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| Area/Department | **EXAMPLE** – QEUH Adult Wards |
| Description of Activity | Patient care / admin tasks |
| Who could be affected? | Staff, Patients, Visitors |

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| **Risk Details**  ***Considerations*** | **Yes / No / N/A** | **Comments / Description of Controls or Action Required** |
| **Elevated risk, Testing and Self-isolation**  Individuals who fall within the elevated risk categories should follow specific guidance detailed in the Physical Distancing within the Workplace guidance document. If individuals or their family members show symptoms they should follow government guidance regarding self-isolation and refer themselves or family members for testing. Guidance is available on the Boards website: [http://www.nhsggc.org.uk/COVID19](http://www.nhsggc.org.uk/covid19). | | |
| Are local managers aware of the common symptoms of the Coronavirus and aware of the action to take if an individual presents symptoms? | Yes | All staff also aware of symptoms and action required to be taken. |
| Are managers aware of the procedures for responding to individuals who have self-isolated but are ready to return to work? *Advice available from HR and Occupational Health* | Yes | HR and OHS will be contacted if required. |
| Are staff aware that they must not report to work if they have symptoms of COVID-19 or have been advised to self-isolate? | Yes |  |
| Do staff have access to, and are they encouraged to undertake regular Lateral Flow tests? *Staff who have tested asymptomatically positive using LFD test must isolate and not report to work further to confirmation via PCR test* | Yes |  |
| Are local managers aware of the well-being support available to staff?  *Refer to the NHSGGC Staff Health Strategy* | Yes | Staff support & wellbeing available via staff net/ HR connect. Dedicated Covid 19 staff support line & OHS counselling. |
| **Travelling to and within Work -** Staff should be made aware of the guidance related to travelling to and within work and the control measures that should be adopted where social distancing cannot be maintained.  **Arriving, leaving and moving around the Workplace -** ‘Social distancing’ requires that people maintain a physical distance apart. | | |
| Have arrangements been made to accommodate increased arrival by foot or cycle? | Yes | Hospital wide not departmental. Travel plans. Secure cycle storage facilities on the campus. Showering facilities |
| Are start/finish times staggered and agreed with staff to reduce footfall of people? | Yes | Unable to due to shift patterns in place to provide full cover required. |
| Is there suitable signage and visual reminders of protocols displayed? S*tandardised signage at entry point, posters throughout and instructions for patients and visitors detailed on letter, email, website etc.* | Yes | Visitor’s information given out. Additional signage information available <https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-nhsggc-staff/social-distancing-in-the-workplace/> |
| Are there a sufficient number hand hygiene stations situated throughout? *In line with Infection Prevention and Control Guidelines.* | Yes | All clinical rooms, pantries sluices have hand washing facilities.  Hand sanitiser available at entrance & exit to ward and at various locations in corridors (<10 metres) and throughout the department. |
| Are the numbers of people entering into your department and flow of people within it restricted? *Consider separate entrance and exit points to minimise contact and introduction of one way flow around the department.* | Yes | Control access system on ward entrance/exit. Although less restricted visiting, required to report at reception. |
| Have the number of people within the department been reduced to increase physical distancing?  *Consider staff, patients and visitors.* | Yes | Only staff who are required to be on ward, visiting now less restricted, room occupancy used as guide for numbers for each patient/ room. |
| Are staff able to stop undertaking any tasks that prevent distancing being maintained? *Are there any non-service critical tasks that can be stopped and help maintain distancing.* | Yes | Clinical area and where distancing cannot be adhered to appropriate PPE is worn.(FRSM) |
| Are lunch and break times staggered to reduce the number of people in communal areas agreed with staff? | Yes | Breaks staggered. |
| Are any physical measures required to manage workplace? *Consider reconfiguration of workspace and equipment or installing barriers, screens and floor markings to implement one-way systems (where feasible) or physical barriers to create segregation.* | Yes | Markings at reception desk/ soft barriers in situ at reception, maintaining social distancing.  Minimising interaction at reception desk between nursing, patients & reception staff.  Rebooking of appointments sent out to patients. |
| Is there a regime in place to monitor and enforce physical distancing? *It is essential that a culture of positive challenge is encouraged and managers lead by example.* | Yes | All staff are aware of physical distancing and monitor this as required. SCNs/Managers encouraging/advising staff to maintain social distance. FRSM being worn when in ward/ building. |
| **Within the Department: Workstations and Meetings**  Government advice includes regular handwashing and good hygiene practices and cleaning of surfaces. Rooms that would normally bring people close together such as meeting/conference and training rooms need to be considered. | | |
| Are there keypads at entrances and exits that require skin contact? *Keypads should be deactivated where security is not compromised. Where this is not possible increased cleaning regimes and disinfection will be required.* | Yes | Entering ward is via the door access system in place operated by presenting card. No skin contact required. On exiting the ward a green door release button requires to be pressed which involves skin contact. Hand sanitising stations available outside ward entrance/exit doors to allow hygiene immediately after use. |
| Are facilities provided for washing hands or using a sanitiser on entry to or before leaving a location? *Consider areas such as the egress of stairwells to ensure the avoidance of inherent safety measures e.g. the use of handrails.* | Yes | Gel stations at the front & rear entrance. Both inside and outside of ward. Each ward has gel stations attached to the walls at 10 metre intervals. Clinical hand washing facilities available in all patient bedrooms, pantries, sluices, drug prep areas. |
| Have touch points been identified and enhanced cleaning regimes implemented? *Key touch points include: handrails, door handles, switches, printers/photocopiers, kitchen facilities and toilet / handwash facilities, waste bins etc* | Yes | Staff also require to carry out regular hand hygiene/sanitising between use of equipment/access rooms, etc. |
| Is there opportunity for fresh air flow within areas or other form of ventilation? *Staff should be encouraged to open windows in shared working areas to increase air flow, where possible.* | Yes | Windows do not open, air conditioned building. Ventilation air change rates undertaken by Estates |
| Are there suitable storage, allowing segregation of outer wear to avoid potential cross contamination? | Yes | Nursing staff have access to lockers. |
| Are office and meeting room area occupancy numbers limited sufficiently to allow for distancing requirements? | Yes | Each office/meeting room assessed to identify the maximum number of staff who can occupy it at any one time. Wearing of FRSM removes this restriction for brief periods. |
| Are face to face meetings being reduced as much as possible? *Video conferencing and telephone should be utilised above face to face where possible.* | Yes | Use of telephone consultations where appropriate. Also using MS Teams for meetings. |
| Are ‘hot desks’ in use? If so, are they cleaned between use? *Hot desk areas should have appropriate instructions displayed for safe use with cleaning materials available. Hot desking should be avoided where possible.* | Yes | Cleaning materials available in all consulting rooms.  All staff advised to clean after use and signs displayed on all PC’s to same effect. |
| Are staff allocated personal stationery items to minimise the need for sharing? | Yes | Where appropriate e.g. reception staff and SCN office. All other staff only require pens which are issued individually. If this is not possible then strict hand sanitising/washing should take place between use of each item. |
| Are hand sanitisers provided for general use? | Yes | As before, throughout department. |
| **Common Areas (receptions, toilets, kitchens, canteens etc)**  Local managers in conjunction with Estates and Facilities should work collaboratively in assessing and identifying control measures where there are shared buildings, departments and common areas. | | |
| Have shared, common and patient treatment and waiting areas been identified and arrangements to coordinate usage to maintain social distancing? *Consider reconfiguration of the layout, floor markings and /or the need for physical barriers.* | Yes | Reduce occupancy in areas by preventing use/removing chairs to ensure physical distancing can be achieved. Maximum occupancy signage to be displayed within areas. Guidance on social distancing requirement posters to be displayed. |
| Have outside areas that could be used for break times been identified and communicated to staff? | Yes | Outside areas available within the Campus include the Relax & Recreation hub, Retail Facilities in the Atrium and external seating areas. Currently some capacity reduced in communal areas. |
| Where showers, lockers and changing areas are present have arrangements been developed to coordinate usage whilst maintaining physical distancing? *Consider reconfiguration of the layout, floor markings and /or the need for physical barriers or use of other controls e.g. wearing of fluid resistant surgical masks where appropriate.* | Yes | Changing facilities/showers will be assessed by Facilities Department. |
| Are works that require individuals to work within current distancing guidelines assessed for criticality? *Are there any non-service critical tasks that can be stopped and help maintain distancing.* | Yes | FRSM worn by all staff as per Government guidance. Gloves, apron and additional PPE worn as appropriate to clinical tasks. |
| Where working within distancing guidelines is required has the close working time been reduced as much as is possible? *Infection Prevention and Control guidance.* | Yes |  |
| Where staff cannot maintain distancing, is PPE being used as per guidance? Refer to latest Health Protection Scotland Guidance <https://www.hps.scot.nhs.uk/> | Yes | FRSM worn by all staff as per Government guidance. Gloves, apron and additional PPE worn as appropriate to clinical tasks. Face coverings mandatory required (unless exempt) for entering healthcare buildings. Any exempt staff are not in patient facing roles. |
| Are controls in place to manage risk to staff from wearing PPE? e.g. *Dermatitis risk from wearing PPE and hand hygiene. Refer to health surveillance policy and guidelines. Also potential for increased heat stress to staff wearing full PPE (Gowns, FFP3 etc) - increased breaks away from having to wear PPE may be required, together with rehydration.* | Yes | As per Staff Health Surveillance Policy Occupational Health Service referral available if required. |
| Are there other areas where screens, curtains or other physical barriers for tasks are required as physical distancing cannot be maintained? | No | FRSM worn by all staff as per Government guidance. Gloves, apron and additional PPE worn as appropriate to clinical tasks, e.g. undertaking AGP. Face coverings mandatory required (unless exempt) for entering healthcare buildings. Any exempt staff are not in patient facing roles. |
| **Other Health & Safety Considerations**  It is essential to ensure that health and safety risks aside from the hazard associated with COVID-19 continue to be controlled. | | |
| Do any existing Risk Assessments require to be reviewed due to COVID-19/ Social Distancing? Including Fire Evacuation plans | No |  |
| First Aid: Are First Aiders provided with additional PPE? | N/A | Trained Clinical staff would provide First Aid – already supplied with appropriate PPE. |
| Is safety related training being maintained / updated? | Yes | LearnPro |
| Are safety briefs and inspections still being undertaken? | Yes |  |
| **Other Considerations (as per the Hierarchy of Controls)**  **The following control measures are relevant to clinical areas.** | | |
| Are processes in place to ensure patients do not attend who have symptoms of COVID-19 or are self-isolating? | N/A | Information for visitors regarding not attending with symptoms. Patient pathways for COVID. |
| Are processes in place to enable patient care to be delivered remotely where feasible? | N/A |  |
| Is optimal bed spacing and chair spacing in place (as a minimum 2.7m/2.5m) throughout health and care facilities, including clinical and non-clinical areas, e.g. dining and office areas. | Yes |  |
| Where planned AGPs are undertaken, are these done in single patient rooms? *AGPs should not be undertaken in same room as other patients. ARHAI guidance regarding air rate changes and fallow times must be followed.* [IPC aide memoire for AGP](https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-nhsggc-staff/infection-prevention-and-control/) | Yes |  |
| Are processes in place to reduce waiting time for individuals in clinic and radiology departments? | N/A |  |
| Are movements of patients reduced where procedures can be performed in their own room rather than requiring transfer to another department? | Yes |  |
| Are type IIR face masks (FRSM) available for patients and visitors? | Yes | On entrance to building and in ward |

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| **Issues Identified** | **Action Plan** | **Responsible Person(s)** | **Due Date** |
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| Completed by | Health & Safety Service | Date | September 2021 |
| Title |  | Date for Review (Annually or sooner if changes to guidance or working conditions) | September 2022 |
| Were staff involved in the development of the Risk Assessment (Y/N) – **note: staff should be involved in development.** | | Yes | |
| How are staff informed of the findings of the Risk Assessment – Detail how e.g. safety brief, tool box talk, reading and sign off | | Reading, discussed content and sign off | |

**For areas reducing to 1m:**

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| For areas reducing to 1m physical distancing please confirm the approval route and date approved. | N/A |

**Estates and Facilities Support Request Form**

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| Area/Department |  |
| Priority Category |  |

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| **Support Required i.e. barrier or screen** | **No.** | **Responsible Person(s)** | **Date Required** |
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