

EACH - Risk Assessment/Hazard Analysis Form VI.2

Sheet 1 of 8

Location:	Service Users homes and in the community	Assessment No:	1	Assessment Date:	22.12.2021
Department:	Care	Assessment Type: (Delete as appropriate: Note 1)			
		<i>Specific</i>		<i>Generic</i>	

Activity/Process/ Rationale:	<p>Working safely in the community and service users' homes</p> <p>Please also refer to the COVID 19 RAHA: Working safely in the hospice building</p>
---	---

Assessor		Line Manager Acceptance (Note 2)	
Name:	Harriet Warriner, Cheryl Norman Melissa Lindsell	Name:	Carolyn Roberts / Linda Maynard
Job Title:	Matrons	Job Title:	Assistant Directors
Signature:	Electronic via email	Signature:	Electronic as above

Assessment Review (Note 2)							
Review Date:		Name:		Job Title:		Signature:	
Review Date:		Name:		Job Title:		Signature:	
Review Date:		Name:		Job Title:		Signature:	

EACH - Risk Assessment/Hazard Analysis Form VI.2

Risk Rating = Likelihood x Consequence = Residual Risk (RR)

Hazard	Who is at Risk?	Control Measures (Existing controls)	Risk Rating (Note 3)	Additional Controls (Additional control is to be put in place and managed)	RR Rating (Note 4)	Management Plan		
						Owner	Target Date	Comp Date
Risk of contracting and transmitting COVID 19 whilst working in the community.	EACH staff, Volunteers	<p>Pandemic Flu Policy and Infection Control Policy and Procedures available to all staff detailing & providing active links to information regarding routes of transmission and mitigation actions including infection control procedures.</p> <p>All EACH community care is planned and home risk assessments and community care agreements are completed.</p> <p>Families and professionals contact EACH during office hours and out of hours</p>	4x5 = 20	<p>Guidance for health care staff can be found at the following link regarding:</p> <ul style="list-style-type: none"> guidance relating to health and social care staff if they develop coronavirus (COVID-19) symptoms, receive a positive test result or are identified as a contact of a COVID-19 case guidance on isolation requirements for patients and residents in health and social care settings after contact with COVID-19 cases guidance on repeat testing for COVID-19 for staff, patients and residents in health and social care settings <p>COVID-19: managing healthcare staff with symptoms of a respiratory infection - GOV.UK (www.gov.uk)</p> <p>COVID-19: infection prevention and control (IPC) - GOV.UK (www.gov.uk)</p> <p>Patient facing staff are participating in asymptomatic testing policy to identify possible infection and reduce transmission.</p>	2 x 3 = 6			

EACH - Risk Assessment/Hazard Analysis Form VI.2

Risk Rating = Likelihood x Consequence = Residual Risk (RR)

						Management Plan		
Hazard	Who is at Risk?	Control Measures (Existing controls)	Risk Rating (Note 3)	Additional Controls (Additional control is to be put in place and managed)	RR Rating (Note 4)	Owner	Target Date	Comp Date
		via telephone calls as initial contact for concerns with escalating symptoms.		<p>Large majority of patient facing staff are fully vaccinated.</p> <p>Prior to any community working staff or volunteers should ask the following triage questions to those they are visiting:-</p> <ol style="list-style-type: none"> 1. Do you or any members of your household have any of the following symptoms: <ul style="list-style-type: none"> • A high temperature • A new, continuous cough • A loss of, or change to, your sense of smell or taste? • Any symptoms of respiratory infection? 2. Have you tested positive or a household member tested positive for COVID-19 within the last 14 days? 3. Have you had any diarrhoea or vomiting within the last 48 hours? <p>If yes – risk assess whether the visit can go ahead. Consider if the intervention can be delivered virtually.</p>				

EACH - Risk Assessment/Hazard Analysis Form VI.2

Risk Rating = Likelihood x Consequence = Residual Risk (RR)

						Management Plan		
Hazard	Who is at Risk?	Control Measures (Existing controls)	Risk Rating (Note 3)	Additional Controls (Additional control is to be put in place and managed)	RR Rating (Note 4)	Owner	Target Date	Comp Date
				<p>If visit to go ahead the person displaying any symptoms of respiratory infection should maintain at least 2m distance from the CYP receiving the visit.</p> <p>Staff providing clinical nursing care should wear scrubs and follow universal standard infection control procedures including universal masking, when visiting service users within their own home and have robust personal plan for management of clothing/ personal items following the visit.</p> <p>Staff should maintain, where possible, a 2 metre distance from non essential household residents</p> <p>Family members are not required to wear a face mask in their own home as staff are protected through wearing PPE and there is no risk to other service users. We cannot therefore insist that people wear a mask or covering in their own home but please carry a supply of surgical masks so you can offer these as required.</p> <p>Staff to wear appropriate PPE as per PHE NHSE IPAC guidance during the period of sustained</p>				

EACH - Risk Assessment/Hazard Analysis Form VI.2

Risk Rating = Likelihood x Consequence = Residual Risk (RR)

						Management Plan		
Hazard	Who is at Risk?	Control Measures (Existing controls)	Risk Rating (Note 3)	Additional Controls (Additional control is to be put in place and managed)	RR Rating (Note 4)	Owner	Target Date	Comp Date
				<p>transmission for clinical interventions and situations which require SICPs and TBPs</p> <p>Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - GOV.UK (www.gov.uk)</p> <p>The IPC principles in this document above apply to all health and care settings including acute, diagnostics, independent sector, mental health and learning disabilities, primary care, care homes, care at home, maternity and paediatrics (this list is not exhaustive).</p> <p>PPE guide for community and social care settings (publishing.service.gov.uk)</p> <p>Ensure able to Don and Doff PPE in the community without a buddy if required</p> <p>Current PPE information when providing care in the community is displayed within hospice buildings at key locations for staff to review.</p> <p>SMNS staff hold small stock of PPE whilst on call.</p>				

EACH - Risk Assessment/Hazard Analysis Form VI.2

Risk Rating = Likelihood x Consequence = Residual Risk (RR)

						Management Plan		
Hazard	Who is at Risk?	Control Measures (Existing controls)	Risk Rating (Note 3)	Additional Controls (Additional control is to be put in place and managed)	RR Rating (Note 4)	Owner	Target Date	Comp Date
				<p>Small supply of PPE to be left in sealed plastic box in CYP home if local on call in place for end of life care and staff not received supply from site (if required).</p> <p>Ensure any EACH clinical equipment (eg stethoscope / thermometer/ Sats machine) is cleaned before and after use</p> <p>PPE orders placed as required by Locality ESM.</p> <p>Staff should dispose of PPE in the community using a household black bin bag.</p> <p>Staff may use a Bio- bin, if available, to transport used PPE from a family home to the hospice in their car to avoid risk of black bag puncture and leakage of contents.</p>				

Notes to Accompany Risk Assessment:

EACH - Risk Assessment/Hazard Analysis Form VI.2

1. If using a Generic risk assessment, the assessors and Line Managers are to satisfy themselves that the assessment is valid for the activity/process and that all significant hazards have been identified and assessed.
2. Line Managers are to note that they are held responsible for the contents of the risk assessment and they are signing to indicate that they consider the risks to be acceptable.
3. **Likelihood Score (L) x Consequence Score (C)**
 - a. What is the likelihood of the consequence occurring?

Likelihood Score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
Descriptor Frequency How often might it or does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/,possibly frequently

Consequence Scores (Severity)

- b. Choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence Score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domain	Insignificant	Minor	Moderate	Major	Catastrophic
Impact on the safety of staff service users, or others (physical or psychological harm).	Minor injury requiring no/minimal intervention or treatment. No time off work	Minor injury which is self resolving or requires minor intervention and/or Results in >3 days off work	Moderate injury requiring intervention and/or HSE/ RIDDOR reportable incident Results in >4 days off work	Major injury and long-term incapacity/disability Results in > 6 months off work	Death Multiple, permanent injuries/health effects

EACH - Risk Assessment/Hazard Analysis Form VI.2

4. Risk Rating Score - Likelihood x Consequence (L x C) = Example 3 x 2 = 6 (Moderate Risk)

Likelihood Score Consequence Score		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Insignificant	1	2	3	4	5

- a. When recording the Risk Rating ensure that both the Likelihood and Consequence scores are included. Record the residual Risk Rating to demonstrate that the risk has been reduced to an acceptable level.
- b. A risk score of **8 or above** is to be added to the EACH Risk Register.

	Low Risk	Maintain control measures and review if there are any changes.
	Medium Risk	Improve control measures if reasonably practicable to do so.
	High Risk	Review control measures and consider alternative ways of working.
	Extreme Risk	Improve control measures and do not proceed . Conducting work at this level of risk is to be approved by Senior Management.

5. Risk Assessments are to be reviewed:

- At least annually.
- If there is reason to doubt the effectiveness of the assessment.
- Following an accident or near miss.
- Following significant changes to the activity, process, procedure or Line Management.
- Following the introduction of more vulnerable personnel.
- If using a **Generic** Assessment - prior to use.