|  |  |
| --- | --- |
|  | **Risk Assessment Management Plan – Residents who are Covid 19 Positive** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risk of mental, emotional and physical deterioration whilst suffering from Covid 19 illness. | | | | | | | | | | | |
| **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** | | | | |
|  | | |  | | | |  | | | | |
|  | | |  | | | |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK MANAGEMENT PLAN** | | | | | | | |
| **Name:** |  | | |  | | |  |
| **DOB:** |  | | |  | | |  |
| **Room:** |  | | |  | | |  |
| **Designated Safe space(s)** | Bedroom | | | | | | |
| **Purpose** | The purpose of this risk management plan is to support the care of a person who is diagnosed as Covid positive and to reduce the risk of residents inadvertently transmitting Covid 19 infection. | | | | | | |
| **Proactive Measures** | **For a resident who has capacity it is vital that full explanation is given about the reasons and timescales for isolation. Staff to ensure that sufficient time is pent answering questions and allaying any concerns that a person may have.**  **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 talk about how they are feeling and share concerns that they may have.**  **The end of life wishes, and status needs to be documented. Ensure that up to date contact details and methods are recorded.**  **Infection Control:**  Standard infection control precautions: Staff should wash their hands thoroughly using soap and water or use a 70% alcohol hand rub before and after any contact with residents. Placing hand rub dispensers at the residents’ bedsides for use by visitors and staff should be considered. It is advisable to recommend carrying out a risk assessment before introducing alcohol gels into the workplace.  Respiratory Hygiene/Cough Etiquette  Where possible, respiratory hygiene/cough etiquette should be implemented whenever residents or visitors have symptoms of respiratory infection to prevent the transmission of all respiratory tract infections in long-term care facilities. When an outbreak of COVID-19 is being considered, respiratory hygiene/cough etiquette is essential and must be implemented. Providing tissues to residents and visitors who are coughing or sneezing so that they can cover their mouth and nose. Providing no-touch receptacles for used tissue disposal.  If possible, symptomatic residents should be cared for in single rooms until fully recovered and at least seven days after the onset of symptoms.  If possible, staff should work with either symptomatic or asymptomatic residents (but not both), and this arrangement should be continued for the duration of the outbreak.  Staff should use single-use plastic aprons when dealing with patients, and gloves as appropriate. Hand hygiene practices should still be carried out even if staff have been wearing gloves. Surgical masks should be worn by care staff attending to affected residents during cough inducing procedures, including nebuliser administration. Masks should be removed on leaving the resident’s room and disposed of as clinical waste. If risk of splashing, then eye protection will minimize risk. Homes should obtain masks from their usual PPE suppliers.  If resident movement or transport is necessary, the affected resident should wear a surgical mask, if possible.  All staff should perform hand hygiene immediately after de-masking, as per standard infection control precautions.  Surgical masks, gloves and aprons, and contaminated tissues must be disposed of as clinical waste. It is essential that PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.  Residents’ clothes, linen and soft furnishings should be thoroughly washed on a regular basis, and all rooms kept clean, including TV remote controls, handles and light switches. More frequent cleaning of surfaces such as lockers, tables & chairs, televisions and floors is required, especially those located within 2 metres of a symptomatic patient. Hoists, lifting aids, baths and showers should also be thoroughly cleaned between patients.  Uniforms and other work clothing should be laundered at work if there are facilities for this. If laundered at home the general advice on washing work clothes separately would apply. Uniforms should not be worn between home and the place of work.  Residents should not be transferred to other homes if symptomatic.  Agency and temporary staff who are exposed during the outbreak should be advised not to work.  Rooms to be well ventilated.  **Health monitoring to be carried out frequently and medical advice to be sought if a resident’s condition deteriorates. Virtual consultations to take place where necessary and hospital admission sought if the home cannot meet the care needs of an individual.** Treatment and medication to be sought without delay and provided in a format that ensures comfortable administration (Ie liquid mediation if required). All care and medical records to be kept up to date and symptoms tracked and monitored.  Ensure any medical equipment such as nebulisers are cleaned between use and this is recorded.  **Families to be kept informed about the condition of the individual (with consent).** | | | | | | |
| **Resident Comments/Input** |  | | | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | | **Signature** | | |
|  |  | | |  | | |
|  |  | | |  | | |
| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | | **Signature** | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |

|  |  |  |
| --- | --- | --- |
|  | **RISK ASSESSMENT REVIEW** |  |
| **Date** | **Notes** | **Name & Signature** |
|  |  |  |
|  |  |  |
|  |  |  |