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| Coronavirus Risk Assessment for Care Providers – Post 19 July | | | | | | | | | | |
| This template risk assessment is intended to help you document the risk control measures you have introduced within the workplace to control the spread of coronavirus (COVID-19). It is not a Care Provider Continuity Plan.  You must modify this risk assessment to ensure it reflects your activities and the specific risks and controls you have in place. | | | | | | | | | | |
| **Location/Dept:** | | | | | | **Date Assessed:** | **Assessed by:** | | | |
| **Task/Activity:** Working in a care environment during the coronavirus (COVID-19) pandemic – post 19 July | | | | | |  | **Reference Number:** | | | |
|  | | | **Risk rating before implementing control measures** | | |  | **Risk rating after implementing control measures** | | |  |
| **Activity/ Task** | **Hazard/Risk** | **Persons at Risk** | **Likelihood (1-5)** | **Severity (1-5)** | **Risk/Priority** | **Controls Measures in Place** | **Likelihood (1-5)** | **Severity (1-5)** | **Risk/Priority** | **Additional Controls Measures Required** |
| Working in the care environment | Coronavirus | Employees Residents Contractors | 5 | 5 | 25 | Emergency Action Plan (EAP) in place and communicated to all employees and visitors, including what symptoms to look out for and what action to take. EAP to be displayed in visible areas around the workplace.  All employees instructed to follow government guidance on self-isolating and adhere to advice given.  The home will display a QR code at the entrance. Visitors will be asked to provide their name and contact details or scan into the premise using the NHS Test and Trace app.  Employees are strongly recommended to take part in the government’s testing programme for COVID-19 and ensure that the results are communicated to senior management. If the test results reveal that the individual has contracted COVID-19, action will be taken as prescribed in the Emergency Action Plan and a decision will be made on when they can return to work.  Lateral flow testing will be completed in the home on a regular basis with all visitors and members of staff.  Ellis Whittam’s Return to Work Form to be completed when an employee returns from self-isolating or has been diagnosed with COVID-19.  Employees encouraged to download NHS COVID-19 app on personal phones and follow instructions received when it is available.  Employees instructed to download NHS COVID-19 app on their work phone, use during working hours and follow instructions received when it is available.  Once symptomatic, all surfaces that the person has come into contact with must be cleaned, including:   * All surfaces and objects which are visibly contaminated with body fluids; and * All potentially contaminated high-contact areas such as toilets, door handles, telephones, etc.   Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with bodily fluids do not need to be specially cleaned and disinfected.  If a person becomes ill in a shared space, these should be cleaned using disposable cloths and household detergents, according to current recommended workplace legislation and practice. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contact with persons who may have been exposed to coronavirus – Isolation of residents discharged from hospital or another social care facility | Employees  Contractors  Visitors | 5 | 5 | 25 | To minimise the risk to residents in care homes during periods of sustained community transmission, all residents being discharged from hospital or interim care facilities to the care home, and new residents admitted from the community, will be isolated for 14 days within their own room. This will be the case unless they have already undergone isolation for a 14-day period in another setting unless we feel that an extend period is needed.  If new residents are admitted part way through an isolation period, they will, as a minimum, complete the remaining isolation period within their own room in the care home. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-care provideres-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated regularly. |
| Working in the care environment | Contact with persons who may have been exposed to coronavirus – foreign travel | Employees  Contractors  Visitors | 5 | 5 | 25 | We will follow the government guidance on foreign travel and we expect all our members of staff to adhere to the guidance in place.  Employees who are suspected to have coronavirus are to quarantine themselves in accordance with the government guidance.  Other persons who may have been exposed to coronavirus have been instructed by the government guidance to quarantine themselves. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contact with persons who may have been exposed to coronavirus | Employees  Contractors  Visitors | 5 | 5 | 25 | Installation of bollards/tape, physical barriers or  screens (where possible).  Plexiglass barriers installed at regular contact points (where feasible) and cleaned and disinfected regularly in line with standard cleaning procedures.  Employees regulate entry to the front of house area.  Resident information poster on COVID-19 to be displayed at entrance.  ‘Staying COVID-19 Secure’ poster displayed at the entrance.  Undertake Ellis Whittam’s COVID-19 Daily Management Checklist.  Undertake Ellis Whittam’s COVID-19 Daily Cleaning Checklist.  Employees working side-by-side or facing away rather than face-to-face.  We will use the NHS Capacity Tracker and work with the local authority to manage PPE, vaccines and workforce statuses during the pandemic.  COVID-19 posters warning contractors and visitors who are showing symptoms not to enter.  Communication and training materials will be provided for employees prior to returning to site, especially around new procedures for arrival at work.  Areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with bodily fluids do not need to be specially cleaned and disinfected.  Employees who fall into the vulnerable, clinically vulnerable and clinically extremely vulnerable categories will be assessed and provisions made accordingly. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contact with persons who may have been exposed to coronavirus | Employees  Contractors  Visitors | 5 | 5 | 25 | We will aim to maintain two-metre social distancing wherever possible, including while arriving at and departing from work, while in work, and when travelling between sites.  In an emergency, for example an accident or fire, people do not have to maintain social distancing if it would be unsafe.  People involved in the provision of assistance to others will pay particular attention to sanitation measures immediately afterwards, including washing hands.  Where social distancing guidelines cannot be followed in full in relation to a particular activity, it will be considered whether that activity needs to continue for the organisation to operate and, if so, we will take all the mitigating actions possible to reduce the risk of transmission between employees. Further mitigating actions include:   * Increasing the frequency of handwashing and surface cleaning; * Keeping the activity time involved as short as possible; * Using back-to-back or side-to-side working (rather than face-to-face) whenever possible; and * Reducing the number of people each person has contact with by using ‘fixed teams or partnering’ (so each person works with only a few others).   Staggered arrival and departure times will be implemented to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.  Additional parking facilities such as bike racks to help people walk, run and cycle to work where possible will be provided.  Passengers in corporate vehicles will be limited and will include leaving seats empty.  We will aim to reduce congestion, for example by having more entry points to the workplace.  We will provide storage for workers’ clothes and bags.  We will use markings and introduce one-way flow at entry and exit points.  We will provide handwashing facilities, or hand sanitiser where not possible, at entry and exit points and not use touch-based security devices such as keypads.  We will provide alternatives to touch-based security devices such as keypads.  We will provide alternatives for entry/exit points where appropriate, for example deactivating turnstiles requiring pass checks in favour of showing a pass to security personnel at a distance.  We will service or adjust ventilation systems, for example so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.  Where systems serve multiple buildings, or we are unsure, advice will be sought from the heating ventilation and air conditioning (HVAC) engineers or advisers.  We will open windows and doors frequently to encourage ventilation, where possible. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working around the site | Contact with persons suffering from coronavirus – dealing with confirmed cases | Employees Residents Contractors | 5 | 5 | 25 | For rooms or areas that that have confirmed cases, we will follow the [government guidance on cleaning and management of linen](https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f).  All members of staff instructed to adhere to strict personal hygiene and PPE procedures.   * Resident will be isolated, and controls implemented to reduce contact, e.g. symptomatic residents will be isolated in single-occupancy rooms. * Where this is not practical, we will cohort symptomatic residents together in multi-occupancy rooms. Residents with suspected COVID-19 will be cohorted only with other residents with suspected COVID-19. Residents with suspected COVID-19 will not be cohorted with residents with confirmed COVID-19. * We will not cohort suspected or confirmed patients next to immunocompromised residents * When we transfer symptomatic residents between rooms, the resident will wear a surgical face mask. * We will clearly sign the rooms by placing infection prevention and control (IPC) signs, indicating droplet and contact precautions, at the entrance of the room. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working around the site | Contact with persons suffering from coronavirus – moving around buildings and worksites | Employees Residents Contractors | 5 | 5 | 25 | We will look to reduce contact with others by:   * Reducing movement by discouraging non-essential trips within buildings and sites, for example restricting access to some areas, encouraging the use of radios or telephones, where permitted, and cleaning them between use; * Restricting access between different areas of a building or site; * Reducing job and location rotation; * Introducing more one-way flow through buildings; * Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging the use of stairs wherever possible; * Making sure that people with disabilities are able to access lifts; and * Regulating the use of high-traffic areas, including corridors, lifts turnstiles and walkways, to maintain social distancing. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working around the site | Poor hygiene and welfare conditions leading to staff discomfort or illness | Employees Residents Contractors | 5 | 5 | 25 | Toilets to have a regular supply of hot and cold water complete with soap and towels.  Hand sanitiser available (where required).  Kitchen area to have a safe supply of mains cold water.    Hand-contact points cleaned every hour.  Toilets and kitchen area to be regularly cleaned.  Management to implement controls to prevent overcrowding and ensure two metres between all persons. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the office area | Contact with persons suffering from coronavirus – workstations | Employees | 5 | 5 | 25 | We will look to reduce contact with others by:   * Reviewing layouts and processes to allow people to work further apart from each other; * Using floor tape or paint to mark areas to help workers keep to a two-metre distance; * Only where it is not possible to move workstations further apart, arranging for people to work side-by-side or facing away from each other rather than face-to-face; * Only where it is not possible to move workstations further apart, using screens to separate people from each other; * Managing occupancy levels to enable social distancing; and * Avoiding the use of hot desks and spaces and, where not possible (for example, call centres or training facilities), cleaning and sanitising workstations between different occupants, including shared equipment. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the office area | Contact with persons suffering from coronavirus – workstations | Employees | 5 | 5 | 25 | We will look to reduce contact with others by:   * Using remote working tools to avoid in-person meetings; * Allowing only necessary participants to attend meetings and maintaining two-metre separation throughout; * Avoiding transmission during meetings, for example by avoiding sharing pens and other objects; * Providing hand sanitiser in meeting rooms; * Holding meetings outdoors or in well-ventilated rooms whenever possible; and * For areas where regular meetings take place, using floor signage to help people maintain social distancing. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the back of house area | Exposure to human pathogens  **Category A waste:**  Human tissue, blood, related swabs and dressings.  **Category B waste:**  Syringe needles cartridges, broken glass, any other contaminant / disposable sharp  item.  **Category E waste:**  Incontinence pads, urine, faeces and other  bodily fluids (assessed as not falling into Category A). | Employees | 5 | 5 | 25 | Written clinical waste policies.  Safe system of work in place for dealing with exposure and handling of clinical waste.  Staff trained in waste hazards.  Secure rooms for ‘in use’ storage and locked bin storage area.  Company-authorised licensed operators are contracted to uplift and transport hazardous waste from the site.  Records of waste transfer and disposal are kept on site.  Sharps containers to standard BS 7320:1990 supplied and staff made aware of all locations of sharps containers.  Adequate PPE to be supplied (gloves, masks, coveralls). |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working around the site | Contact with persons suffering from coronavirus – common areas | Employees  Contractors  Visitors | 5 | 5 | 25 | We will look to reduce contact with others by:   * Working collaboratively with landlords and other tenants in multi-tenant sites/buildings to ensure consistency across common areas, for example receptions, staircases; * Staggering break times to reduce pressure on break rooms or canteens; * Using safe outside areas for breaks; * Creating additional space by using other parts of the workplace or building that have been freed up by remote working; * Installing screens to protect employees in receptions or similar areas; * Providing packaged meals or similar to avoid fully opening staff canteens; * Encouraging workers to bring their own food; * Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions; * Encouraging employees to remain on-site and, when not possible, maintain social distancing while off-site; * Regulating the use of locker rooms, changing areas and other facility areas to reduce concurrent usage; and * Encouraging storage of personal items and clothing in personal storage spaces, for example lockers and during shifts. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working around the site | Contact with persons suffering from coronavirus – common areas | Employees Residents Contractors | 5 | 5 | 25 | We will look to reduce contact with others by:   * Providing residents with access to telephones, Skype, etc. to assist with their wellbeing and ensure remote access to friends and family where possible. * If residents have symptoms, putting steps in place to minimise the risk of transmission through safe working procedures following the personal protective equipment (PPE) guidance published by the government. * Requiring staff to always use PPE for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. * Providing staff with aprons, gloves and fluid-repellent surgical masks to be used when providing personal care which requires staff to be in direct contact with resident(s) (e.g. touching) or within two metres of a resident who is coughing. Eye protection will be worn where there is a risk of contamination from respiratory droplets. * When performing a task requiring staff to be within two metres of resident(s) but where this is no direct contact with resident(s) (i.e. no touching) (e.g. performing meal rounds, medication rounds, etc.), requiring staff to use surgical masks. * Note: Eye protection may be needed for respiratory droplets from splashing of secretions. Refer to your risk assessment. Eye protection can be used continuously while providing care until you take a break from duties. * When working in communal areas with residents where there is no direct contact with resident(s) though potentially within two metres of resident(s) (e.g. working in dining rooms, lounges, corridors), requiring staff to use surgical masks. * Note: A fluid-repellant surgical mask may be needed where there is high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to residents who are repeatedly couching). Refer to your risk assessment. * Ensuring new PPE is used for each episode of care then placed and stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Well-established processes for waste management in place. * Implementing social distancing in all environments where possible. Infection Control SOP remains in place. * Installing bollards/tape, physical barriers or screens (where possible). * Installing Plexiglass barriers at regular contact points (where feasible) ensuring these are cleaned and disinfected regularly in line with standard cleaning procedures. * Having staff regulate entry to the care environment. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contact with persons suffering from coronavirus – wearing of PPE | Employees  Contractors  Members of the public | 5 | 5 | 25 | Existing PPE worn in a work activity as advised by Public Health England.  Staff have been instructed in the Control of Infection Policy.  Suitable PPE is provided, free of charge, as per Public Health Guidelines.  See [PPE resource for care workers working in care homes during sustained COVID-19 transmission in England](https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/personal-protective-equipment-ppe-resource-for-care-workers-working-in-care-homes-during-sustained-covid-19-transmission-in-england) to decide on what PPE to use and wear.  If a resident/visitor has been transferred from the care environment, all communal areas need to be cleaned with detergent then disinfected, ensuring PPE (fluid-resistant [type IIR] surgical mask) is worn during this process.  Decontamination – door to be kept shut, air con switched off until room has been cleaned with detergent and then disinfected, ensuring PPE (fluid-resistant [type IIR] surgical mask) is worn during this process.  Employees using face coverings will be encouraged to:   * Wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it. * When wearing a face covering, avoid touching their face or face covering, as it could contaminate them with germs from their hands. * Change their face covering if it becomes damp or if they have touched it. * Continue to wash their hands regularly. * Change and wash face coverings daily. * If the material is washable, wash in line with manufacturer’s instructions. If it is not washable, dispose of it carefully in the normal waste. * Practise social distancing wherever possible. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contact with persons suffering from coronavirus – shift patterns and travel to work | Employees  Contractors  Members of the public | 5 | 5 | 25 | We will:   * As far as possible, where employees are split into teams or shift groups, fix these teams or shift groups so that, where contact is unavoidable, this happens between the same people. * Minimise non-essential travel. * Minimise the number of people travelling together in any one vehicle, using fixed travel partners, increasing ventilation where possible and avoiding sitting face-to-face. * Clean shared vehicles between shifts or on handover. * Where workers are required to stay away from their home, centrally log the stay and make sure any overnight accommodation meets social distancing guidelines. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contracting and spreading of infection | Employees  Contractors  Members of the public | 5 | 5 | 25 | Basic infection controls should be followed as recommended by the government:   * Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze. * Put used tissues in the bin straightaway. * Wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available. * Try to avoid close contact with people who are unwell. * Clean and disinfect frequently-touched objects and surfaces. * Do not touch your eyes, nose or mouth if your hands are not clean. * Steam cleaning of upholstered furniture. * Furniture heavily contaminated by bodily fluids that cannot be cleaned are disposed of. * Do not touch your eyes, nose or mouth if your hands are not clean. * Hair tied back, hand and wrist jewellery removed. * Public Health England (PHE) recommended PPE available and to be worn – disposable plastic apron, fluid-resistant (type IIR) mask/respirator, face/eye protection and disposable gloves as per guidance from PHE and depending on local risk assessment. * PHE COVID-19 donning of PPE posters available. * Refresher training for all clinical and resident-facing staff provided upon release. * Separate risk assessment for vulnerable staff completed on an individual basis. * Manager(s) to consider remote working (where possible). * Manager(s) to regularly review Business Continuity Plans (BCPs) and Standard Operating Procedures (SOPs). * Determination over whether to have COVID-19 or non-COVID-19 clinics taken by managers/partners. * Separate areas created to manage and encourage social distancing. * Email and telephone recorded messages applied.   Persons worried about symptoms should use the NHS 111, only call if they cannot get help online, and NOT go to their GP or other healthcare centre. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the back of house and front of house areas | Contact with persons suffering from coronavirus – contact with objects that come into the workplace and vehicles at the worksite | Employees Residents Visitors | 5 | 5 | 25 | We will introduce:   * Cleaning procedures for goods and merchandise entering the site; * Cleaning procedures for vehicles; * Greater handwashing and handwashing facilities for workers handling goods and merchandise and provide hand sanitiser where this is not practical; * Regular cleaning of vehicles that workers may take home; and * Restrictions on non-care provider deliveries, for example personal deliveries to workers. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the office | Contact with delivery drivers / contactors / visitors to site | Employees  Contractors  Members of the public | 5 | 5 | 25 | A separate visitor risk assessment has been completed.  All visitors, including contractors and members of the public, will be required to wear a face covering when entering the premises unless medically exempt or exempt under the regulations. Anyone who refuses to follow this will be requested to leave the premises unless there is an acceptable reason why they cannot wear one. Social distancing and personal hygiene measures will be followed by employees who are around anyone that is not wearing a face covering.  All contractors / delivery drivers / suppliers expected to complete the Contractor Checklist found on the Ellis Whittam Coronavirus Advice Hub.  Contractors only allowed on site if the work cannot be completed at another time.  Contractors and delivery drivers instructed to keep two metres away from all other persons at all times.  Contractors and delivery drivers provided with handwashing facilities.  Contractors and delivery drivers supervised at all times.  Contractors will be required to complete a lateral flow test and test negative before being allowed to carry out work on site. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#annex-f>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contracting and spreading of infection – visits | Employees  Contractors  Members of the public | 5 | 5 | 25 | A separate visitor risk assessment has been completed to accompany this assessment. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contracting and spreading of infection – outbreaks | Employees  Contractors  Members of the public | 5 | 5 | 25 | We will follow the [latest government guidance](https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes) on dealing with a coronavirus outbreak.  We will inform the local Health Protection Team of a single possible or confirmed case within the care home. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>  Control measures will be revised and updated regularly. |
| Working in the care environment | Contracting and spreading of infection – vaccinations | Employees  Contractors  Members of the public | 5 | 5 | 25 | Where eligible, employees are strongly recommended to take part in the government’s vaccination programme for COVID-19 to prevent the spread of the virus and helping to protect everyone within the workplace.    Employees that have been vaccinated must continue to practice social distancing measures, including the wearing of face coverings where required until further notice from the government is provided. |  | 5 |  | Official information from government health authorities about the vaccine is available on the NHS website.  <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/> |
| Visits out of care environments | Contracting and spreading of infection – outbreaks | Employees  Contractors  Members of the public | 5 | 5 | 25 | We will follow the [latest government guidance](https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes) on managing visits out of care homes.  Visits out of care homes will only be considered for care home residents of working age for the duration of the current restrictions; this will be reviewed alongside the changing government guidance.  Outward visits will happen in agreement with the home and subject to individual and whole-home risk assessments.  While on the visit out of the home, residents are instructed to follow all [national restrictions](https://www.gov.uk/guidance/national-lockdown-stay-at-home) that apply at the time. This includes those relating to leaving your home, and those relating to gathering and household mixing.  All members of the household involved in the visit will be required to have had a negative result from a COVID-19 test taken on the day of the visit prior to visiting. The visit will not go ahead if someone tests positive. They should minimise their potential exposure to COVID-19 by limiting the number of people they meet for two weeks prior to the visit out.  When the resident returns to the care home following the visit, additional measures will be taken in order to protect other residents and care home staff from the risk of COVID transmission. Specifically, the resident will self-isolate for 14 days. Following this isolation period, assuming the resident shows no symptoms, the resident may return to the general community in the care home. If anyone involved in the visit has symptoms of COVID-19 or has tested positive for COVID-19 during the visit, the resident will need to self-isolate.  Individual risk assessments will be completed on an individual-by-individual basis with the resident’s personal needs and circumstances considered. The care home will balance this against a consideration of the risks to others in the home. |  | 5 |  | <https://www.gov.uk/government/publications/arrangements-for-visiting-out-of-the-care-home/visits-out-of-care-homes> |

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| Risk/Priority Indicator Key |

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| **Likelihood** |  | **RISK / PRIORITY INDICATOR MATRIX** | | | | | | |
| 1. Improbable / very unlikely |  | LIKELIHOOD | 5 | 5 | 10 | 15 | 20 | 25 |
| 2. Unlikely |  | 4 | 4 | 8 | 12 | 16 | 20 |
| 3. Even chance / may happen |  | 3 | 3 | 6 | 9 | 12 | 15 |
| 4. Likely |  | 2 | 2 | 4 | 6 | 8 | 10 |
| 5. Almost certain / imminent |  | 1 | 1 | 2 | 3 | 4 | 5 |
|  |  |  | | 1 | 2 | 3 | 4 | 5 |
| **Severity (Consequence)** |  | SEVERITY (CONSEQUENCE) | | | | |
| 1. Negligible (delay only) |  |  |  |  |  |  |  |  |
| 2. Slight (minor injury / damage / interruption) |  | **Summary** | | **Suggested Timeframe** | | | | |
| 3. Moderate (lost time injury, illness, damage, lost care provider) |  | 12-25 | High | As soon as possible | | | | |
| 4. High (major injury / damage, lost time care provider interruption, disablement) |  | 6-11 | Medium | Within the next three to six months | | | | |
| 5. Very High (fatality / care provider closure) |  | 1-5 | Low | Whenever viable to do so | | | | |

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| Review Record |

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| **Date of Review** | **Confirmed by** | **Comments** |
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I have read the risk assessment and understand and accept its contents form part of my job role. I will keep myself informed of any changes.

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| **Employee Name (Print)** | **Employee Signature** | **Date** |
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