

Coronavirus Risk Assessment

Old Hastings House Assessment carried out by: Jason Denny

Date of next review: Ongoing or 1 month Date assessment was carried out: 16/01/2021

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Done
<p>1. Covid-19 local infection rates remain high and all other local care homes have had residents cases - but not Old Hastings House since the Pandemic . 3 staff cases out of a team of 102.</p>	<p>Residents become infected. Staff become infected. Visitors become infected.</p>	<p>-Advising those have had contact with Covid- 19 affected person(s), to self-isolate for 10 days and until they are clear of any Covid-19 symptoms (cough, fever, shortness of breath) or have had a negative test result or been informed by Track and Trace when to cease self-isolation.</p> <p>-Maintain the reserved shielding area rooms 214-218 used for new or (re</p>	<p>Low -med risk: due to effectiveness of measures already in place shown in no evident resident cases (one false positive 08-01-21)</p> <p>Keep abreast of PHE and local guidance as it is changing in line with Covid19 dynamics.</p> <p>Bring forward the next round of infection control training for all staff to January/ February 2021</p>	<p>Everyone</p>	<p>With immediate effect 16/0/2021 unless stated</p>	<p>Ongoing</p>

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		<p>admissions from hospital) and Covid- 19 affected residents leaving rooms 217-218 to last</p> <p>-Maintain current ban on visitors unless for essential works or End of Life-</p> <p>-Ensure all people entering the care home 1.wash their hands for 20 seconds with alcohol-based sanitisers 2. have temperature checks 3. and non -medical personnel and care staff , such as tradespeople and social workers have LFD tests before entering the home</p> <p>Maintain long established ban on agency staff and current ban on staff being allowed to work in other care settlings</p>	<p>All care staff to have 2LFD tests per week one to occur on the day of weekly PCR testing.</p> <p>Only consider outdoor space no earlier than 21sst February for normal visitation . Review the use of the indoor shield space at the same time – currently only used for essential meetings.</p> <p>Minimise staff trips into work for testing</p> <p>Ensure that staff stick to their allocated floors to minimise the risk of transmission ; better identify infection pathways ;and reduce the numbers who would need to self -isolate if there was a positive Covid 19 case thereby not seriously disrupting the running of the service.</p> <p>LFD all residents and staff</p>			

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		<p>-Ensure people sneeze and cough into tissues and dispose of tissues immediately and then wash their hands</p> <p>- Do not shake hands on greeting visitors to care home</p> <p>Send staff home as soon as they become symptomatic.</p> <p>Maintain social distancing whenever possible despite the limitation of a care home</p>	<p>daily for a minimum of 7 days should there be one confirmed or suspected case of Covid 19 in the care home. Repeat for staff where a colleague on their shift tests positive and for those residents who were in contact</p> <p>Encourage the remaining 35% of staff to be vaccinated via an educational approach .</p> <p>LFD all staff who have not been vaccinated by February 15th – the time that the vaccine should have fully acted for those already vaccinated .</p> <p>-encourage those 4 residents not currently vaccinated to do so</p>			
2. Covid-19 may infect those in our care	Residents become infected. Staff become infected. Visitors become	- Have a team of staff (or individual) caring for those with the virus or symptomatic and a different team caring for	<p>Low -med risk due to effectiveness of measures already in place</p> <p>-Carry out new risk</p>	Everyone	With immediate effect.	

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	infected.	<p>those not affected to reduce transmission .</p> <ul style="list-style-type: none"> - allocate one member of staff each shift for the shielding area who remains there if anyone is symptomatic and who use a separate entrance/exit to the rest of the team. <p>Use separate laundry bags (red sacks) and cutlery/crockery</p> <p>Staff to wear face guards in these areas to prevent the effects of aerosols.</p> <ul style="list-style-type: none"> -Segregate those affected in their own bedroom. <p>Notify 111 that we have a suspected affected person.</p> <ul style="list-style-type: none"> - Admin staff to WFH whenever possible -Reduce risk of Covid-19 entering the home by promoting handwashing; use of tissues when coughing/sneezing (or 	<p>assessments for those residents who due to confusion would not follow self-isolation -without staff support -identify those who would need 1:1 and be ready to allocate additional staff in such circumstances</p> <p>Identify rooms in the Magdalen Suite -end of corridors for self- isolation so that infected residents should not pass others . <i>Main House shielded area is rooms 214-218</i></p> <ul style="list-style-type: none"> -Ensure staff are using PPE appropriately in line with the policy and procedure last updated 06-01-21 <p>Maintain a strong, positive and open culture so that any issues are raised quickly and without fear</p>			

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		<p>crook of elbow); immediate disposal of used tissues.</p> <ul style="list-style-type: none"> -Limit unnecessary visitors to the home -Avoid large groupings of staff in the home: For example maximum of three in any kitchen area with two metre spacing as far a possible such as handovers . <p>Staff groups to remain in own bubbles such as at training events /handovers.</p>				
3. Staff with pre-existing conditions will be at risk of significant ill health if exposed to virus	Staff become seriously ill or even die if they acquire the virus.	<ul style="list-style-type: none"> -RAG rate all staff based on known health status with action taken for those at high risk -provide type -3 masks where necessary -Protect those at significant risk from exposure to the virus -Seek medical advice as necessary. -stick to shielding 	<p>Low risk /impact as this just relates to three current staff (currently shielding until the 21-02-21)</p> <p>Ensure that RAG continue to be followed</p> <p>Carry out fresh risk assessment of all staff in case of changes</p>	Management	With immediate effect.	

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		advice(related to high risk staff) so staff doesn't return to work prematurely Consider supporting those vulnerable staff to work from home or redeploy to minimise any risk to them- <i>not applicable to care or activity, shielding or kitchen staff but applicable to admin team</i>	Add more detail to back to work interviews forms for staff who have shielded			
4. Covid-19 will affect a significant number of staff	Staff	<ul style="list-style-type: none"> - Keep all relevant people (Staff, Residents, Visitors) informed and up to date -Ensure all staff have knowledge of those they are supporting -Train staff so they offer safe support and update policies, procedures and risk assessments as appropriate -Have a clear emergency, along with Covid 19, procedures & policy should there be an event that results in 'serious and imminent danger to 	<p>Low risk given low numbers of staff who have contracted Covid 19</p> <p>Remind staff regularly to ensure they stick to their social bubble of work and avoid unnecessary risks.</p> <p>Maintain the current regime of double cleaning of the home when there is suspected Covid 19 case or someone is Symptomatic one is including surfaces whenever they are used.</p>	Management	With immediate effect	

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		<p>persons at work'</p> <ul style="list-style-type: none"> -Communicate emergency, and Covid 19 procedures to staff and ensure they understand them via an electronic signing sheet. -Continue to pay staff their full wages where this is Covid 19 related such as the need to self-isolation to avoid unnecessary risk of transmission . 				
5.Shortage of PPE (Personal Protective Equipment)	<p>Staff at risk of being infected. Visitors at risk of being infected. Residents at risk of being infected.</p>	<ul style="list-style-type: none"> -Purchased enough stock of PPE looking 6 months in advance. - ensure sufficient budget using reserves if necessary -Liaise with Suppliers, Local Authority and PHE to secure PPE. - Ensure effective handwashing takes place -Continue to monitor that used PPE is disposed of 	<p>Low risk</p> <ul style="list-style-type: none"> -Continue to audit stocks ensuring we have a minimum of at least 3 months supply should Brexit or other factors affect supplies. 	Management	With immediate effect	

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		correctly. -provide regular training and guidance.				
6. Schools and Nurseries may close meaning staff have no childcare so cannot work	Residents, due to lack of staff availability to support their needs.	Maintain current low turnover of staff less than 5%. Continue to employ a large and predominantly a part time staff team to ensure flexible cover-if up to 10 care staff are sick at the same time Maintain high staffing levels based on full home without reducing staffing in line with Covid-19 current vacancies	Risk is currently low in terms of its impact on OHH Staff sickness and absence rates are less than 10% week on week . Despite school closures until feB 21 st the risk is low due to good staffing numbers with low sickness levels. -consider further flexible working where staff cannot do their full shift- but can do some of their standard shift or evenings due to school closures	Management	Plan with immediate effect	
7.Social Care will have general shortage of staff	Residents	-see section above - remain local care home of choice in terms of reputation, job satisfaction , and remuneration Current waiting list of applicants	Low risk Very good levels of staffing maintained no use of agency, and waiting list of applicants .	Everyone	As and when this becomes an issue	

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<p>8. One or more residents will die from Covid-19</p>	<p>Resident dying. Relative grieving. Staff grieving.</p>	<p>-- We are already a GSF accredited home only the second in East Sussex with advance care planning and living well fully embedded. -new residents and relatives are written to at the end of the four trial period with regard to the principles of GSF- information throughout the home which is also referred to at the pre-assessment stage prior to admission -Supporting Residents and Families to create an Advance Care Plan where appropriate. -Educating Residents, Relatives and Staff as to the importance of Advance Care Plans -Ensure all staff know what each Resident's Advance Care plan states and that staff take all</p>	<p>Low risk-for the few remaining residents without ACPs With Paula Duffel Community Frailty nurse complete RESPECT forms - currently around 70% of new RESPECT forms completed. Raise at GSF monthly coding and staff awareness meetings - prioritise the remaining 20% residents with regard to missing ACPs Establish specific preferences for what the last days should look like -use "Thinking Ahead form" Complete Respect form i.e. establish wishes re allowing natural death/ DNACPR wishes - Establish preferences for preferred place of care if needs could not be met at OHH Reduce the possibility of hospitalisations given Covid</p>	<p>Staff Residents Relatives Paula Duffel Community nurse</p>	<p>From point of admission</p>	

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		necessary steps to support the Resident's wishes.	19 outbreaks @Conquest and EGH			
9. Misinformation on Social Media.	Everyone by following incorrect information.	<ul style="list-style-type: none"> -Keep abreast of reliable information on www.gov.uk site and from PHE. -Maintain effective communication with whole staff team. -Make people aware that as knowledge of Covid-19 increases guidance may change. - advised staff with concerns about the vaccine to take professional medical advice. 	<p>Staff will continue to be signposted to reliable information.</p> <p>Stamp out misinformation regarding known side effects of the Covid- 19 vaccination : For example ; infertility or unusual head growth!</p> <p>Check that the homes website is fully updated</p>	Management	With immediate effect	