

Risk Assessment Form V2.3

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Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Name of Assessor:	Kate Hamilton, Rachel Killick, David Mains	Post Held:	IPCT, PCHC, H&S
Department:	Infection Prevention	Date:	20/05/22
Subject of Assessment: E.g.: hazard, task, equipment, location, people			
Visiting Guidance for NHSGGC: Risk of transmission of COVID-19 to staff, patients and visitors.			
Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)			
<p>Description of Risk Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.</p> <p>The importance of support from family members in hospital cannot be overstated, bringing comfort to both the person in hospital and the people they consider their family or carers.</p> <p>To protect against the risk of COVID-19, it has been necessary to restrict family and carer presence to various extents since March 2020. As progress is made, steps have been taken to carefully reintroduce family support in hospitals more broadly.</p> <p>This risk assessment provides guiding person centred, infection prevention and control and health and safety principles for staff to support them to safely manage visiting, to safely enable family presence as much as possible.</p> <p>For up-to-date information about current visiting arrangements in NHSGGC, please visit the NHSGGC website.</p> <p>Conversations with the patient and family should take place on admission and throughout the hospital stay to advise of visiting arrangements and expectations to embed this as part of routine care conversations.</p> <p>As was the case before the COVID-19 pandemic, a full person-centred approach to family support does not mean an unmanaged approach to family support. It will be necessary to work with patients and families to develop processes and a culture that maximises the full benefits of family support and recognises the vital role this plays in high quality safe, effective, person-centred care. The main difference is that this needs to be balanced with the risks that COVID-19 still presents and needs to be cognisant of the safety measures which still need to be in place.</p>			
<u>Additional Local Units Description of Risk</u>			

Existing Precautions

Summarise current controls in place	Describe how they might fail to prevent adverse outcomes.
<p>Visitors are advised that a maximum of two people at a time can be at the bedside, in most circumstances</p> <p>Hand hygiene: All staff, patients and visitors have access to hand hygiene facilities</p> <p>COVID assessment: all elective patients may be provided with the COVID-19 elective surgery patient information leaflet and encouraged to undertake risk reduction measures if they can and where reasonable</p> <p>Everyone visiting someone in hospital is 'strongly recommended' to undertake a voluntary lateral flow test prior to visiting.</p> <p>Wards are subject to enhanced cleaning to reduce environmental burden</p> <p>Failure to apply standard infection control precautions</p>	<p>People may still visit in greater numbers than 2 at a time. Visitors may still transmit or be exposed to COVID.</p> <p>Staff, visitors fail to undertake hand hygiene. Hand hygiene stations are not replenished when empty.</p> <p>Patient may be exposed to a visitor who has COVID but who is asymptomatic.</p> <p>Visitors decline to undertake a voluntary lateral flow test and/or decline to disclose a positive test result or symptoms of infection.</p> <p>The environment becomes contaminated with COVID virus by source unknown and acts as a fomite for staff and patients</p> <p>As above.</p>

Level of Risk - Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

Risk Matrix

<u>Likelihood</u>	<u>Impact/Consequences</u>				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

 Very High

 High

 Medium

 Low

Current risk level

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.

High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.

Action Plan (if risk level is High (Orange) or Very High (Red))

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the issue	By Whom	Start date	Action due date
List the actions required. If action by others is required, you must send them a copy			
Patient asked on admission who matters to them and advised of the current visiting arrangements, with frequency of visit agreed. Virtual visiting will continue to be offered where appropriate.	SCN/Clinician	09/08/2021	Ongoing
Visitors will be advised not to visit if they are unwell, and with a negative LFD test result if possible.	SCN/Clinician		
Visitors will be advised to carry out an LFD test before they visit and must not visit if the test is positive.	GGC Comms		
Visitors will be provided with information on key areas of Infection Prevention including face masks, hand hygiene, respiratory hygiene.	GGC Comms and Clinician		
Visitors are strongly encouraged to wear a face mask at all times while on NHSGGC premises unless exempt.	GGC Comms/SCN		
Visits from family should be spread across the day as much as possible to ensure all patients who wish a visit are able to receive a visitor safely.	Visitors / SCN		
Ensure adequate hand hygiene stations and placement at identified key locations to encourage use, and that these are checked and replenished according to agreed procedures.	SCN/Clinician		
Where possible if available and weather permitting family visits should be supported outdoors in ward gardens or in the hospital grounds. All safety measures still apply when outdoors.	SCN/Visitor		
The IPCT will monitor hospital COVID activity and update management teams regularly to trigger a review of visiting if necessary	IPCT		
Wards with outbreaks will undertake a risk assessment as part of the incident management to consider halting non-essential visiting until the outbreak is over.	IPCT/Ward staff		
Each ward will have a local risk assessment which will incorporate the level of risk to the patient, the layout of the ward (single rooms,	Visitors / SCN/T&P		

bed bays, Nightingale), bed spacing and facility to incorporate a visitor chair at each space and facility for hand hygiene.	SCN/Clinician		
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Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

Report up management chain for action	
Report to Facilities for action	To William Hunter for comment and cascade to Directorate of Facilities and Estates Management
Contact advisers/specialists	To David Mains , Deputy Head of Health and Safety Infection Prevention and Control Management Team
Alert your staff to problem, new working practice, interim solutions, etc	

Reply

If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Assessment completed - date:

Review date: