

Risk Assessment – Occupational Health and Safety Management during COVID-19 Pandemic

Issue: Our staff are at the front line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infection if we have cases in our homes. Hazards include exposure to the virus, long working hours, psychological distress, fatigue and occupational burnout. This document highlights the specific measures needed to protect occupational safety and health of Stow Healthcare staff, and the safety of residents they care for.

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done
<p>Virus transmitted by staff bringing it onto site, infecting other staff and residents</p>	<p>Staff may become infected by the disease causing them harm. In turn they may pass this on to other staff, residents or their own families, any of whom may be adversely affected.</p> <p>Staff who are infected will be required to self-isolate and this will impact on staffing numbers, which could negatively impact resident care.</p>	<p>Staff have all received clear communication about the way in which we are managing the risk of the virus. They have access to the overall management plan and access to daily messages, delivered at handover as well as weekly memos.</p> <p>Only essential visitors (medical and EoL families) are permitted to enter the building, thus reducing potential exposure to the virus. Safe guidance provided to managers to support such visits.</p> <p>Information on handwashing and PPE use available to all staff.</p> <p>Information on nature of COVID-19, transmission, wearing of PPE, caring for residents in isolation or with COVID-19 (or suspected), plus quiz to test understanding all provided to staff.</p> <p>Self-isolation guidance provided to staff. Staff sickness being recorded so we are clear when isolation is due to end and we can plan staffing.</p> <p>Recruitment campaign has been launched and additional staff being recruited to manage a 20% additional staff to support in case our regular staff go off sick.</p> <p>Agency workers used only as last resort in staffing emergencies, where staff numbers would otherwise be materially unsafe to support resident dependency. H Hill signs off all agency staffing needed. Where agency staff used, these should be regular agency staff and usually contracted to complete multiple shifts at one home and not circulate to other homes.</p>	<p>COVID learning information and quiz to be developed.</p> <p>Staff to be provided with details to complete online learning course to support their understanding and safe working methods.</p>	<p>Operations Director</p>	<p>COVID info pack and quiz prepared and sent to all staff.</p> <p>Appropriate e-learning for social care not yet sourced – current e-learning has been too NHS focused.</p>	<p>26/3/20</p>

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Incoming residents from home or hospital settings could transmit COVID-19.	Staff, other residents, visiting healthcare professionals	<p>Use new testing portal to ensure that all staff in homes can be tested whether symptomatic or not</p> <p>Have developed pre-admission additional questions to be asked on arrival at home.</p> <p>Prospective or returning residents to be admitted to homes from hospital in line with government guidance, meaning they must be tested prior to leaving hospital.</p> <p>Families permitted to enter home only in cases of end of life care. Home managers have been given guiding principles to follow whilst formal guidance from government has not been provided as yet.</p> <p>All arrivals to be kept in isolation for minimum of fourteen days with PPE worn as if resident were symptomatic.</p> <p>Observations of temperature & respiration rate every 4-6 hours for 14 days for isolated residents. Enhanced IPC measures as per government guidance.</p>	<p>Support homes to access online portal</p> <p>Queries to be referred to Head of Care and Compliance</p>	<p>RF</p> <p>Home management to oversee.</p>	<p>From w/c 11 May when it goes live</p> <p>For every new admission during outbreak</p>	<p>RF</p>

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Staff transmit virus between our homes	Group staff working across multiple sites	<p>Group staff requested not to travel between sites. If they need to attend a site to transport items, to take these to external door and ensure 2m distance maintained. Group staff to work from home where practical. If in office, to maintain 2m distance and ensure all hard services are cleaned.</p> <p>Three staff work across more than one site. One staff member to be retained on one site only for now (Halstead). Two other staff (one nurse and one chef) to remain able to go between sites as we assess this as being preferable to requiring agency staff.</p>	Nurse advised to let us know if symptomatic. Chef to be requested to do same. If outbreak at homes, these two staff not to travel to affected home(s).	Operations Director	Emails sent to relevant staff	RF - completed

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High risk staff not sufficiently protected	High risk staff become seriously ill through virus transmission	<p>All 'extremely vulnerable' staff as defined by HMG to self isolate for 12 weeks. Copy of letter from NHS England to be provided as evidence to support correct pay. If they refuse to self isolate, risk assessment to be completed with staff member and risks set out. Staff member to be told we cannot recommend they continue working.</p> <p>All 'at higher risk' staff to be risk assessed using new risk assessment form.</p> <p>When pregnant staff reach more than 28 weeks gestation, they should be removed from front line resident contact roles and supported to do other roles in home. Note that guidance may change and R French to stay abreast of changes. If home is in outbreak situation, any pregnant staff member to be offered alternate duties and removed from direct resident contact work. If no alternative roles, furloughing to be used.</p> <p>New risk assessment forms to be devised for COVID situation</p>	<p>This process may be supported by group staff if home management teams are struggling to complete due to workload. Risk assessment may be done by phone</p> <p>Help staff to understand what their risk levels are and help them feel confident in mitigating the risk of transmission through their actions.</p>	<p>Home managers to complete risk assessments with support from head office where required</p> <p>Head office to maintain spreadsheet.</p>	10 April 2020 or as risk emerges.	Completed - All high risk staff assessed and records kept in home and centrally. AB/RF

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PPE not worn correctly	Transmission of virus to staff and residents	<p>Provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 residents.</p> <p>Provide instruction on use, putting on, taking off and disposal of PPE in accordance with changing guidance and alert levels.</p> <p>Provide a blame-free environment in which staff can report on incidents, such as exposures to blood or bodily fluids from the respiratory system.</p>	Staff to be shown correct use, including doffing (taking off) of PPE and disposal of PPE.	Home management	Fri 10 April	Head office have circulated YouTube video link for PPE in social care. Covered in multiple daily messages and staff memos RF
PPE shortages	Staff do not have correct PPE to support them to do their roles safely (or access to other cleaning/antibacterial products to support safe working practices)	<p>Homes are being asked to report daily (Monday to Friday) on stock levels of all key PPE and cleaning products so forthcoming shortages can be identified.</p> <p>Stock being procured from multiple providers to increase likelihood of being able to obtain PPE etc.</p> <p>Some stock to be retained at group office to support in event of immediate shortage that puts health at risk.</p> <p>Group stock levels diligently controlled. Clear tracking of supplies in and out and monitoring of stocks at home level to predict delivery requirements.</p>	<p>Ongoing conversations with suppliers to track future issues with supply and plan for alternate suppliers</p> <p>Use LA stock as provider of last resort.</p> <p>Use HMG Clipper service when operational</p>	Home managers Ruth French	Ongoing – stocks to be monitored.	No additional action but supplies being constantly monitored RF

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Fatigue and or mental distress due to pressures of work in pandemic environment	Staff – detrimental impact on mental and or physical wellbeing	<p>Ensure staff are aware of break entitlement and support them to achieve their breaks</p> <p>Ensure staff are not rota-ed on for multiple days without their consent. Try to adopt previously agreed patterns, unless business needs do not allow.</p> <p>Signpost staff to sources of mental wellbeing support</p>	<p>Provide resources display to staff in each home and encourage staff to share tips that support their mental wellbeing</p>	Alex Ball	w/c 20 April	
Management personnel incapacitated	Homes could be impacted by lack of visible leadership	Chains of command document sets out flow of work tasks. Should key personnel be incapacitated.	<p>CoC document to be finalized and sent to all in senior management team.</p> <p>Consider remote vlogs/audio messaging to supplement communication to staff.</p>	R French		Completed – vlogs being used since w/c 6 April. Command doc sent out.
Staff shortages due to staff being incapacitated due to Covid	<p>Other staff become fatigued by picking up extra shifts.</p> <p>Homes may not have enough staff to deliver safe care to residents</p>	<p>Ensuring staff are well aware of how to protect themselves through good handwashing practices and safe use of PPE.</p> <p>Ensure staff only pick up shifts they can manage, with appropriate rest breaks during shifts and between shifts.</p> <p>Ensure homes use agency staff if essential for safety. Where agency is used, this should be staff who know the home and preferably the same staff member to be used repeatedly.</p>	No	Home management	Until end of pandemic	

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Staff unclear how to respond in given situations	Staff may not respond appropriately, which could cause harm to residents or staff	Preparing scenarios to support staff in a variety of situations that they may face. Sharing this body of scenarios with staff in each home so they are easily accessible in case of a situation arising.	Ensure we listen to feedback to put in place scenarios relating to situations staff are coming up against that we may not have thought about	Helen Hill/R French	w/c 20 April	Completed – now seeing revision and new documents to be circulated w/c 11/5/2020 to reflect changes in guidance
Management unclear about company policy or direction of travel	Staff given wrong messages. Manager unclear about changes in policy related to direction of government travel	Listening to daily govt press conference to ensure key messages translated for staff. Twice weekly conference calls with all managers as group in addition to weekly meetings with individual home managers. These may be scaled down as alert level decreases	No	R French	Ongoing to end of pandemic	
Social distancing not adhered to	Staff and residents who may unnecessarily come into contact with the virus	Staff have received repeated reminders about importance of social distancing when they are not required to be closer than 2m to support a resident. Reflected in daily messages every day w/c 4 May. Managers asked to consider safety of staff rooms and encourage staff to take breaks outside in good weather. Managers asked to put up notices to support social distancing at work.	Staff to be periodically reminded as alert levels vary potentially up or down.	RF directing home managers	As advice changes	

Revision History

Version Number	Version Date	Nature of Change	Rationale	Related guidance
1.0	28/3/2020	Risk Assessment created		
2.0	12/4/2020	Altered to remove advice related to isolation post travel	Government advice had changed and new advice to support self isolation was introduced.	https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control COVID guidance for Businesses and Employers (7/4/2020)
3.0	12/5/2020	Agency staff usage – ensure only emergency use	Agency staff used rarely since start March. Important to understand when they may be used, under strict controls, to keep homes safe.	
		Safe admission processes updated	Government guidance has changed to support care homes to admit residents from hospital	Covid-19 Action Plan for Social Care (17/4/2020)
		End of life visits may now be made by families	Accords with government principles (government have indicated further formal guidance to be issued jointly with PHE to support safest means of family visits)	Publicly stated by government on announcing their Action Plan for Social Care on 17/4/2020
		Reference to Stow Healthcare’s ‘Traffic Light Guidance’ re PPE removed	Guidance has now been superseded by new PPE recommendations and these have been shared with staff	How to Work Safely in Care Homes (27/4/2020)
		Guidance re pregnant workers updated	Government advice has changed and RSOG advice has been updated to assume more cautious approach	RCOG Occupational health advice for pregnant staff (27/4/2020)
		PPE – acknowledgment that advice on PPE usage may vary	Alert levels will alter and community transmission status will vary, and PPE usage will have to change to reflect this.	How to Work Safely in Care Homes (27/4/2020) PHE YouTube PPE video (17/4/2020)
		Staff testing	New online portal will provide for all care home staff to be sent swabs to work – this will help prevent against asymptomatic transmission	COVID-19 Our Plan to Rebuild (11/5/2020)
		Social distancing at work	Staff to be supported to work in line with government guidance and try to adhere to social distancing wherever possible	COVID-19 Our Plan to Rebuild (11/5/2020)
		High risk staff	New guidance on high risk staff published	Staying Alert and Safe (11/5/2020)