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|  | **Risk Assessment Management Plan – Residents required to Isolate in their Bedroom (Lacking Capacity)** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risk of mental, emotional and physical deterioration whilst isolating | | | | | | | | | | | |
| **Assessment Date** |  | | | | | | | | | | | |
| **Risk Factors** | **Likelihood** | | | | | | | **Severity** | | | | |
| Rare | | | | | | 1 | None / Trivial | | | | 1 |
| Unlikely | | | | | | 2 | Minor / No Injury | | | | 2 |
| Likely | | | | | | 3 | Moderate / First Aid | | | | 3 |
| Very Likely | | | | | | 4 | Severe / Medical assistance | | | | 4 |
| Almost Certain | | | | | | 5 | Extreme / Fatal | | | | 5 |
| **Risk Matrix** | **=** | | **Severity** | | | | | | | | | |
| **Likelihood** | | **1** | | | **2** | | **3** | | **4** | **5** | |
| **1** | | 1 | | | 2 | | 3 | | 4 | **5** | |
| **2** | | 2 | | | 4 | | 6 | | 8 | 10 | |
| **3** | | 3 | | | 6 | | 9 | | 12 | 15 | |
| **4** | | 4 | | | 8 | | 12 | | 16 | 20 | |
| **5** | | 5 | | | 10 | | 15 | | 20 | 25 | |
| **Risk Level and Action** | **Level** | | | | | | | **Action** | | | | |
| 1 – 4 | NO CURRENT RISK | | | | | | No further action, but ensure controls are maintained and monitored | | | | |
| 5 – 9 | LOW RISK | | | | | | Develop management plan and review quarterly | | | | |
| 10 – 16 | MEDIUM RISK | | | | | | Develop management plan and review monthly | | | | |
| 16+ | HIGH RISK | | | | | | Develop management plan and review subject to each occurrence | | | | |
| **Assessment Summary** |  | | | | | | | | | | | |
| **Author(/s)** | **Print Name** | | | **Position / Relation** | | | | **Signature** | | | | |
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| **RISK MANAGEMENT PLAN** | | | | | | | |
| **Name:** |  | | |  | | |  |
| **DOB:** |  | | |  | | |  |
| **Room:** |  | | |  | | |  |
| **Designated Safe space(s)** | Bedroom | | | | | | |
| **Purpose** | A 14 day period of isolation is recommended for residents in care homes.  The purpose of this risk management plan is to reduce the risk of residents inadvertently transmitting Covid 19 infection following instruction to self-isolate.  It can be difficult for people in care to cope with isolation so this risk assessment lays out the steps that staff can take to ease this difficulty. | | | | | | |
| **Proactive Measures** | **For a resident who lacks capacity it is vital that as much explanation is given about the reasons and timescales for isolation. This information must be relayed in the most understandable way for the individual based on their communication needs.**  **Staff will factor in time throughout the day to spend one-to-one with residents who are isolating in rooms to ensure that they have opportunities to express how they are feeling, and this may be expressed through certain behaviours. It is important that staff refer to the individual’s communication and behaviour care plan to ensure the interpretation of behaviour. For example, signs that someone may be in pain**  **Testing**  Ensure that the resident is tested for Covid 19 and the results are recorded.  **Physical checks**  Healthcare checks to be carried out as normal for the individual for example if a resident is diabetic, they still need to be supported to monitor blood sugars as normal. Actions to be taken as normal if health readings fall outside of their normal parameters.  Consultation to take place with GP via virtual methods in a timely way so that at no time a person’s physical health is compromised.  Temperature, oxygen levels and signs of symptoms to be checked daily and recorded. Any deviation for the norm to prompt more regular checking.  **Activity, Occupation and Social Contact**  Provide distraction through supervised and structured daily activities, including some form of daily exercise. Ensure residents have the materials and adaptations to continue their hobbies and interests.  Ensure television is fully operational and preferred programmes are being shown that are appropriate and any other electrical equipment such as radio, internet connection are operational to facilitate this.  **Keep Door handles, surfaces, mobility equipment, call bells etc sanitised.**  **Encourage good Hand Hygiene (includes use of alcohol-based hand rub but preferably handwashing).**Use an alcohol-based hand sanitizer if there is concern that good hygiene is not being practiced, or if staff or the resident cannot get to a sink to wash their hands. Alcohol-based hand rub is the preferred method of hand hygiene when indicated. Handwashing with soap and water is indicated when hands are visibly dirty and after using the toilet.  Be sure to use moisturizer on clean hands after repeated washing to ensure they do not get dry and irritated.  **Refrain from touching face**  Ensure the skin on the resident’s face is clean and moisturized, not dry and irritated.  Ensure eyeglasses are clean and comfortable.  Ensure men are shaven, if they shave regularly.  Ensure there are no sores or other causes of pain within the mouth, and that regular oral hygiene is completed.  Ensure lips are adequately hydrated, and not chapped or dry.  **Restricting Unnecessary Visitors**  It is essential to restrict visits except for certain compassionate care situations, such as end-of-life. The number of these visitors must be restricted to 2. Any visitors that enter the home in EOL situations should be required to perform hand hygiene and use personal protective equipment. Anyone exhibiting symptoms of a respiratory infection should not be permitted to enter the care home at any time, even in end-of-life situations.  **Staff to ensure that correct PPE is worn at all times according to table 4 of the Government guidance.** | | | | | | |
| **Resident Comments/Input** |  | | | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | | **Signature** | | |
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| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | | **Signature** | |
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|  | **RISK ASSESSMENT REVIEW** |  |
| **Date** | **Notes** | **Name & Signature** |
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