



Risk Assessment

To be used in conjunction with the following:

- Site Specific Information
- Risk Evaluation Chart
- COSHH Assessments
- Communication Sheet

Activity:	Safer working on IPU – Covid 19
Site:	IPU
Supervisor	
Date	14 th May 2020 UPDATED 12 th Feb 2021

Hazard Identification and Risk Evaluation

	Hazards	Who is affected?	Risk Evaluation	Residual Risk
1.	Spreading of Virus – communal areas; staff room, coffee/tea bar, nursing office	Staff Patients	High 16 – likely potential of virus continued to be spread remains high	Moderate 9 – Remains moderate but minimised if control measures below put in place where possible
2.	Spreading of virus – Cleaning communal areas	Staff Patients	Moderate 9 – due to multiple staff using communal areas	Low 6 – remains possible but increasing frequency of cleaning reduces risk. Additional housekeeping team employed
3.	Spreading of virus – social distancing where possible	Staff Patients Visitors	High 16 – impossible to socially distance when caring for patients, however, could be improved in communal areas.	Medium 9 – with social distancing and use of larger spaces risk reduced. Patients tested on admission or as soon as possible after admission. Staff now offered regular weekly PCR testing and twice weekly LFT testing. Visitor also lateral flow tested (see additional guidance written for procedure). Allowing patient visitors to only use patient rooms and one other room (Chaplains office in

				reception) if personal care in progress/conversation needed and being outside is not appropriate
4.	Spreading of virus - PPE	Staff Patients Visitors	Medium 9 – reduced risk with PPE of virus spreading but only if worn correctly.	Low 6 – risk of spread reduced further if PPE worn correctly (staff and visitors), including when caring for patients with unknown covid status
5.	Increased levels of anxiety and reduced wellbeing	Staff Patients visitors	High 20 – very likely to happen and high severity in impact	Medium 9 – priority to clinicians/patients. Visitors/loved ones to also be offered support if needed. Non clinicians to remain at home if necessary.
6.	Increased number of patient rooms by 4 (NHS relief beds)	Patients Staff	Medium 9- Staff fatigue and anxiety due to additional rooms and associated pressures. 2 rooms in 'old corridor' have additional risk assessment as furthest away from communal staff areas. 1 room (room D) does not have a door leading to outside	Low 6- Rooms will only be occupied if adequate staffing. Use of Dunlin room for staff will help with observations for patients in 'old corridor'. Door leading in to room D is a fire door. (Very low risk of a fire being outside this door). Patient remains safe inside room when automatically shut. Room D is on ground floor. Window opens fully and patient, if able, can exit through if in danger. Other close fire exits outside room. Fire extinguishers located adjacent to room which trained staff can operate in event of fire

Control Measures

The hazards (problems) above relate to the control measures (solutions) below. Implementing these measures will reduce the risk.

1	<p>Regular wiping down with antibacterial wipes/spray communal tea bar, handle of urn, door handles of cupboards and other areas frequently touched (tea and coffee canisters, fridge door/handle) - antibacterial wipes/spray and cloths to be left for staff to use frequently post individual use.</p> <p>To limit the number of people at any one time in staff room to ensure 2m social distancing can be maintained wherever possible – alternative, additional space to be provided for staff break times – garden room or Day Hospice to be made available for staff breaks also.</p> <p>Nursing office – to limit the number of people in the nursing office at any time – aim of which is to reduce virus spread and protect ward clerk who is based in this office. No more than three people in the office at one time to uphold social distancing as far as possible. Only enter nursing office for a specific purpose.</p>
2	<p>Cleaning – to increase the cleaning of all communal areas and hard surfaces – especially consider telephones/handsets and computer keyboards. All surfaces and touch points that are frequently touched by multiple people to be wiped down after use.</p>
3	<p>To ensure social distancing wherever possible –</p> <ul style="list-style-type: none"> • Separate visitor guidance available • All visitors will have a lateral flow test on their first visit and then twice a week (see separate written guidance on this). Visitors temperature taken on arrival to hospice and advised to not visit if any symptoms present • Patients tested before admission, if this is possible, or tested once admitted (usually within 24-48 hours). Before result is known, additional PPE guidance available. Some lateral flow tests available to patients • Staff now offered weekly PCR testing at the hospice and are given a set of lateral flow tests to be taken at home and done twice a week. <p style="color: red;">A separate Covid Risk Assessment is also in place for Covid Testing process & procedure.</p> <ul style="list-style-type: none"> • To limit number of people in each communal space in order to uphold social distancing wherever possible – we acknowledge it is impossible to uphold this while working with patients and very difficult at other times due to the space and nature of the work, however, during break times and in the office area on IPU, numbers should be limited. Additional space to ensure room is available for all at break times can be offered via garden room/Day hospice space. • Hand overs will also need to take place in a larger space such as day hospice lounge in order to uphold social distancing where possible. Due to additional staffing, with relief beds, it may not be possible for all staff coming on shift to attend the afternoon handovers • Visitors will have to remain in patients rooms at all times (including using patients en suite if toilet facilities needed, apart from in rooms where there is no en suite. They will be directed to use the nearest bathroom and encouraged to wipe down with Techcare wipes). If visitor has to leave room due to personal care, they can wait outside in garden if weather permits. If not, can wait in Chaplains room in reception. Chaplains room can also be used for conversations not appropriate in front of patient. Chaplains room to be wiped down after each use
4	<p>Correct use of PPE when worn by staff and visitors – this is essential in order to protect patients, staff and visitors.</p> <ul style="list-style-type: none"> • Masks must be worn at all times and must cover mouth and nose at all times.

	<ul style="list-style-type: none"> • Sessional use of masks is encouraged, but masks must remain in situ covering face, not hang from ears. Masks of course can be removed for breaks as 2m social distancing will be observed. Masks not to be put down on surfaces and new masks to be used after breaks • Gloves and aprons to be worn into all patient rooms at all times. • Gowns, visors and goggles available for staff to use during personal care with patients with unknown covid status or if patient symptomatic • All visitors given mask, apron and gloves on arrival to hospice • Only in extreme circumstances (such as exceptions) would a visitor be allowed into patient room without mask • Please see PPE Guidance and PPE risk assessment.
5	<p>It is recognised that staff anxiety may grow at this time and general wellbeing decrease as a result. For all staff to be aware of the following resources available for support;</p> <ol style="list-style-type: none"> 1) Oakhaven Counselling Team – Mon-Fri 9am-5pm on their email addresses/mobiles 2) Employee Assistance programme (EAP) – number available via HR 3) Coates Centre website resources via blog 4) Line Manager and colleagues – make time for a socially distanced chat and coffee! Staff encouraged to discuss concerns 5) Keeping connected – at home and in work via zoom meetings, emails, break times when socially distancing. <p>Also an awareness of both patient and visitor/loved ones anxiety too. Reassurance to both patients and visitors by staff wearing masks at all times and appropriate PPE during personal care. Visitors/loved ones encouraged to read the visitor policy and also be guided by staff about where they are able to be within the hospice (see 3). Patients and visitors encouraged to talk about their concerns and can also be referred to counselling if needed.</p>
6	<p>4 additional (temporary) NHS relief beds on the inpatient unit. Standard operating policy in place for admitting patients to these rooms. Rooms will only be occupied if safe staffing levels in place. Recognised that this puts additional pressure on inpatient unit staff, including ensuring adequate staffing, additional workload and concerns over potential reduced levels of patient care</p> <ul style="list-style-type: none"> • Staff will be able to use Dunlin room for additional computer space which will help with observations to room A, Sandpiper and B (old corridor). Additional risk assessment in place for these rooms • Additional staff employed to our bank and also using a nursing agency for some night shifts • Oakhaven care also providing us with 24 hour carers over 3 shifts • Staff WhatsApp group remains working well to fill vacant shifts • Staff encouraged to discuss any concerns with their line manager or ward manager or using other staff well-being measures above <p>Bedroom D does not have an outside door (which can be used as a fire escape)</p> <ul style="list-style-type: none"> • Room on ground floor. Window opens widely to allow a patient to exit through (with or without assistance). Sign on window detailing it can be used to exit in the event of a fire • Room D has a fire door and patient can remain in room when door automatically closes, unless fire outside room (risk of fire being outside room D low) • There are two fire exits (either side of chapel corridor) close to room to evacuate if fire not in top corridor • Fire extinguishers are located adjacent to Room D (on corridor) for trained staff to operate in the event of fire, if safe and appropriate to do so
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