**Risk Assessment**

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| **Assessment Number:****Assessment Date: 24th March 2020** **Updated 1/04/2020****Updated 03/04/2020** **Update 07/04/2020****Update 17/04/2020****Update 01/05/2020****Update 20/05/2020** **Update 16/06/2020** **Updated 29/06/2020** **Updated 15/07/2020****Updated 17/08/2020** **Updated 07/09/2020**  | **Project / Service: The Mungo Foundation** **Assessor Name: Tracey Calderwood (Health & Safety Advisor)** **Contributors- CODRAG**  | **Further Assessments Required** | **Special Groups****(Where individual assessments will be required)** |
| **Task / Activity / Area Assessed:****The current virus outbreak of COVID-19**  | **Description:** **This risk assessment is looking at the hazards associated with COVID-19 in Services and Office based buildings. There was initially daily this is now weekly meetings being held where the Dynamic Risk Assessment for the Organisation is being reviewed and updated by the CODRAG Group.**  | Individual risk assessment where applicable  | Pregnant Workers Immune Compromised/Vulnerable Groups of Staff Those identified as being at risk of severe illness form COVID and who require shielding |

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| **Hazards Identified** | **Who could be harmed** | **How might they be harmed** | **Current Control Measures in Place** | **Risk** |
| Outbreak of Coronavirus  | Staff, Service Users  | Outbreak of the virus could occur with our Services and Office bases if someone has COVID-19, including those who are a-symptomatic  | * Infection prevention control measures have increased at all service and office bases
* Information of staff immune compromised collated at senior management team level
* Contingency plan in place for each Service and office base
* Service users who need to be self-isolated will be supported by barrier methods, staff wearing, gloves, aprons and surgical masks, face visors where applicable
* Individual risk assessment to be completed for any service users who are suspected/confirmed of COVID-19 in conjunction with Health and Safety Advisor
* All staff requested to adhere to physical distancing guidance wherever possible
* Regular guidance, communication and Q&A’s issued to staff to update their knowledge
* Daily log updated of anyone in the Organisation staff/service users who has been advised to self-isolate due to symptoms or confirmed COVID-19 result is recorded and shared with appropriate people to assess the dynamic risk assessment in place
* Care inspection notification submitted if known/suspected COVID-19 service user in Service, this is completed under the Outbreak Section
* Routine testing being carried out in our Care Homes for staff as per Scottish Government Guidance. Positive results are advised to self-isolate and information provided to them by the contact tracer.
* If there is 1 confirmed/suspected case of COVID-19 with services users, your local Health Protection Team shall be advised.
* Staff members who have COVID-19, line manager to update health and safety advisor to establish if reportable to HSE under RIDDOR Regulations
 | **Med** |
| Immune compressed/vulnerable groups of staff / service users  | Staff, Service Users  | Staff/Service Users who are immune compromised could contract COVID-19 and become ill | * Information of staff immune compromised collated at senior management team level
* Contingency plans developed & deployed at service and organisational level; individual employee/service user contingency plans devised in response to identified need/requirement where necessary
* Staff who are immune compromised/vulnerable group will not be deployed or located in a Service where a service user is known/suspected of COVID-19
* Service user will be supported to self-isolate by staff using barrier methods, i.e. gloves, aprons, surgical face mask and if risk assessment deems a face visor
* Service users who are advised to shield for 12 weeks, staff will follow PPE Guidance update and adhere to the steps detailed in relation to the items of PPE required to be worn (shielding has been paused 1st August, will leave control measure due to the likelihood of is being put back into place)
* Office based staff work remotely in line with national guidance
* Follow Government / Health Protection Scotland guidance provided and adjust to reflect developing/evolving guidance
 | **Med** |
| **Revised 16 June 2020**Compounded risk of illness to Vulnerable employees who are not shielding but are at increased risk of illness from COVID by way of BAME, chronic health condition, age; as well as those who live with or care for family/loved ones who shield | Staff  | Individuals could contract COVID 19 and risk developing a moderate to severe illness due to inherent and/or acquired vulnerability  | **As per measures outlined for management of outbreak of COVID in first section of this RA.*** TMF will share with our workforce/employees emerging information on increased risk to illness from COVID that specific populations may face; including BAME, those with chronic conditions as outlined in the NHS Scotland “vulnerable ” group as well as circumstances where an employee is living with or caring for someone who is shielding
* TMF will ensure that national guidance and equality legislation informs organisational and individual risk assessments and measures
* TMF leadership team will continue to communicate with individuals who have identified as vulnerable to ensure that individual risk assessments are carried out, measures implemented and reviewed as necessary
* TMF will continue to raise awareness of vulnerability in terms of our employees and will to do so through active and positive engagement with representatives of vulnerable employee groups
* In services where 2m physical distancing cannot be guaranteed, individual employee risk assessment will ensure that this risk is assessed and options to redeploy employees is explored
* In the event of suspected or confirmed COVID cases in a service, vulnerable employees will be redeployed or stood down without detriment
* TMF will roll out ThecovidWELL programme to all employees, with priority given to those who present with increased vulnerability and identify with an at-risk group
* TMF will make available supplementation of VIt D3 and Omega 3 to all employees in light of emerging research that indicates optimal levels of essential nutrients can aid physical resilience and response to COVID
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| Staff Shortages **Added 16/06/2020** | Service Users, StaffStaff/service users | Service delivery could be affected if there is a high staff shortage **Added 1/04/2020-** based on projections and modelling of curve of COVID spread Scottish Government and Health Protection Scotland anticipate a peak of COVID related deaths and illness during April into May. Based on projections this is likely to adversely impact staffing levels across services and as such increased to a high risk **Added 6/04/20:** shielding letters from NHS to those at risk of severe illness from COVID are being issued to c. 200k people and likely to result in increased numbers of staff having to shield as well as increase need to use PPE for services users in this category based on revised guidance on this.**Added 7/04/2020:** organisation-wide staffing contingency and individual service staffing plans will incorporate and deploy the Care Inspectorate steps for supporting services experiencing critical staffing shortages to ensure continuity of life and limb service provision. Each plan will detail escalation steps to be followed in event of staffing challenges **Added 20/05/2020:** routine testing being carried out on staff due to updated Scottish Government Guidance, could result in Positive test results and staff shortages within Services Routine testing, track and trace approaches may impact staffing levels where individuals test positive or have been in contact with a COVID case. Measures for redeploying or standing down vulnerable employees is also likely to impact staffing levels on suspected or confirmed case/contact**Added 17th August** – non essential services have re commenced in line with the Scottish Government route maps, shielding has been paused as of 1st August.  | * Non-essential services could be suspended in line with Scottish Government Guidance and staff teams will be deployed to critical “life and limb” services
* If shielding is imposed staff with shielding correspondence from NHS will be removed from service in line with T&Cs
* Barrier methods using PPE, i.e. gloves, aprons, surgical face masks and where risk assessment deems a face visor will be introduced for service users who are instructed to shield.
* Relief staff used where required, however they will be prevented from moving from Service to Service during the pandemic unless critical staffing levels require redeployment
* Pool of agency staff provided, they will be based in their dedicated Service again to prevent movement from Service to Service
* Staff rotas to be reviewed and move to longer shift patterns where applicable for each Service
* Contingency plans to be updated to identify control measure should staff obtain a positive COVID-19 result whilst on shift
* Appropriate Rogart Street staff can be instructed to deliver front line services when assessed to be necessary
* Internal RAG system in place to identify any Service moving from Green to Amber and Amber to Red
* Staff can be requested through SSSC If we cannot fill absence with TMF staff
* As above – daily review of staffing levels. Service managers are asked to review the implications of test, track and trace in their scenario and contingency planning
* Service Managers are asked to review daily the staffing status in terms of vulnerable team members and possible COVID status in the care and travelling environment
 | **Med**  |
| Services / Building Closures that could impact the smooth running of service **Added 16/06/2020**: return to office and support departments as lock down restrictions are eased**Added 17th August** – no date as yet been agreed from non-essential office working to commence  | Staff, Service Users  | Could be affected as not having a dedicated place of work during this time **Added 1/04/2020** Scottish Government and Health protection Scotland have introduced lock down measures that have required the closure of Rogart St and non-essential service. There is potential risk that remote working of support functions may impact continuity of service due to a lack of coordination or supervision of tasks and roles. Risk increased to medium Presents a potential increased risk of infection due to increasing numbers of staff returning to workplac**e****Added 17th August –** non essential services have re commenced and staff are working at their dedicated Services in line with the Scottish Government route map.  | * Non-essential Service’s that are advised to close, staff from that Service will be re deployed to another Service during that time
* Office based staff may be required to work from home at certain times, rotas to be developed to provide a smaller workforce daily
* Office and support function staff have commenced remote working. Clear parameters have been set, IT kit and equipment provided and systems for regular reporting and supervision deployed
* Return to office or work-based places of work will be deployed in line with SG guidance and lockdown restrictions
* Use of survey monkey to establish employee concerns and suggestions on return to work has been used and will inform a baseline for individual and team discussions
* The default position will be to support home working with clear business critical and employee welfare rationale informing planned return programmes and measures
* Physical distancing, increased hand hygiene and infection control measures will be supported in workplaces via an amalgam of signage, PPE, enhanced cleaning protocols, agreed work patterns, safe travelling and individual specific needs identified in the process
* Measures outlined in this RA for Infection control, vulnerable groups and mental wellbeing will apply throughout return to work deployment plans
 | **Med** |
| Lack of or ineffective Management development development \*\*\*\*Updated April 2020 | Staff and Service Users  | COVID – response places increased demands on managers as well as risk of decreased availability of front-line manager due to increased absence  | * Maintain and develop coaching and mentoring leadership programmes to build upon foundation learning
* Maintain modular programme of management skills training to ensure appropriate competency levels are achieved and demonstrated
* Review Employee Survey feedback and Management & Leadership CI grades to measure impact of management development in practice
* Identify management levels required to ensure basic health and welfare of service users and staff are protected
* Devised protocols that are deployed in the event of management shortage that draw from senior managers and co-providers
 | **Med**  |
| Risks to service users and staff are increased during pandemic outbreaks as the redirection of resources toward life and limb service requires a relaxing of regulations and of national standards governing the social care workforce in the following areas-Recruitment-Induction-SSSC registration-Employment law-Training  | Staff, Service Users  | Practices are not fully compliant with national and regulatory standards aligned with normal business and operating conditions; this could result in direct or indirect harm, insult of injury | * RAs will be conducted for appointments of new staff in line with individual experience, ability; and will be clearly documented in terms of employee support and development requirements to be put in place where routine standards are not met or possible to meet
* A revised approach to learning and induction has been devised and will be deployed and reviewed monthly
* An abridged induction and a blended suite of training programmes are being deployed
* Training Officers, in collaboration with operational managers are assessing current level of mandatory training required to ensure basic minimum standards of practice are maintained
* Modified and abridged models of supervision are being deployed to ensure that staff have access to regular line management support and continue to receive feedback and direction performance and practice
* Revised HR processes support the guidance issued by Scottish Government to aid the timely appointment of staff
* Processes for monitoring and risk assessing risk around reduced standards are in place to ensure that risks to staff and service users are supported by management and the SMT
* Regular updates provided to UNISON in relation to staff support, contingency planning and decision making
* Our communication plan has been revised and deployed to promote sharing of information and support access to emerging guidance on COVID related practice via an amalgam of electronic and virtual communication, email, team briefings, modified training programmes and regular staff updates
 | **Med** |
| **Added 20 April 2020**Public health depts have highlighted the risk of harm /death to individuals with non COVID symptoms who present with increased medical need but do not access or seem medical intervention in light of COVID context.  | Service users, staff | Treatable conditions and symptoms are not managed or considered by patient./service user/professionals to be of a level that justifies health intervention- and leads to unmanaged symptoms becoming increasingly serious  Lack of proactive or preventative health intervention leads to health emergency and possible death**Added 9 June 2020** | * Our staff teams are supported to understand the importance of monitoring the health and wellbeing of service users
* Individual service user health support/action plans will be updated to detail actions to be taken in the event of a medical emergency or deteriorating health; as well as preventative measures for keeping individuals safe and well
* Staff will be reminded that in the event of a medical (physical and mental ) life threatening situation that emergency services should be contacted via 999
* Palliative /end of life care will be delivered via a multidisciplinary care plan, with clear escalation contacts for addressing issues and seeking guidance on management of distress, comfort and pain
* Section 47s for planned interventions will be in place for those we support who are subject to care orders via AWI
* Staff will be conversant with local and individual emergency health plans and service contingency plans
* Staff will be provided details of local primary care professionals who are working across their service area
* TheWELWorld bespoke programme being rolled out to all staff to provide information on how to stay well during COVID and measures that can reduce impact of the infection
* Supplementation of vit D and Omega 3 offered to all staff and will be distributed over the next 2 weeks
 | **Med**  |
| Risks associated with decision making and emergency measures that may require the sharing of information that is not fully compliant with GDPR\*\*\*Updates March 2020 | Staff, Service Users, public  | Breach of privacy and confidentiality  | * Processes for reporting and sharing of information are modified in line with emergency guidance from local and national government
* The sharing of information is promoted in the spirit of GDPR and confidentiality, with staff supported to communicate on a “just enough” information basis respecting the use and sharing of sensitive and personal data
* Harness the use of SharePoint and Teams when sharing of information and video calls especially when this contains sensitive information
 | **Med** |
| Cross Contamination  | Staff, Service Users  | Contamination could occur, if hands are not washed effectively or Personal Protective Equipment (PPE) is not worn when supporting someone in Isolation. **Added 7/04/2020 raise awareness of risks** associated with increased use of PPE following Scottish Government guidance on increased use of PPE in social care settings i.e. risk of cross contamination due to frequent touching of face masks amongst staff who have not been frequent users of face masks; increased risk of contamination at mouth, nose and eyes due inadvertent touching of face masks; spread of infection due to poorly fitted face masks i.e. sneezing and coughing that could dispel droplets from side of mask; complacency arising from the belief that PPE offers enhanced protection that reduces enhanced hand hygiene and infection control practices | * Gloves, aprons and masks, and where applicable face visors provided for barrier methods
* Hand washing posters displayed at handwashing areas
* Hand sanitiser stations provided at all Services
* Staff and Service Users advised of the need for effective hand hygiene
* Infection Prevention Control measures in each Service/office building been increased to ensure all surfaces, handles, switches etc are cleaned on a more regular basis
* Barrier care methods introduced to services where suspected or confirmed COVID is identified
* PPE Guidance document in place and reviewed and updated regularly – communicated to all Services when occurs
* PPE and Infection Control Training provided to all Service for all Staff to complete
* Modified training resource has been developed internally and shared with all staff who use PPE. This now forms part of mandatory training and its use and access will be traced and recorded via document control procedures
 | **Med**  |
| PPE supply issues and risk of transmission  | Staff, Service users | **Added 1/04/2020** Lack of PPE or sub quality provision could result in transmission of COVID to staff caring for COVID – confirmed service users 22/05/2020 – use of disposable gloves for personal care – HPS advised that nitrile gloves should be worn for these purposes as they offer more protection to the wearer. **Added – 29th June 2020** – following the Scottish Government Guidance, face masks are recommended to be worn by staff during sessional work during their shift in Care Home for older adults and the elderly to help prevent the spread of transmission  | * Ongoing ordering of PPE via GOMPLES is supported to ensure that we are prioritised when stock of PPE becomes available
* Alternative sources of PPE are being maximised via online suppliers and alternative stockists
* Recent HSCP routes for ordering PPE have been opened to social care providers and will be utilised as necessary
* Access via TRIAGE emergency protocol for PPE is available for when stock becomes critically low in a COVID confirmed service
* RAG system of recording and assessment is updated by every service and shared via SharePoint to ensure that the current status of each service us known
* Nitrile gloves to be worn when supporting a service user with personal care
* Supplies can be obtained from local hub and normal supply routes should be accessed for supplies also
* Face masks to be worn by staff during sessional duties within Care Home for older adults and elderly people
* The use of face masks is services such as respite, day centres, homelessness and housing support will be agreed locally with the regional manager on steps to be taken. This will be detailed within the local risk assessment on when to use face masks in these services.
 | **Med** |
| Contractors on premises to carry out statutory inspections / Other agencies (i.e. social work) visiting Service Users at the Service  | Staff and Service Users  | Contractor / other agencies (i.e. social work) staff on the premises not adhering to PPE control measures or too many being at the Service at any one time/week increasing the footfall  | * Visitors to adhere to hand hygiene measures in the Service
* Individual risk assessment to be carried out for Service User visits i.e. social work etc to deem if this is essential and can proceed
* Wearing surgical face mask during the time in the Service
* If moving from one flat to another gloves must be changed – mask can be worn as a session for the time in the Service
* Repairs/faults will be logged for action to be taken on equipment that is essential, i.e. cookers etc
* Inhouse checks will be carried out where applicable and recorded during this time
 | **Low** |
| Service User Movement  | Staff and Service Users | Service users not complying with Scottish Government Guidance in relation to physical distancing and staying out of the Services over night  | * Service users advised of physical distancing guidance
* When arrive back to the Service advised to use alcohol based hand sanitiser to clean hands
* Advised to return to flat and change clothes and having a shower
* Any support required should be done by phone if this can’t be achieved and staff have to visit the entrance of their flat they are able to wear PPE
* If service user develops symptoms advised then to refer themselves for testing
 | **Med**  |
| Pregnant Staff  | Staff  | There is no evidence to suggest pregnant women would be at more risk if they contracted COVID-19. However, guidelines suggest they would be in the Immune Compromised Category **Added 1/04/2020** Updated information form SG and Health Protection Scotland has been circulated that shows women who are 28+ weeks pregnant should not be in service and are advised to shield  | * Pregnant women will be supported to self-isolate and will not be asked to work in front line service
* Pregnant women 28+ weeks are subject to shielding recommendations
* If they can work from home measures will be put in place by their Line Manager to ensure they are still working during this time
 | **Med**  |
| Stress / Anxiety  | Staff and Service Users  | Staff can become anxious and stressed during the pandemic, this could affect their work and picked up by service users and possible effect their mood also. **Added 9 June 2020****16 June 2020** | * Health Assured in place – staff can call or access the App for support during this time
* NHS website link - <https://www.nhs.uk/oneyou/every-mind-matters/>
* Advise manager / team leader of any wellbeing concerns you may have
* Updated 9th June: xen zone mental health services engaged for deployment early July, providing enhanced mental health support to our workforce

**16 June 2020:** TMF have formally engaged XenZone and are deploying a transition plan for a go live date for enhanced and mental health service provision for employees by 1 July 2020 | **Med** |
| **Further actions required** | **Review Date** | **Action Completed****Name & Date** |
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| **Signature: Patricia Donnelly**  | **Date:** 24th March 2020 |
| **Annual Review** |
| **Assessment Review Date: 1/04/2020****New risk assessment required: no – updated to reflect dynamic nature of guidance****Assessor:** **Signature:**  | **Assessment Review Date: 3/04/2020 – 7/04/2020 – 17-04-2020 01/05/2020 – 20/05/2020 – 16/06/2020 – 29/06/2020 – 15/07/2020 – 17/08/2020 – 07/09/2020** **New risk assessment required: no- updated to reflect dynamic nature of developing guidance and knowledge** **Assessor:****Signature:** |

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| **Risk Rating Matrix** | **Likelihood** |
| **Severity** | Unlikely to occur (Low) | Reasonably likely to occur (Medium) | Certain to occur (High) |
| Fatality; major injury or illness causing long term disability (High) | **Low** | **Medium**  | **High** |
| Injury or illness causing short term disability (Medium)  | **Low** | **Medium** | **Medium**  |
| Other injury or illness (Low)  | **Low** | **Low** | **Low** |