

COVID-19 Workplace Risk Assessment and Action Plan

Risk Assessment Form

Type of Risk Assessment (tick any that apply):

Compliance		Legal	x	Financial		Health & Safety	X	Environmental	
Patient Safety		Operational		Medical Equipment		Strategic / Business		Project	

Location/Department: Main OPD	Name of Assessor: [REDACTED]	Job Role: Senior Sister	Date of Risk Assessment: 4.8.2020
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Describe the situation or the work activity or process being assessed – Summarise the specific risk(s) to the Trust:

Potential staff and patient exposure to COVID 19 virus within the outpatient setting

Hazard Number	Step 1. Identify the hazards		Step 2. Risk without controls			Step 3. What is already in place?		Step 4. Current Risk			Step 5. Action required
	CAUSE	IMPACT	Inherent Risk Grading The level of risk if the controls fail?			CURRENT CONTROLS What are you already doing to control the risk?		Current Risk Grading The level of risk now			GAPS IN CONTROL Do you need to do anything else to control this risk? (Please transfer to Action Plan Summary)
	What are the hazards?	Who might be harmed and how? (include anyone at special risk because of vulnerability, BAME, age, ill health, pregnancy, young worker)	Consequence	Likelihood	Risk C x L			Consequence	Likelihood	Risk C x L	Yes/No

1	Working Office Space Potential cross contamination from colleagues and external contacts Concerns for cross contamination from workplace back to household and vulnerable/shielding relatives	All staff working within the outpatient setting.	4	2	8	COVID risk assessment offered to all staff Level 3 staff shielded All staff advised to change in and out of uniform at work. Social distancing within staff room Appropriate PPE available	2	1	2	No	
2	Physical attendance at meetings <i>e.g. do these need to still be held, can you hold them virtually through teams or other platforms</i>	All staff working within the outpatient setting	1	2	2	All meetings held on teams. Audit afternoons and team meetings suspended.	0	0	0	No	
3	Anxiety returning to open workplace Managing staff wellbeing <i>e.g. you may want to consider broader aspects such as bereavement and general anxiety around the</i>	All staff working within the outpatient setting	4	3	12	All PPE required is available. Shields erected at reception desks and nurses' stations for additional protection. Enhanced return to work interviews for staff who	3	2	6	No	

	<i>pandemic and its implications</i>					have had absence to support any anxiety. Open door policy with Senior management.					
4	Common areas Kitchen Toilets Photocopier Lifts Stairs <i>Are there any potential congregation points or areas where bottle necks may occur</i>	All staff working within the outpatient setting	3	3	9	Staff made aware to socially distance at break times. Maximum number of staff clearly advertised on the door to any communal room. Clinell wipes available in all settings to offer staff additional cleaning ability.	2	2	4	No	
5	Hazardous substances Use of hand sanitiser Use of disinfectant sprays/wipes	All staff working in outpatients.	3	3	9	Increased use of hazardous substances in waiting areas by patients and staff. Patients using hand sanitiser. Staff using CLINELL wipes for chairs and hand sanitiser. Moisturiser available.	3	2	6	No	

6	Cardiac Arrest	All staff working in outpatients.	3	2	6	Ensure anyone administering first aid pays particular attention to sanitation measures immediately afterwards including washing hands. No mouth-to-mouth resuscitation in line with guidelines.	3	1	3	No	
7	Fire	All staff working in outpatients.	4	2	8	Safe evacuations procedures should be followed as normal. It is acknowledged in government guidance people do not have to stay 2m apart as this is unsafe in an evacuation situation.	4	2	8	No	
8	Contacts/Visitors/Contractors	No contractors / sales reps allowed on site without prior consent. Patients will be attending outpatients.	3	3	9	Virtual clinics held wherever possible. Patients that do attend must be asymptomatic and not have been exposed to Covid in the last 14 days.	3	2	6	No	
9	Upkeep of statutory and	All staff working in outpatients.	4	2	8	All staff offered fit testing	4	1	4	No	

	mandatory training compliance					All staff encouraged to maintain statutory and mandatory training via online training.					
10	Hard surfaces medical devices, machinery and equipment	All staff working in outpatients.	3	3	9	<p>Clinical rooms – No changes to normal practice - all areas wiped down between patients.</p> <p>Observation rooms – no changes to normal practice - all equipment wiped down between patients.</p> <p>Waiting areas – social distancing changes – number of chairs reduced, chairs wiped down between patients by dedicated staff.</p>	3	2	6	No	
11	PPE use/misuse Non adherence to safe working procedures	All staff working within outpatients.	4	3	12	<p>Masks, gloves, aprons, visors worn as required.</p> <p>Masks changed as per protocol.</p> <p>Gloves and aprons changed in between patients.</p> <p>Compliance checks by senior staff.</p>	4	2	8	No	
12	Heatwave response though use of portable air	All staff working within outpatients.	4	3	12	All air conditioning and fans are to be removed.	4	2	8	No	

	conditioning units and / or fans				Doors and windows to be open as much as possible to keep the air fresh and cooler.					
13	Workers could report deficiencies to the HSE or local authority regulators if they are angry that resumption of operations has been accelerated without adequate mitigation and at the expense of safety	All staff working within outpatients.	3	3	9	Staff are aware to escalate any shortages in PPE to ensure adequate supplies. Open door policy with Senior Sister.	3	2	6	No

ACTION PLAN SUMMARY

HAZARD NUMBER	ACTION REQUIRED (GAP IN CONTROL)	ACTION BY WHO	ACTION BY (INSERT DATE)	ACTION COMPLETE (DATE AND SIGN)

Review Period (tick the relevant option):

Monthly		Quarterly		Bi-Annual		Annual		Other (specify)	
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Approving Manager:	Job Role:	Date	Datix Risk Register Reference (where appropriate):
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Grading the Risk			
Risk Rating	Consequence (How bad it may be?)	Likelihood of Harm (The chance it may occur)	Rating (R=C x L)
Decide the applicable Consequence and Likelihood for the risk: a) without any control measures in place (Inherent) b) taking into account existing control measures (Current)	1 Negligible 2 Minor 3 Moderate 4 Major 5 Catastrophic	1 Rare 2 Unlikely 3 Possible 4 Likely 5 Almost Certain	15-25 = High / Significant 8-12 = Moderate 4-6 = Low 1-3 = Very Low

		CONSEQUENCE (I.e. the Impact/Severity)				
		1	2	3	4	5
LIKELIHOOD (I.e. frequency)	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5

WHAT NEXT/RISK REGISTER ESCALATION

The risk should be escalated as per the indicators below.

If the **risk score is 1-6** the documented assessment should be shared with staff and kept in your departmental risk assessment folder. It will need reviewing annually or when an incident/change in circumstances occurs.

If the **risk score reaches 8-25** this should be escalated onto the risk register. The documented risk assessment should be shared with staff and kept in your departmental risk assessment folder. It will require review in line with Trust Risk Management Strategy and should be reviewed at least annually (at department level) or when an incident/change in circumstances occurs.

Green	Low risk	Yellow	Moderate risk	Amber	High risk	Red	Significant risk
1-3	<p>No immediate action required</p> <p>Risk assessment form completed</p> <p>No escalation onto risk register unless advised to do so</p> <p>Monitor locally</p> <p>Must be reviewed at least annually, when significant change occurs, accident/incident reported</p>	4-6	<p>Action required to determine if more precautions are required</p> <p>Risk assessment form completed</p> <p>No escalation onto risk register unless advised to do so</p> <p>Monitor locally</p> <p>Must be reviewed at least annually, when significant change occurs, accident/incident reported</p>	8-12	<p>Action required to determine what further controls are required</p> <p>Risk assessment form completed</p> <p>Escalation onto Department/CSU/Divisional risk register</p> <p>Reviewed at Department/CSU/Divisional Level</p> <p>Must be reviewed in line with Trust Risk Management Strategy (reviewed monthly)</p>	15-25	<p>Action required to determine what further controls are required</p> <p>Risk assessment form completed</p> <p>Escalation onto Department/CSU/Divisional risk register</p> <p>Reviewed at Department/CSU/Divisional Level</p> <p>Escalate to Trust Significant Risk Register</p> <p>Reviewed at Risk & Compliance Board</p> <p>If no action can be taken – Trust to</p>

					Minimum annually, when change in circumstances, accident/incident	accept risk being realized Must be reviewed in line with Trust Risk Management Strategy (two weekly unless appropriate actions are in place and there is agreement that the risk can be tolerated at that level and no less than month) Minimum annually, when change in circumstances, accident/incident
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