaced.

Where reusable goggles or visors are in use they must be sprayed with selgiene (or equivalent) then left for a dwell period of 5 minutes before being wiped with paper towel and disposed of appropriately

		<p>(see separate guidance PPE Face Shields).</p> <p>All PPE/C to be stored in a locked room accessed only be staff. Suitable dispensers or drawers to be available to store PPE/C that is in use.</p> <p>Various resources advising on the donning and doffing of PPE/C.</p> <p>Staff to ensure they remain well hydrated and that they still take even when using masks on a sessional basis (but must maintain 2m social distancing when removing the mask).</p> <p>HSE guidance on heat stress and use of PPE/C during hot weather distributed to HSC for dissemination to operational teams.</p>					
	Emotional/ physical & financial impact on staff, students, service users and students	<p>Vitamin D supplements for adult residents (see separate risk assessment).</p> <p>Link to government guidance communicated via Staff Intranet.</p> <p>Various resources available to educated service users, students and residents.</p> <p>Staff have access to a 24-hour telephone counselling service through Canada Life.</p>	3	3	9	<p>New resource for resilience shared in staff briefing 28/1/21</p> <p>https://biteable.com/watch/lets-talk-aboutresilience-a-introduction-to-r-2753610/9c9a6735ac8a0f5aa83dc6c77972e44d</p>	Medium

		<p>Regular briefings directing staff to on line resources to support with wellbeing.</p> <p>Managers to remain vigilant of signs of anxiety, stress etc.</p> <p>Managers to ensure regular contact is maintained with those who are homeworking.</p> <p>Education settings will have a 'Recovery curriculum' with focus on well being and a possible phased curriculum.</p> <p>A possible increase in challenging behaviour to be anticipated as students and service users return to our settings (BMPs to be updated accordingly).</p> <p>Where a resident is required to go to hospital in an ambulance consideration must be given (in consultation with the manager on call) to staff supporting in the ambulance. Where the decision is made to support full PPE/C must be worn and only 1 staff member should accompany the resident (the paramedic can act as the 2nd person if necessary).</p> <p>Staff to be aware of the support payment of £500 that may be available for those told to isolate via Test and Trace see:</p>					
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			https://www.gov.uk/government/publications/test-and-trace-support-payment-scheme-claiming-financial-support/claiming-financial-support-under-the-test-and-trace-support-payment-scheme					
		Suppliers – lack of provision (cleaning, medical, waste management, PPE/C)	<p>Sites have been advised to ensure a plentiful supply of all essential provisions but not to stock pile.</p> <p>Superfluous meds to be retained rather than disposed of.</p> <p>In a crisis situation due to pressure on the supply chain it may be appropriate to consider reuse/recycling of medication – See Standard Operating Procedure - Running a Medicine Re-use Scheme in a care home or hospice setting.</p> <p>A Foundation wide stocklist is operational to ensure stock is directed where it is most required (update on a regular basis).</p> <p>Educate staff to ensure PPE/C is only worn as required to reduce unnecessary usage.</p>	3	3	9	<p>C19 PPE portal available to order PPE free of charge: https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment?utm_source=9f0762e4-012d-44f7-b0e8-0fad29a5baf8&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate</p> <p>NSDR can be contacted where all other supplies have been depleted and an urgent supply is required 0800 915 9964</p> <p>Local Resilience Forum contact for emergency PPE/C.</p>	Medium
		Safeguarding	<p>Separate Keeping Children Safe in Education COVID 19 Appendix operational at NCS and PHS.</p> <p>Where staff are required to contact students either by phone or video link strict protocols are in place (to include where this results in a staff</p>	2	5	10		Medium

		<p>member using their personal telephone).</p> <p>Safeguarding policies and procedures have been updated in light of pandemic – all changes have been communicated with staff. Additional time to be provided to Lead Safeguarding staff once educational establishments reopen to all pupils.</p> <p>Cover in place should key safeguarding staff be absent during the period.</p> <p>Care Act easements, created under the Coronavirus Act 2020, to be consulted where necessary to ensure the best possible care for people in our society during this exceptional period.</p> <p>Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) during Coronavirus Pandemic Guidance to be referred to where required,</p>						
		<p>Reviewing individualised plans to include increased risks as a result of COVID 19</p>	<p>In children’s residences Emergency Healthcare plans have been reviewed/completed in conjunction with consultation with GPs, Healthcare professionals, Care Manager, family/relatives (to include anyone who has gone home during the outbreak).</p> <p>All care plans in adult and children residences have been reviewed to</p>	2	4	8		Medium


			include reference to COVID 19 and ensure they are up to date with the normal presentation of the individual so any change can be quickly identified by staff (to include staff who may have been redeployed and are less familiar with residents).					
		Risks arising from working from home (isolation, working, musculoskeletal issues from incorrect set up of workstation)	<p>Where a staff member elects to work from home contact should be made regularly by the line manager to ensure the employees wellbeing.</p> <p>Staff to read DSE for employees if working from home to ensure that they made all reasonable adjustments to ensure their workstation is as safe as it can be. Where someone will be regularly working from home on a permanent basis a DSE assessment should be completed.</p> <p>Consider relocation of equipment (e.g. office chair, IT equipment) to support this.</p>	2	3	6	Review arrangements for longer term home working to include completion of full DSE assessment and review of insurance arrangements.	Medium
		Communications (internal and external)	<p>A variety of means of communication are in place to ensure all stakeholders are updated, to include:</p> <p>Daily communications</p> <p>Temporary staff intranet</p> <p>Press releases</p> <p>PHF Website</p>	3	3	9		Medium

			<p>Comms to BoT/Governors</p> <p>Regular updates with partners (cleaning, transport, food deliveries)</p> <p>Local Authorities</p> <p>NHS, RIDDOR, Ofsted, CQC</p>					
		Security of unoccupied areas	FMs completing weekly check to identify any signs of trespasser on site.	2	3	6		Medium
		First Aid	<p>Ensure adequate numbers of First Aiders are available on site.</p> <p>Face visors and disposable fluid resistant masks also made available to First Aiders.</p>	2	3	6	Develop separate RA for CRP during C19.	Medium
		Fire	<p>Ensure adequate numbers of Fire Warden trained staff are available support fire evacuation plans.</p> <p>Ensure Fire assembly points are reviewed to allow social distancing.</p> <p>People do not have to stay 2 metres apart in an emergency situation if to do so could lead to harm.</p> <p>Ensure that basic induction is completed for any redeployed staff who are not familiar with local procedures (see redeployed staff induction form).</p> <p>Where staff are using mobile PPE/C kits they have been told not</p>	2	4	6	<p>Review fire evacuation plans if required.</p> <p>Where possible staff should wear IIR masks or face coverings to evacuate the building.</p>	Medium

			<p>to store hand gels in the vehicle due to potential fire risk.</p> <p>Where stocks of ethanol based hand sanitiser is stored/used on site ensure the following:</p> <ul style="list-style-type: none"> • Store in locked restricted access area metal container labelled to advise of potential fire risk. • Keep area cool and well ventilated. • Hand gel dispensers in classrooms and communal areas to be located/stored away from sources of heat, ignition and out of direct sunlight. 					
		Compliance works and essential maintenance	<p>Compliance checks and essential works will still be required to take place during the period.</p> <p>Any member of the FM team must liaise with the Registered Manager before entering the premises to gain permission that this is safe and ensure they are aware of any additional controls necessary required.</p> <p>Maintenance and domestic staff should attend work as normal unless informed otherwise or are self isolating.</p> <p>Any contractors on site to be managed by the FM, additional</p>	2	3	6	<p>FM to flag where any compliance checks could not be completed due to staffing issues or residents self isolating.</p> <p>Air handling units will be assessed by a competent Engineer and filters will be cleaned or replaced under controlled conditions as appropriate.</p>	Medium

			<p>RAs requested if necessary from the contractor.</p> <p>All contractors to wash hands on arrival/departure and regularly throughout the day and equipment/plant touched to be wiped down after use. PPE to be worn by contractor as instructed by the setting visited.</p>					
		Risk arising from parts of the estate not in full operational use	<p>Legionella checks increased to manage water safety/records of little used outlets update.</p> <p>Where kitchen equipment that holds water (e.g.dishwashers, combination ovens) is not in regular weekly use it should be run through at least a full cleaning cycle per week. This is to remove scale build-up and standing water build-up to prevent possible bacteria growth.</p>	2	5	10	If any buildings are completely closed during the pandemic commission a water treatment specialist to chlorinate and flush the complete system for all hot and cold water systems (including drinking water) and certify the water system is safe before the buildings are reoccupied	Medium
		Ensuring all activities are risk assessed	Ensure any new or adapted activity is risk assessed of the risk assessment is reviewed and shared with all staff.	2	4	8		Medium
		Data protection/ GDPR	<p>Where track and trace forms and completed they are stored securely then destroyed after 21 days.</p> <p>Staff temperatures are not recorded, just a tick box to confirm temp was taken and verbal consent was provided.</p>	2	3	6	Review privacy notice to include reasoning for taking temperature of staff in residential services.	Low

			Where residents temperatures are taken the usual arrangements for dealing with special category data and consent will apply.						
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Reference Number:	Risk Assessment Record	
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LIKELIHOOD
1. Improbable / very unlikely
2. Unlikely
3. Even chance / may happen
4. Likely
5. Almost certain / imminent

SEVERITY (CONSEQUENCE)
1. Negligible (delay only)
2. Slight (minor injury / damage / interruption)
3. Moderate (Lost time injury, illness, damage, lost business)
4. High (Major injury / damage, Lost time business interruption, disablement)
5. Very High (Fatality / Business closure)

RISK / PRIORITY INICATOR MATRIX						
LIKELIHOOD	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	SEVERITY (CONSEQUENCE)

SUMMARY		SUGGESTED TIMEFRAME
12-25	High	As soon as possible
6-11	Medium	Within next 3-6 months
1-5	Low	Whenever viable to do so