# TREETOPS HOSPICE RISK ASSESSMENT FORM

## Area: Hospice at Home – Care provision during COVID-19 situation

## Person responsible for area/location: Teresa Smith

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ref No | Hazard& Effect | Who at risk | Existing controls | Risk= Hazard rate x likelihood  | Required Control Measures | Residual risk | Adopted Yes/No Date | Comments |
|  | Transmission of COVID-19 from staff to patients or patients to staff during home care shift leading to infection, serious illness or death | Staff & patientsStaff & patientsStaff & patients | * Staff do not attend work if they are Covid-symptomatic
* Staff are contacted prior to their shift to ensure they have of no symptoms of covid19 and have not knowingly been in contact with anyone with Covid19
* All staff follow Government and Treetops Covid guidelines at all times.

**Preparation for care in the community by the Hospice at Home Coordination Team and the Hospice at home clinical team*** The coordination team to ask the family/carer whether there is anyone in the household who is Covid19 positive or that has knowingly been in contact with anyone who is Covid 19 positive
* The clinical team providing care to contact the family/carers prior to each visit to confirm visit and asks whether there is anyone in the household with any signs/symptoms of Covid19
* Nurses to perform own risk assessment prior to entering properties overnight to ensure own safety

**Care delivery from Hospice at Home Clinical Team*** Staff to follow guidelines/ procedures on using PPE and infection control guidelines prior to delivery of care.
* Written guidelines and procedures regarding minimising risk of Covid-19 transmission have been issued to all staff
* Staff to maintain social distance of 2 metres with people in the household where possible.
* Staff to take short breaks from wearing mask a when or where possible with fresh air, for their own health or comfort needs
 | No risk5 x 1 = 5LOW RISK5 x 1 = 5LOW RISKNo risk from phone contact5 x 1 = 5LOW RISK | • Full day or night shift will not be offered if Covid19 symptoms are present in household or have knowingly been in contact with anyone with Covid19.Staff to be advised to reinforce their knowledge of use of PPE by watching PHE/NHSE video: <https://www.youtube.com/watch?v=-GncQ_ed-9w> | 5 x 1 LOW RISK | Adopted20/01/2022Adopted20/01/2022Adopted20/01/2022 |  |
|  | Transmission of COVID-19 between staff working on the roaming service and whilst using the roaming car leading to infection, serious illness or death | Staff, Patients & Families/Carers | **Care Delivery from the Roaming Team*** The roaming staff to maintain social distance of 2 metres with each other where possible throughout the night shift
* Staff to adopt relevant infection control procedures when entering the Cheetham Centre
* The nurses will sanitise the desk designated for the roaming service at the end of their shift and in between as often as they deem necessary. (the desk will have been cleaned and sanitised by contract cleaners before the start of their shift)
* Written guidelines and procedures regarding minimising risk of Covid-19 transmission have been issued to all staff

**Usage of Roaming Car*** When using the roaming car, one staff member will be sat in driving seat and the other staff member sat behind the passenger seat
* Clinical staff working on the Roaming Service to wear face mask at all times when sat in the car
* The vehicle to be cleaned down after use with antibacterial wipes or antibacterial spray and wiped down
* A supply of PPE will be kept in the car and stock levels monitored daily to ensure enough PPE is available
* Only equipment required to provide care is to be taken into a patient’s home. Anyone surplus equipment is stored in the car boot and covered so not seen.
* Equipment brought back out of patient’s homes is thoroughly cleaned using antibacterial cleaning products before being placed back in the car boot.
 | 5 x 2=10MEDIUM RISK 5 x 2=10MEDIUM RISK | • PPE to be worn when 2 metre distancing cannot be achieved | 5 x 1 = 5 LOW RISK | Adopted20/01/2022Adopted20/01/2022 |  |
|  | Fear of attack when accessing the hospice campus during the night leading to stress and mental ill healthAttempted or actual attack when accessing the hospice campus leading to serious injury | Roaming nurses | * Vegetation cleared around barrier area
* PIR light illuminates barrier area on approach
* Always two nurses on duty
* Access to nurse On Call.
* Email handover prior to ending shift
* Crime rates in the area monitored
* 27 Soloprotect devices purchased and are being distributed individually to staff members working nights and entering more vulnerable areas, to crime
 | 3 x 2 = 6 MEDIUM RISK 4 x 2 = 8 MEDIUM RISK | Nurses to be aware of surroundings and do dynamic risk assessments during access and egress from the siteIf provided with a Soloprotect device it should be used as per training | 4 x 1 = 4 LOW RISK | Adopted20/01/2022 |  |
|  | Fear of attack when accessing patients’ homes during the night leading to stress and mental ill healthAttempted or actual attack when accessing patients’ homes leading to serious injury |  | * Lone working policy in place
* All staff have received a booklet on personal safety and follow safe practice eg parking in a well-lit area
* Staff to check area before leaving the car
* Nurses to perform own risk assessment prior to entering properties overnight to ensure own safety
* Always two clinical staff on the Roaming Team
* 27 Soloprotect devices purchased and are being distributed individually to staff members working nights and entering more vulnerable areas, to crime
 | 3 x 2 = 6MEDIUM RISK4 x 2 = 8 MEDIUM RISK | Nurses to be aware of surroundings and do dynamic risk assessments during access and egress from the siteIf provided with a Soloprotect device it should be used as per trainingEmergency number available to access nurse who is on call overnight for all nursing staff or Soloprotect to contact | 4 x 1 = 4 LOW risk | Adopted20/01/2022 | Use of Soloprotect is in place but not all staff who work face to face with patients in patients own home’s have a Soloprotect device, due to cost.The clinical team have access to liaising with the Roaming Service overnight, and the nurse that is on call. There has been training sessions incorporating on dynamic risk assessment |

**Assessor: Teresa Smith Date of assessment: 28 May 2020**

## Use the grid below to record reviews of this assessment, which are due annually or if an incident occurs, whichever is sooner.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Review Date | Signature |  | Review Date | **Signature** |
| **June 3rd 2020** | **Cheryl Webster** |  | **September 6th 2021** | **Teresa Smith** |
| **August 13th 2020** | **Teresa Smith** |  | **January 20/01/2022** | **Teresa Smith** |
| **October 22nd 2020** | **Teresa Smith** |  |  |  |
| **January 22nd 2021** | **Teresa Smith** |  |  |  |
| **April 14th 2021** | **Teresa Smith** |  |  |  |