

## Risk Assessment – Version 2

<b>Assessment Number:</b>  <b>Assessment Date:</b> 17/11/2020 Updated 30/12/2020 Updated 15/01/2021 Updated 21/01/2021- 01/02/2021 Updated 26/04/2021	<b>Project / Service:</b> The Mungo Foundation  <b>Assessor Name:</b> Tracey Calderwood (Health & Safety Advisor) <b>Contributors-</b> CODRAG	<b>Further Assessments Required</b>	<b>Special Groups (Where individual assessments will be required)</b>
<b>Task / Activity / Area Assessed:</b>  The current virus outbreak of COVID-19	<b>Description:</b> This risk assessment is looking at the hazards associated with COVID-19 in Services and Office based buildings. There was initially daily meetings this is now weekly meetings being held where the Dynamic Risk Assessment for the Organisation is being reviewed and updated by the CODRAG Group. The current risk assessment is in Version 2 to coincide with current measures from the Scottish Government, version 1 is still available for reference.	Individual risk assessment where applicable	Pregnant Workers Immunocompromised/Vulnerable Groups of Staff Those identified as being at risk of severe illness from COVID

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	<ul style="list-style-type: none"> <li>Infection prevention control measures have increased at all service and office bases</li> <li>Information of staff Immunocompromised collated at senior management team level</li> <li>Contingency plan in place for each Service and office base</li> <li>Provision of direct/personal care and 2 meter physical distancing being compromised, staff will wear, apron,</li> </ul>	<b>Med</b>

			<p>fluid resistant face mask and gloves</p> <ul style="list-style-type: none"> <li>• Service users who require to be self-isolate will be supported by cohort staff using barrier methods, staff wearing, gloves, aprons and surgical masks, face visors where applicable, i.e. risk assessment deems this is required</li> <li>• Individual risk assessment to be completed for any service users who are suspected/confirmed of having COVID-19 in conjunction with Health and Safety Advisor</li> <li>• All staff requested to adhere to physical distancing guidance wherever possible. If this is broken, fluid resistant face covering to be worn</li> <li>• The use of chlorine based products (compliant with BS EN 14476) are used on a daily basis in Service in conjunction with the infection prevention control measures</li> <li>• Enhanced cleaning of the Service to be conducted following a positive COVID-19 result either staff or service user</li> <li>• Adequate ventilation provided in the Service/office, i.e. opening of windows to allow fresh air in throughout the day</li> <li>• Regular guidance and communication issued to staff to update them on the changes / restrictions in place at the time including FACTS Information from Scottish Government</li> <li>• 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</li> </ul>	
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			<ul style="list-style-type: none"> <li>• Care inspection notification submitted if known/suspected COVID-19 case either for a service user or staff member in each Service, this is completed under the Outbreak Section</li> <li>• Weekly PCR testing implemented in Care Homes for staff as per Scottish Government Guidance, and including twice weekly LFD testing. Staff with positive results are advised to self-isolate and information provided to them by the contact tracer.</li> <li>• Staff Testing programmes implemented in all Services throughout the Organisation in a rolling programme, this is a mixture of LFD and PCR testing</li> <li>• If there is 1 confirmed/suspected case of COVID-19, local Health Protection Team shall be advised.</li> <li>• Following 1 positive case, outbreak protocol to be implemented for Care Homes, i.e. daily LFD (Lateral Flow Testing) to be carried out on all staff for 7 consecutive days or the duration of the outbreak. PCR testing completed for service users, this will be repeated again 5 days later by qualified nurses.</li> <li>• If staff develop symptoms related to COVID-19, they should advise their manager and self-isolate and book a test through NHS Inform. If the staff member is on shift and feels unwell, this should be reported to the manager and staff member should leave the service to self-isolate and book a test. Enhanced cleaning of the Service/office should be conducted once the person leaves the Service</li> <li>• Managers of staff members who have</li> </ul>	
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			<p>received a positive COVID-19 result, line manager to update health and safety advisor to establish if reportable to HSE under RIDDOR Regulations</p> <ul style="list-style-type: none"> <li>• COVID Vaccine Programme introduced Dec 2020 within Care Home for Service Users and Staff</li> <li>• COVID Vaccine programme opened up for Care at Home, Housing Support and Care Homes (not for older people) 18<sup>th</sup> Jan 2021</li> </ul>	
New variants of COVID	Staff, Service Users	As restrictions are easing and permitted to move to other parts of the country and possibly overseas, there is an increased risk of new variants coming to Scotland and the possibility of restrictions being imposed including lockdown.	<ul style="list-style-type: none"> <li>• Keep abreast of the updates from Scottish Government</li> <li>• Contingency plans are continually reviewed for each Service to ensure adequate measures in place should we have to close any non-essential Services in line with the guidance at the time including offices</li> <li>• Weekly CODRAG meetings held where the attendees discuss the current restrictions and how this affects TMF</li> </ul>	<b>Med</b>
Immunocompromised /vulnerable groups of staff / service users	Staff, Service Users	Staff/Service Users who are Immunocompromised could contract COVID-19 and become severely ill	<ul style="list-style-type: none"> <li>• Information of staff Immunocompromised collated at senior management team level</li> <li>• Shielding measures end 26<sup>th</sup> April, when all shielding staff can return to work. If lockdown or Level 4 restrictions are re-introduced at any stage the Staff in this category are stood down</li> <li>• Contingency plans developed &amp; deployed at service and organisational level; individual employee/service user contingency plans devised in response to identified need/requirement where necessary</li> <li>• Staff who are Immunocompromised/vulnerable group will not be deployed or located in a Service where a service user is</li> </ul>	<b>Med</b>

			<p>known/suspected of COVID-19</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Staff / Service users who are classed as people who are at highest risk from coronavirus should following the steps in the strategic framework from Scottish Government for the level of restrictions in place, i.e. locally or nationally</li> <li>• Staff will follow PPE Guidance and risk assessment to ensure adherence to the steps detailed in relation to the items of PPE required to be worn when working</li> <li>• Office based staff will work remotely in line with national guidance</li> <li>• Follow Government / Health Protection Scotland guidance provided and adjust to reflect developing/evolving guidance</li> <li>• Seasonal flu vaccine programme being implemented for all staff to access the correct route to obtain the flu vaccine</li> <li>• COVID Vaccine Programme introduced Dec 2020 within Care Home for Service Users and Staff</li> <li>• COVID Vaccine programme opened up for Care at Home and Care Homes (not for older people) 18th Jan 2021</li> </ul>	
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,	Staff	Individuals could contract COVID 19 and risk developing a moderate to severe illness due to inherent and/or acquired vulnerability	<p><b>As per measures outlined for management of outbreak of COVID in first section of this RA.</b></p> <ul style="list-style-type: none"> <li>• TMF will share with our workforce/employees emerging information on increased risk to illness</li> </ul>	

<p>age; as well as those who live with or care from family/loved ones who shield</p>			<p>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</p> <ul style="list-style-type: none"> <li>• TMF will ensure that national guidance and equality legislation informs organisational and individual risk assessments and measures</li> <li>• 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</li> <li>• TMF will continue to raise awareness of vulnerability in terms of our employees and will do so through active and positive engagement with representatives of vulnerable employee groups</li> <li>• 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</li> <li>• In the event of suspected or confirmed COVID cases in a service, vulnerable employees will be redeployed or stood down without detriment</li> <li>• TMF have rolled out The Covid WELL programme to all employees, with priority given to those who present with increased vulnerability and identify with an at-risk group</li> <li>• TMF will make available supplementation of Vit D3 and Omega</li> </ul>	
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			<p>3 to all employees in light of emerging research that indicates optimal levels of essential nutrients can aid physical resilience and response to COVID</p> <ul style="list-style-type: none"> <li>• Seasonal flu vaccine programme being implemented for all staff to access the correct route to obtain the flu vaccine</li> <li>• COVID Vaccine Programme introduced Dec 2020 within Care Home for Service Users and Staff</li> <li>• COVID Vaccine programme opened up for Care at Home, Housing Support and Care Homes (not for older people) 18th Jan 2021</li> </ul>	
Staff Shortages	Service Users, Staff	Service delivery could be affected if there is a high staff shortage due to staff isolating due to symptoms or positive results, they are identified as a close contact or living with someone who has symptoms and awaiting a test	<ul style="list-style-type: none"> <li>• Non-essential services could be suspended in line with Scottish Government Guidance and staff teams will be deployed to critical “life and limb” services</li> <li>• Shielding measures will cease 26<sup>th</sup> April 2021 where these staff can return to work. If reintroduced at any stage staff will be stood down from service in line with T&amp;Cs</li> <li>• Barrier methods using PPE, i.e. gloves, aprons, fluid resistant surgical face masks and where risk assessment deems a face visor is in place for service users who have been instructed to shield.</li> <li>• 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</li> <li>• Staff rotas to be reviewed and move to longer shift patterns where applicable for each Service</li> <li>• Local contingency plans updated to</li> </ul>	<b>Med</b>

			<p>identify control measure should staff obtain a positive COVID-19 result whilst on shift</p> <ul style="list-style-type: none"> <li>• Appropriate Rogart Street staff can be instructed to deliver front line services when assessed to be necessary</li> <li>• Internal RAG system in place to identify any Service moving from Green to Amber and Amber to Red</li> <li>• Daily review of staffing levels carried out in conjunction with the RAG system and the COVID Cases sheet. Service managers are asked to review the implications of test and protect in their scenario and contingency planning</li> <li>• 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</li> <li>• Organisational contingency plan in place to identify controls measures during the winter months. This will be reviewed in due course in line with Seasons.</li> </ul>	
Services / Building Closures that could impact the smooth running of service	Staff, Service Users	<p>Could be affected as not having a dedicated place of work during this time. The guidance from Scottish Government remains to work from home if you can.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>• Non-essential Service's that are advised to close by Scottish Government, staff from that Service will be re deployed to another Service during that time</li> <li>• Office based staff may be required to work from home at certain times, rotas to be developed to provide a smaller workforce daily</li> <li>• 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</li> </ul>	<b>Med</b>



			<ul style="list-style-type: none"> <li>deployed</li> <li>Return to office or work-based places of work will be deployed in line with SG guidance and local restriction guidance</li> <li>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</li> <li>The default position will be to support home working with clear business critical and employee welfare rationale informing planned return programmes and measures</li> <li>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</li> <li>Adequate ventilation provided in the Service/office, i.e. opening of windows to allow fresh air in throughout the day</li> <li>Measures outlined in this RA for Infection control, vulnerable groups and mental wellbeing will apply throughout return to work deployment plans</li> <li>Office / local risk assessments in place</li> </ul>	
Lack of or ineffective Management development	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	<ul style="list-style-type: none"> <li>Maintain and develop coaching and mentoring leadership programmes to build upon foundation learning</li> <li>Maintain modular programme of management skills training to ensure appropriate competency levels are achieved and demonstrated</li> <li>Review Employee Survey feedback</li> </ul>	<b>Med</b>

			<p>and Management &amp; Leadership CI grades to measure impact of management development in practice</p> <ul style="list-style-type: none"> <li>• Identify management levels required to ensure basic health and welfare of service users and staff are protected</li> <li>• Devised protocols that are deployed in the event of management shortage that draw from senior managers and co-providers</li> </ul>	
<p>Risks to service users and staff are increased during pandemic outbreaks requires a relaxing of regulations and of national standards governing the social care workforce in the following areas</p> <ul style="list-style-type: none"> <li>-Recruitment</li> <li>-Induction</li> <li>-SSSC registration</li> <li>-Employment law</li> <li>-Training</li> </ul>	<p>Staff, Service Users</p>	<p>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</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• A revised approach to learning and induction has been devised and will be deployed and reviewed monthly</li> <li>• An abridged induction and a blended suite of training programmes are being deployed</li> <li>• Training Officers, in collaboration with operational managers are assessing current level of mandatory training required to ensure basic minimum standards of practice are maintained</li> <li>• 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</li> <li>• Revised HR processes support the guidance issued by Scottish Government to aid the timely appointment of staff</li> </ul>	<b>Med</b>

			<ul style="list-style-type: none"> <li>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</li> <li>Regular updates provided to UNISON in relation to staff support, contingency planning and decision making</li> <li>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</li> </ul>	
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	<p>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</p> <p>Lack of proactive or preventative health intervention leads to health emergency and possible death</p>	<ul style="list-style-type: none"> <li>Our staff teams are supported to understand the importance of monitoring the health and wellbeing of service users</li> <li>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</li> <li>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</li> <li>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</li> </ul>	<b>Med</b>

			<ul style="list-style-type: none"> <li>• Section 47s for planned interventions will be in place for those we support who are subject to care orders via AWI</li> <li>• Staff will be conversant with local and individual emergency health plans and service contingency plans</li> <li>• Staff will be provided details of local primary care professionals who are working across their service area</li> <li>• The WEL World 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</li> <li>• Supplementation of vit D and Omega 3 offered to all staff on request</li> <li>• Seasonal flu vaccine programme being implemented by NHS for vulnerable service users to obtain the flu vaccine</li> <li>• COVID Vaccine programme has commenced with the Care Home for service users and data collated</li> <li>• COVID Vaccine programme by Scottish Government allowing for Service Users in each category to attend for vaccine appointment</li> </ul>	
Risks associated with decision making and emergency measures that may require the sharing of information that is not fully compliant with GDPR	Staff, Service Users, public	Breach of privacy and confidentiality when sharing information in relation to staff or service users.	<ul style="list-style-type: none"> <li>• Processes for reporting and sharing of information are modified in line with emergency guidance from local and national government</li> <li>• 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</li> <li>• Harness the use of SharePoint and Teams when sharing of information</li> </ul>	<b>Med</b>

			and video calls especially when this contains sensitive information	
Cross Contamination	Staff, Service Users	<p>Contamination could occur, if hands are not washed effectively or Personal Protective Equipment (PPE) is not worn when supporting someone in Isolation for suspected or confirmed case of COVID-19</p> <p>There is a 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</p>	<ul style="list-style-type: none"> <li>• Gloves, aprons and fluid resistance surgical face masks, and where applicable face visors provided for barrier methods</li> <li>• Hand washing posters displayed at handwashing areas</li> <li>• Hand sanitiser stations provided at all Services, the product in use has &gt;70% alcohol included</li> <li>• Chlorine based products are used in conjunction with detergent cleaning materials. This meets BS EN 14476 standard.</li> <li>• Full clean carried out and then following a minimum of 4 hours a further clean required focusing on high risk touching points and areas</li> <li>• Staff and Service Users advised of the need for effective hand hygiene</li> <li>• Infection Prevention Control measures in each Service/office building been increased to ensure all surfaces, handles, switches etc are cleaned at least twice a day</li> <li>• Barrier care methods in place for any services where suspected or confirmed COVID is identified and recorded effectively within the individual risk assessment</li> <li>• Adequate ventilation provided in the Service/office, i.e. opening of windows to allow fresh air in throughout the day</li> <li>• PPE Guidance document in place and reviewed and updated regularly – communicated to all Services when occurs</li> <li>• PPE and Infection Control Training provided to all Services for all Staff to</li> </ul>	<b>Med</b>

			<p>complete and records held to confirm this has been completed</p> <ul style="list-style-type: none"> <li>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</li> </ul>	
PPE supply issues and risk of transmission	Staff, Service users	Lack of PPE or sub quality provision could result in transmission of COVID to staff caring for COVID – confirmed service users. Individuals not wearing specified PPE as per risk assessment and guidance.	<ul style="list-style-type: none"> <li>Ongoing ordering of PPE via GOMPLES/Spearhead is supported to ensure that we are prioritised when stock of PPE becomes available</li> <li>Alternative sources of PPE are being maximised via online suppliers and alternative stockists</li> <li>Recent HSCP routes for ordering PPE have been opened to social care providers and will be utilised as necessary</li> <li>Access via TRIAGE emergency protocol for PPE is available for when stock becomes critically low in a COVID confirmed service</li> <li>RAG system of recording and assessment is updated by every service and shared via SharePoint to ensure that the current status of each service is known</li> <li>Nitrile gloves to be worn when supporting a service user with personal care</li> <li>Supplies can be obtained from local hub and normal supply routes should be accessed for supplies also</li> <li>Fluid resistant surgical face masks to be worn by staff during their shift in Care Homes for older adults and elderly people</li> <li>The use of fluid resistant surgical face</li> </ul>	<b>Med</b>

			<p>masks in 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.</p> <ul style="list-style-type: none"> <li>Contingency supplies of PPE has been obtained should Services require this, it can be accessed through their Regional Manager</li> </ul>	
Visitors to Care Homes and Services	Staff and Service Users	As we move into Level 3 and restrictions are easing, Care Home visiting has resumed with up to 2 visitor per Service User weekly and a focus to increase this. Also visits to Service from Support Function from Rogart Street, Care Inspectorate, Social Work etc	<ul style="list-style-type: none"> <li>Local visitors risk assessments in place completed by Project Manager</li> <li>Daily/weekly assessment of visitors coming to the Service and Project Manager advising if this can go ahead, i.e. Rogart Street staff.</li> <li>Open with Care for Care Homes implemented in Services where applicable</li> <li>Visitors encouraged to participate in LFD testing</li> <li>Procedure in place for Rogart Street staff ahead of visits to any Service</li> <li>Care Inspectorate, Social Work etc participate in twice weekly LFD testing programme</li> <li>If any outbreak occurs within a Service, this will be closed to all visitors for 14 days from the last positive case. Only essential visitors permitted at the time.</li> <li>All visitors to wear fluid resistant face covering during the time in the Service where applicable, i.e. Care Homes, Respite Services</li> <li>All visitors to follow infection control measures in place, and sanitise hands</li> <li>All visitors to complete health declaration and temperature checks to be conducted in Services where</li> </ul>	<b>Med</b>

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 people being at the Service at any one time/week increasing the footfall.	<p>applicable.</p> <ul style="list-style-type: none"> <li>• Only one contractor unless it is an emergency to be in the Service each week to reduce the footfall</li> <li>• Visitors complete health check questionnaire and their temperature is checked and recorded before entry to the Service</li> <li>• Visitors to adhere to hand hygiene measures in the Service, &gt;70% alcohol based hand sanitiser stations are available</li> <li>• 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</li> <li>• Visitors to wear fluid resistant surgical face mask during their time in the Service</li> <li>• If moving from one flat to another gloves must be changed – mask can be worn as a session for the time in the Service</li> <li>• Repairs/faults will be logged for action to be taken on equipment that is essential, i.e. cookers etc</li> <li>• Inhouse checks will continue to be carried out where applicable and recorded during this time</li> </ul>	<b>Low</b>
Service User Movement	Staff and Service Users	Service users not complying with Scottish Government Guidance in relation to the restriction levels in place for their local area, i.e. physical distancing and staying out of the Services over night and other households	<ul style="list-style-type: none"> <li>• Service users advised of physical distancing guidance of maintaining 2 meter distance at all times</li> <li>• When arrive back to the Service, they are advised to use &gt;70% alcohol based hand sanitiser to clean hands</li> <li>• Advised to return to their flat and change clothes after having had a shower</li> <li>• Any support required by the service user will be carried out over the phone,</li> </ul>	<b>Med</b>



			<p>if this can't be achieved and staff have to visit the entrance of their flat they are able to wear PPE, i.e. gloves, apron and fluid resistant surgical face mask</p> <ul style="list-style-type: none"> <li>• If service user develops symptoms they are advised to self-isolate and book a test</li> </ul>	
Pregnant Staff	Staff	There is no evidence to suggest pregnant women would be at more risk if they contracted COVID-19. However, guidelines state they are included in the list of people at moderate risk (clinically vulnerable) as a precaution.	<ul style="list-style-type: none"> <li>• Pregnant women will be supported to self-isolate and will not be asked to work in front line service, following the findings of an individual risk assessment</li> <li>• Pregnant women weeks are advised to maintain physical distancing of 2 meters at all times, individual risk assessment will be in place</li> <li>• 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</li> <li>• Any concerns in relation to theirs or the unborn baby's health or wellbeing they should contact their midwife for advice and support</li> </ul>	<b>Med</b>
Stress / Anxiety	Staff and Service Users	<p>Staff can become anxious and stressed during the pandemic, this could affect their work and picked up by service users and possible effect to their mood.</p> <p>Office staff can feel isolated whilst working for home and this can lead to anxiety and stress.</p>	<ul style="list-style-type: none"> <li>• Health Assured in place – staff can call or access the App for support during this time</li> <li>• NHS website link - <a href="https://www.nhs.uk/oneyou/every-mind-matters/">https://www.nhs.uk/oneyou/every-mind-matters/</a></li> <li>• Staff are encouraged to speak with their manager / team leader to discuss any wellbeing concerns they may have during this time</li> </ul>	<b>Med</b>
<b>Further actions required</b>			<b>Review Date</b>	<b>Action Completed Name &amp; Date</b>

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<b>Signature:</b>	<b>Date:</b>
<b>Annual Review</b>	
<b>Assessment Review Date: 17/11/2020 – 30/12/2020 – 15/01/2021 – 21/01/2021</b>	<b>Assessment Review Date:</b>
<b>New risk assessment required: no – updated to reflect dynamic nature of guidance</b>	<b>New risk assessment required: no- updated to reflect dynamic nature of developing guidance and knowledge</b>
<b>Assessor:</b>	<b>Assessor:</b>
<b>Signature:</b>	<b>Signature:</b>

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