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|  | **Risk Assessment Management Plan – Risks of Covid 19 infection from not wearing a mask in a care setting** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks of Covid 19 infection from staff not wearing a mask in a care setting | | | | | | | | | | | |
| **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** | Decisions on the use of masks should balance the risk of infections spreading with any risks or benefits that arise from the use of masks. Providers should follow updated guidance and continue to engage with staff and people receiving care to inform decisions on when masks should be used, and all staff and visitors are made aware of the associated risk assessment following change of guidance on December 15th, 2022. Copy of the guidance is available in the service.  The risk is (please complete) | | | | | | | | | | | |
| **Author(/s)** | **Print Name** | | | **Position / Relation** | | | | **Signature** | | | | |
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| **RISK MANAGEMENT PLAN** | | | | | |
| **Purpose** | The purpose of this risk management plan is to identify the risks and measures to be taken to minimise risks associated with staff not wearing a mask in a care setting | | | | |
| **Proactive Measures** | **The following risks and actions need to be considered for the service:**   * Are staff members caring for a person suspected or confirmed to have COVID-19?   (Please add additional information to each point and extra items that are specific to your service)   * Have staff members had household or overnight contact with someone with COVID-19? * Staff and visitors should consider if there is an outbreak or a suspected outbreak of COVID-19 in the setting? * Staff should consider if any person receiving care prefers a carer to wear a mask? * Staff are able to wear masks if this is their wish * The use of masks may also be considered if caring for someone who is particularly vulnerable to severe outcomes from COVID-19 (e.g. potentially eligible for COVID-19 therapeutics) on an individual basis and in accordance with their preferences. refer to COVID-19: guidance for people whose immune system means they are at higher risk for more information. * Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission following risk assessment. * The service has adopted a risk-based approach with decisions on the use of face masks balanced with the risk of infections spreading and considering any risks or benefits that arise from their use following latest guidance. * A risk assessment is in place service specific and staff are aware. * The service continues to ensure adherence to guidance and is able to evidence this to the Care Quality Commission when asked. | | | | |
| **Comments:** |  | | | | |
| **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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