Risk Assessment Form Draft V 4.0

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: Pamela Joannidis, Ann McLinton Rachel Killick and Kirsty Strannigan
Post Held: IPCT, H&S
Department: Infection Prevention and Control
Date: 27/08/2021

Subject of Assessment: Visiting Guidance for NHSGGC Inpatient Wards: Risk of transmission of COVID-19 to staff, patients and visitors.

Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)

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.

Family support is a fundamental part of the care of a person in hospital to bring comfort and provide a positive effect on quality of care including nutrition, healing, recovery and overall quality of care. During the COVID-19 pandemic this support was reduced at times to essential visiting only out of necessity to reduce the risk of transmission of COVID-19 to staff and patients. It is now time to remobilise visiting in our hospitals. This is being progressed in a number of phases under the careful guidance of Senior Managers, Public Health, Infection Prevention and Control Team and Health and Safety.

From Monday 9 August 2021 the following changes will take place across NHSGGC:

- Patients will be able to have support in hospital from the people who matter to them. This no longer needs to be limited to the same two people visiting. The maximum occupancy of a room or ward should be used to guide how many people visiting can be present at any one time.
- 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.
- Inclusion of family support at times when patients wish the presence, help and support of the people who matter to them i.e. mealtimes, rehabilitation sessions, discharge planning and MDT conversations etc.

As was the case before the COVID-19 pandemic, a fully 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. Maximum number of people visiting at a time should be in accordance with your social distancing risk assessment.

Additional Local Units Description of Risk
### Existing Precautions

| Summarise current controls in place | Describe how they might fail to prevent adverse outcomes. |
1. Bed spacing and room occupancy have been assessed to ensure social distancing can be safely achieved – a social distancing risk assessment has been completed for each clinical area in accordance with social distancing guidance.

2. Hand hygiene: All staff, patients and visitors have access to hand hygiene facilities.

3. COVID assessment: all elective patients have been asked to self-isolate prior to admission to hospital and have tested negative on most recent COVID test.

4. Wards are subject to enhanced cleaning to reduce environmental burden.

5. Failure to apply standard infection control precautions.

6. Visitor(s) identified in conjunction with patient and family with frequency of visit agreed. Virtual visiting will continue to be offered where appropriate.

7. Visitors will be asked about COVID symptoms, contact with a person with COVID and whether they are self-isolating due to this. They will be advised not to visit until the quarantine period is over.

8. Visitors will be strongly recommended to have a community LFT undertaken within 48 hours prior to the visit and twice weekly for the duration of their role as visitor in hospital.

9. Visitors will be provided with information on key areas of Infection Prevention including face coverings, hand hygiene, respiratory hygiene, social distancing.

10. Visitors must wear a face covering at all times while on GGC premises.

11. Where social distancing is a concern scheduling of all planned visits is recommended and setting maximum duration of a visit will reduce the risk of a social distancing breach. 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.

12. Ensure adequate hand hygiene stations and placement at identified key locations to encourage use.

13. Visitors will be allowed to bring select items by prior arrangement with ward staff for their visitor.

14. Each bed space will be assessed for the number of visitors allowed at same time e.g. if adult visitor is

1. People visiting may sit on chairs which are designated for individual patient use and not be compliant with using designated visitor seating which should be cleaned between each visitor seating. People visiting may not be compliant with the social distancing measures advised by staff from the risk assessment and place their seat closer to the patient bed than is recommended. Social distancing risk assessment is not completed.

2. Staff, patients and visitors fail to adhere to hand hygiene measures in place. Hand gel may not be available and accessible at all times.

3. Patient may be exposed to a visitor who has COVID but who is asymptomatic or who has not declared a positive test result.

4. The environment becomes contaminated with COVID virus by source unknown and acts as a fomite for staff and patients.

5. As no. 5 above.

6. Discussion about ‘who matters’ between patient, staff and family does not happen.

7. Visitors are not asked screening questions, or symptomatic visitors are untruthful.

8. Staff fail to strongly recommend visitors have a LFT. Visitors fail to undertake LFT. Visitors decline to undertake a voluntary lateral flow test and/or decline to disclose a positive test result or symptoms of infection.

9. Family visiting are not provided with information.

10. Visitors refuse to wear face covering.

11. Visits are scheduled in for the same times of day, e.g. 11-12, 1-5, 6-8.

12. Hand hygiene gels are not refilled.

13. Visitors bring items without prior discussion with staff. Items are not cleaned with disinfectant wipes prior to being handed to the patient.

15. 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.

16. The IPCT will monitor hospital COVID activity and update management teams regularly to trigger a review of visiting if necessary.

17. 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.

18. Visitors exposed to COVID during a hospital visit will be asked to self-isolate at home and following T&P guidance.

19. There will be alternative visiting (e.g. virtual) for those visitors who are mask exempt.

20. Wards will be restricted to essential visits only outbreak situations.

21. Staff are advised to collect visitor contact details for Trace and Protect only in the event that patients are unable to identify who has been to visit them, and if 2m physical distancing has not been maintained.

15. Family are only allowed or weather does not permit a visit outdoors, thereby limiting the support they can offer their relative. Not all environments have appropriate outdoor space to accommodate visiting. Some patients may be too acutely unwell to support an outdoor visit.

16. IPCT do not undertake monitoring or this is delayed.

17. Wards to not adhere to the guidance of the IMT when an outbreak arises. Non-essential visiting is halted, without undertaking risk assessment first, thereby limiting the potential family support available.

18. Visitors do not self-isolate or follow T&P guidance.

19. Mask exempt visitors are not able to participate in virtual visiting, and therefore potential family support available is limited.

20. Patients and families suffer stress and distress from not being able to access in person family support.

21. Staff are unaware of or fail to comply with the need to collect Trace and Protect contact details, where this is required.

**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**
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.

<table>
<thead>
<tr>
<th>Proposed actions to control the issue</th>
<th>By Whom</th>
<th>Start date</th>
<th>Action due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue regular staff and public communications, encouraging compliance with control measures listed above.</td>
<td>PCHC Team</td>
<td>09/08/2021</td>
<td>When required / as changes arise</td>
</tr>
<tr>
<td>Ensure all guidance to support and underpin the safety of patients, family and staff when visiting is updated to reflect changes to national and local guidance and context.</td>
<td>PCHC Team &amp; IPCT</td>
<td>27/08/2021</td>
<td>When required / as changes arise</td>
</tr>
<tr>
<td>Ensure regular dialogue between Corporate Team, IPCT, HST, clinical staff, and the PCHC team to identify, escalate and address any controls not being adhered to.</td>
<td>All</td>
<td>09/08/2021</td>
<td>As situations arise</td>
</tr>
<tr>
<td>Share updates of visiting guidance as these are updated and ensure all mitigation measures are in place and adhered to, escalating any issues where required.</td>
<td>LN/M &amp; SCN/Ms</td>
<td>27/08/2021</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure family visiting receive written and verbal information about safety measures in place and understand these. Provide information in a different format for any individuals who require this.</td>
<td>LN/M &amp; SCN/Ms</td>
<td>27/08/2021</td>
<td>Ongoing</td>
</tr>
<tr>
<td>When outbreak situations arise and restriction to visiting are required to be in place these should be regularly reviewed to ensure family support is not restricted longer than is necessary.</td>
<td>IMT</td>
<td>27/08/2021</td>
<td>Ongoing</td>
</tr>
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<td>Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)</td>
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<tr>
<td><strong>Report up management chain for action</strong></td>
<td>To William Hunter for comment and cascade to Directorate of Facilities and Estates Management</td>
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<tr>
<td><strong>Report to Facilities for action</strong></td>
<td>To Kirsty Strannigan, Head of Health and Safety Infection Prevention and Control Management Team</td>
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<td><strong>Contact advisers/specialists</strong></td>
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<td><strong>Alert your staff to problem, new working practice, interim solutions, etc</strong></td>
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**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: |