

RISK ASSESSMENT - COVID -19

Risk assessment	- Prevention of exposure to COVID -19 virus
Location(s):	Scott House, Crawford House, Eckersley House, Magnolia House, Treetop House, Rainbow House, Guilford Street House, Acorn House, Chestnut House
Department/staff:	Operations/ Houses
Tasks/activities:	Sick Children's Trust Houses providing accommodation and support for families with seriously ill children in hospital
Other information:	Risk assessment to be reviewed and updated in accordance with the latest government guidance, advice and guidance from key hospital contacts and infection control

Risk assessment sign off								
Prepared by:	Sam Haley Head of Operations (North)	Signature:		Date:	12.05.2020			
Reviewed by:	Jane Featherstone CEO	Signature:		Date:				
Date for review:		ne control me	wed if additional risks not covered a easures are deemed to be insufficier					

Document issue record										
Amendment number	Issue date	Date amended	Person amending	Remarks						

Distribution schedule										
Registered number	Issue number	Date	Name	Designation						
1	1	12.05.2020	Linsey Brough	House Manager						

	Andrew Leadbitter	House Manager
	Ann Wyatt	House Manager
	Jane McHale	House Manager
	Tracey Smith	House Manager

Risk matrix										
Risk rating guidance	Likelihood (L)	5 4 3 2 1	5 4 3 2 1	10 8 6 4 2 2 Sever	15 12 9 6 3 3 ity (S)	20 16 12 8 4 4	25 20 15 10 5 5	Likelihood (L) x Severity (S) = Risk rating (RR).		
Acceptability of risk guidance	High risk: 15-26 Medium risk: 8-		High-risk activities should cease immediately. Further effective control measures to mitigate risks must be introduced. Medium risks should only be tolerated for the short term and only whilst further control measures to mitigate the risks are being planned and introduced.							
	Low risk: 1-6		Low risks are largely acceptable. Where it is reasonable to do so, efforts should be made to reduce risks further.							
Should be made to reduce risks further. Guidance. When completing a risk arisk assessment, you should: should be made to reduce risks further. 1. Identify the persons at risk and the significant hazards. 2. Calculate an initial RR for the activity. 3. Identify risk control measures that reduce the risks to an acceptable level. 4. Calculate a revised RR - you should consider how much safer the task will be if the control measures are followed. Here, you should consider changing both the likelihood (L) and the severity (S) ratings.										

Personal protective equipment (PPE) assessment

In many instances, you will be able to reduce risks further by asking staff/others to wear/use PPE. You should identify which items are required for the task here:

which items are	0		000					
Type of PPE:	Head (BS EN 397)	Foot (BS EN 345-1)	Eye (BS EN 165:2005)	Hand (BS EN 420:2003)	Hearing (EN 352-1)	High-visibility vest (BS EN 471)	RPE	Fall arrest (BS EN 361)

Additional requirements/Information:

N/A When managing the risk of COVID-19, additional PPE beyond what you usually wear is not beneficial. This is because COVID-19 is a different type of risk to the risks you normally face in a workplace, and needs to be managed through social distancing, hygiene and fixed teams or partnering, **not through the use of PPE**. Wearing a face covering is optional and is not required by law, including in the workplace – this does not constitute PPE. Workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19

Risk assessmen	t								
	Persons	Significant	Initial				Residual		
Activity	at risk	hazards	L	S	RR	Risk control measures	L	S	RR
Controlling the spread of COVID- 19	House staff and resident families	Persons being exposed to the bioaerosol and contracting and spreading COVID-19 within the workplace	5	3	15	 Staff to confirm they are free of symptoms and have not been in contact or are living with anyone showing symptoms of the virus. Anyone who meets one of the following criteria must follow the Governments guidance on Self Isolation at not arrive for work under any circumstances: Has a high temperature and/or a new persistent cough and/or a loss of, or change in, your normal sense of taste or smell (anosmia)? Is a vulnerable person (by virtue of their age, underlying health condition, clinical condition or are pregnant)? Is living with someone in self-isolation or a vulnerable person. 	1	3	3
Someone within the House showing signs of Covid19	House staff and resident families	Person in contact with staff or family member displaying symptoms of Covid19	5	3	15	 Where someone begins to present symptoms of the virus within the House the affected person should: Return home immediately Avoid touching anything Inform the relevant Hospital contact Cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough and sneeze into the crook of their elbow. If the symptoms are too severe that the person is unable to get themselves home safely dial 999 They must then follow the guidance on self-isolation and not return until their period of self-isolation has been completed. There is no need to close the House, but consideration my need to be given to arranging for a deep clean of the premises if the affected person has been present on site for a significant time. 	1	3	3

Risk assessmen	t								
	Persons	Significant	Initial				Residual		
Activity	at risk	hazards	L	S	RR	Risk control measures	L	S	RR
						The room in which someone has been staying should be closed for 48 hours and then deep cleaned.			
Travelling to the House	House staff and resident families	Catching and Spreading COVID 19	5	3	15	Where possible all House staff should avoid using public transport of any form and instead travel to site alone using their own transport (car/bike/walk). Hand cleaning facilities/hand sanitiser should be provided at all entrances and exits for site.	1	3	3
House Access/Egress	House staff and resident families	Catching / Spreading of the virus while access (or leaving) site in the confines of other persons	5	3	15	 Stop all non-essential visitors to the House Stop all volunteers visiting the House No families to enter staff office One member of staff (usually House Manager) to staff House Staff to complete only essential duties to minimise amount of time spent in the House, usually 3 mornings a week, during which any admissions will take place Discourage short stays to minimise footfall in House (no one night stays) Use markings on floor and introduce one-way flow at entry and exit points Monitor site access points to enable social distancing – you may need to change the number of access points, either increase to reduce congestion or decrease to enable monitoring to ensure plenty of space is available for persons to maintain 2m distance as a minimum. 	1	3	3

Risk assessmen	t								
	Persons	Significant	Significant Initial			5	Residual		
Activity	at risk	hazards	L	S	RR	Risk control measures		S	RR
Hea of Communal	House staff	Catching and				 All Staff and families to wash and clean hands/use hand sanitiser before entering or leaving site – display signage to remind all persons. Regularly clean common contact surfaces in reception, office, access control, doors handles, screens, desks. All communal areas to remain closed until further notice, this includes; kitchens, lounge areas and playrooms Only bedrooms with ensuite bathrooms or allocated bathrooms to be used Reduce family occupancy to around 50% of rooms to reduce number of people using the House Only parents allocated to visit their child on the ward to be accommodated in the House (this differs from ward to ward, from 1-2 parents) 			
Use of Communal areas	and resident families	Spreading COVID 19	5	3	15	 Ensure there is an adequate supply of handwash and sanitiser Ensure information regarding Social Distancing measures is given at admission Admissions to made by House Staff only, no keys to be left on the wards Prop open any doors to reduce contact touch points (not fire doors) Increase domestic cleaning of all touch points Bedroom checks to be done by sight rather than Staff entering occupied room 	1	3	3
Welfare Facilities	House staff and	Catching / Spreading the virus while using welfare facilities	5	3	15	 Ensure soap and fresh water is readily available and kept topped up at all times. Regularly clean the hand washing facilities and check soap and sanitiser levels. 	1	3	3

Risk assessmen	t								
	Persons	Significant	Initial				Residual		
Activity	at risk	hazards	L S RR		RR	Risk control measures	L	S	RR
	resident families					Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal.			
						Toilet Facilities			
						Display signage to remind of the need for washing of hands before and after using the facilities.			
						Increase cleaning regime for toilet facilities particularly door handles, locks and toilet flush.			
						Separate staff toilet allocated in each House			
						Each bedroom has allocated bathroom with WC or ensuite			
						Kitchens and Eating Arrangements			
Welfare Facilities	House staff and resident families	Catching / Spreading Continued	5	3	15	 All kitchen areas closed No eating arrangements for staff, shifts to be less than 4 hours Eating arrangements for families are available at the hospital 	1	2	2
Office work and Meetings	House staff	Catching / Spreading the virus while using House facilities	5	3	15	 Meetings to be conducted from home via Zoom Only essential office work to be completed within the House Only one member of staff to be in the House at any one time 	1	2	2

Risk assessmer	nt								
	Persons	Significant	Initial				Residual		
Activity	at risk	hazards	L	S	RR	Risk control measures	L	S	RR
Cleaning and Ventilation	House staff and families	Catching / Spreading the virus while using House facilities	5	3	15	 Enhanced cleaning procedures with sanitising spray should be in place across the house, particularly in communal areas and at touch points including: Taps and washing facilities Toilet flush and seats Door handles and push plates Handrails on staircases and corridors Lift controls Food preparation and eating surfaces Telephone equipment Keyboards, and other office equipment Rubbish collection and storage points should be increased and emptied regularly throughout and at the end of each day. Check whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels. Opening windows and doors frequently to encourage ventilation, where possible. Domestic staff to follow agreed protocol and Risk Assessment from Hospital or cleaning company. 	1	3	3
Lack of awareness/ wellbeing	House staff and resident families	Persons being unaware of the controls required to control the virus, putting themselves and others at risk,	5	3	15	 The latest government campaign posters should be displayed in welfare in suitable, conspicuous places around site. All staff should be clearly communicated with about the actions the business has taken to ensure the risk of Coivd-19 transmission have been reduced as far as is possible. 		3	3

Activity	Persons at risk	Significant hazards	Initial				Residual		
			L	S	RR	Risk control measures	L	S	RR
		Mental health/anxiety issues due to current climate				 Review any new government / WHO guidance as and when it is available Ensure House staff reive regular Wellbeing communications Lone working staff to be contacted during each shift for moral support Weekly zoom call with the team Line managers liaise with all team members, including furloughed staff to ensure furlough and answer queries 	1		
"At-risk" employees	House staff	Vulnerable persons such as those with pre-existing medical conditions and autoimmune deficiencies being exposed to the virus	5	4	20	 Employees must be identified where they are known to be Clinically extremely vulnerable or extremely vulnerable. They must follow government guidance and as a minimum take "particular care to minimise their social contact". These personnel may have received letters to state that they must self-isolate for 12 weeks. The category includes: Pregnant women People over 70 People who have had an organ transplant and are taking immunosuppressant medicine People who are having chemotherapy or radiotherapy People who have blood or bone marrow cancer People who have a severe chest condition, such as cystic fibrosis or severe asthma People who have other serious health conditions 	1	3	3

Risk assessment												
Activity	Persons at risk	Significant hazards	Initial				Residual					
			L	S	RR	Risk control measures	L	S	RR			
Emergencies i.e. fire, accident or illness	House staff and families	Serious injury, burns, delayed first aid treatment	5	4	20	 In an emergency, for example, an accident or fire, people do not have to stay 2m apart if it would be unsafe. People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands. 	3	4	12			