

APPENDIX 1
Risk matrix

Key

Likelihood	Rare (will probably never happen/recur) Unlikely (do not expect it to happen but is possible) Possible (might happen) Likely (will probably happen) Almost certain (will undoubtedly happen)
Severity	Negligible Minor Moderate Major Critical
Risk control strategies (Likelihood x Severity)	Trivial - no action required
	Tolerable - monitor the situation
	Substantial - take action within an agreed period
	Intolerable - stop activity, take immediate action to reduce the risk

		Consequence of event occurring (Severity) → →				
		Negligible	Minor	Moderate	Major	Critical
		1	2	3	4	5
Likelihood of Event Occurring (Probability)	Rare 1	Trivial 1	Trivial 2	Trivial 3	Tolerable 4	Tolerable 5
	Unlikely 2	Trivial 2	Tolerable 4	Tolerable 6	Substantial 8	Substantial 10
	Possible 3	Trivial 3	Tolerable 6	Substantial 9	Intolerable 12	Intolerable 15
	Likely 4	Tolerable 4	Substantial 8	Intolerable 12	Intolerable 16	Intolerable 20
	Almost 5	Tolerable 5	Substantial 10	Intolerable 15	Intolerable 20	Intolerable 25

Risk assessment for minimising risk of infection from Covid-19 at HOE outreach centres

Version History

<u>Date</u>	<u>Review Details</u>	<u>Reviewed by</u>
11.1.21	Update to include NHS r.	LA
13/1/21	Advice from HSE qualified	MK
14.1.21	Transferred to HSE grid	CK

This Risk Assessment considers the HAZARD of becoming infected with the COVID-19 virus in the inpatient units

to include pupils and staff

This risk assessment builds on the measures we have had in place to minimise risks to all stakeholders since in September 2020, following guidance issued by DfE and the subsequent updates (still ongoing). Evidence suggests, as of December 2020, there is a new strain of coronavirus that is substantially more transmissible. We have therefore introduced further measures to minimize the risk of transmission.

COVID-19 symptoms

High temperature

A new and continuous cough

A new loss of smell or taste

Please see additional risk assessments which includes measures for teaching in outreach centres, one to one teaching in pupil homes, arrangements for music teaching and arrangements for making home visits where required.

Staff and pupils who are advised by a medic to shield as we are now in Tier 4 will have their individual risk assessments reviewed with their Leader of Learning and alternative arrangements made if required. Staff who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the centres In

The number of staff we have available to teach at the centres at any time will also impact on this risk assessment.

Bubbles - we know that the recommendation for secondary schools is that year groups are classified as a single 'bubble'. In AP, we know that because our numbers are low, we will be allowed to class the whole setting as one bubble.

For our purposes:

- Delapre and the Bridge will be one bubble
- The Gatehouse will be one bubble
- The Sett and the Burrows will be one bubble.

Cross bubble working is permitted providing all measures contained in this risk assessment are followed. Weekly testing of staff will also reduce the risk of cross bubble infection.

We will share risk assessments with our trust, our staff, parents/carers, pupils and unions to ensure that there are no points we have overlooked. When agreed, this will be displayed on our website for transparency.

Additional PPE, such as seat coverings, can be requested when and where required.

#	Activity	Sub-activity	Risk Management Measure	Residual Risk			Action#
				Probability	Severity	Risk	
1	Contact between	General movements	Parents will be strongly reminded of the PHE advice Follow the advice here: When to self-isolate and what Anyone that develop symptoms whilst at a centre Staff, to have temperature checks on arrival at the Regular observations carried out by ward staff to Anyone showing/suspecting that they have symptoms	1	3	3	1, 3,10,
		Use of Sign in App	Staff to use the sign in app rigorously - staff use QR	1	3	3	1, 6, 13
		Preventing transmission	All classrooms to have a regular cleaning routine daily, Staff attending a bubble should wash their clothes Staff who are unwell must stay at home and follow Pupils who are unwell to follow NHS guidance and self Download the NHS Track and Trace app - all staff to Staff and pupils to carefully follow government and Staff and participate in twice weekly testing (lateral Attendance at ward meetings to be conducted Burrows Handover - to be done via education room Rostered staff attendance on the ward with staff in	2	3	6	11 5 6, 12, 13,
		Social Distancing	Staff, pupils and visitors to maintain 2m distance from Staff to use one cup only and bring their own lunch. Ensure all pupils are fully briefed before they start to Playing board games - wipe down boards and pieces	2	3	6	1, 11

		Teaching staff to retain the option of limiting the number of young people in the room each lesson. Split the group to allow one lesson per young person each day. More can be provided if not all young people are able to engage.				
	Infection control -	All contact with the young people is recommended to Ventilation - classrooms to have at least one window Sneeze screen to be provided for Burrows classroom. Pupils allocated workstation/place with tray for Facemasks/Visors - staff and pupils provided with a Clear instructions to be provided to pupils and staff on Follow handwashing guidelines Antiseptic hand gel - people to apply hand gel when Surface sanitation - antiseptic wipes available for all Staff to wear full PPE as advised and provided by Antiseptic soap in all toilets.	1	3	3	4
	Use of toilets	Staff and pupils to follow NHS guidelines for use of Staff to teach from the front of class maintaining the Burrows classroom arrangements - a single desk to be Sett - a maximum of 3 young people to be in the room Split the groups to allow one lesson per young person All pupils will use own school books or paper. These Minimise face to face exposure, side by side or "1m Classroom based resources such as books and games	1	3	3	3,11
	Teaching		1	3	3	11, 12
			1	3	3	11
			2	3	6	11
	Teaching Art,	Pupils who are doing art activities will be given	1	3	3	
	Book Marking	Staff marking books - to use hand gel before and after	1	3	3	
	Book Marking 1	Staff marking books alternative 1 - staff can wear	1	3	3	
	Book Marking 2	Staff marking books alternative 3 - If marking books Plenty of tissues to be provided. Pupils to be	2	3	6	
	Working across HOE	Bubble working reduces the number of pupils that staff HOE Class sizes already small (Max 9 pupils) Staff and most pupils participate in weekly testing Staff use the sign in app rigorously Staff required to change bubble (site) in one day will	2	3	6	13, 14
	Use of resources and equipment	General use All surfaces in use to be wiped with antiseptic wipe at the start of the day (person to wear gloves when doing cleaning)	1	3	3	14

		Alarms to be worn at all times and swapped with ones from the nursing office if out of charge. Ring ward staff to bring alarms to classroom and swap over others for charging. Request new charged alarms on a Monday				
		Areas and equipment to be wiped clean before and Ask pupils to wipe their areas at the end of each Staff and pupils to have their own stationery (to be Pupils will normally be provided with their own Pupils who are doing art activities will be given their All staff to undertake regular cleaning of surfaces in line with guidance after each class (if change of pupils).				15 3 3
	Shared use	Staff clean/wipe their desk when they move to another Equipment that may present a safeguarding risk, such Any shared equipment to be wiped down by antiseptic Option to wear gloves available when equipment is	2	3	6	3, 11
Incorrectly	Risk of infection from	Pedal bins to be emptied in line with NHS guidelines Wash or gel hands after accessing bins See separate risk assessment for disposal of C-19	1	3	3	2, 11
Use of transport	Staff	Staff to travel alone in cars - no transporting pupils. Staff to check their car regularly to ensure it is in good Staff to avoid public transport if possible but report to Take appropriate measures if using taxis (as pupils	1	3	3	
	Pupils	Pupils who travel in taxis to be risk assessed Taxi firms used have supplied details of their risk Pupils provided with masks, antiseptic wipes, seat Pupils dispose of single-use masks in pedal bins	2	3	6	16
Pupil refusing to		Talk to pupil about risk of infection and reasons for	2	3	6	3, 17

#	Recommended Action	Responsibilities		
		Who	Target Date	Completi
1	Content of the risk assessment to be communicated with staff and health staff prior to teaching and support	Leader of	13.1.21	20.1.21
2	Health and safety updates to be provided to all staff monthly in team meetings to avoid complacency	HT	20.1.21	Ongoing
3	Ensure all pupils have received a briefing about requirements for infection control before attending	Core teacher/LOL	On induction	Induction
4	Provide masks, bespoke if required, to enable as many staff and pupils to wear them at all times	SBM	4.1.21	31.1.21
5	Twice weekly testing for staff	Test team	6.1.21	Ongoing
6	Staff to go offsite for PPA provided there is adequate cover in the centres	HT, DHT, LoL	6.1.21	Ongoing
7	Staff Covid action group to be formed and meetings convened at least 2 weekly to review risk assessments	HT and identified	15.1.21	Ongoing
8	Seek external quality assurance of risk assessment	H & S consultant	14.1.21	15.1.21
11	Staff and pupils to be reminded of the guidance and updates regularly	Business team	20.1.21	ongoing
13	Individual arrangements for staff to work from home can be made to minimise staff numbers on site where	SLT	6.1.21	Ongoing -
14	Staff may also be needed to redeploy at short notice to support in other settings if staff numbers reduce	SLT	13.1.21	Ongoing
16	Individual risk assessments for travel in taxis where required	LoLs	11.1.21	Ongoing
17	Consider moving to education on the ward if pupil cannot adhere to measures	LoLs	11.1.21	
18	Consider additional risk assessments where required	SLT	11.1.21	Ongoing

Related policies

This risk assessment should be read alongside the policies and HOE guidance:

[Procedures to follow if a pupil or staff member becomes unwell whilst on site](#)

[Policy and procedures in response to any infection](#)

[Policy for safe sharing of equipment](#)

[Policy and procedures to keep staff safe on site](#)

[Policy for provision of remote education support \(in the case of lockdown, temporary closure or for pupils who are required to shield\)](#)

[Risk assessments for external visitors e.g. music teacher, careers advisor](#)

[Risk assessment for the carrying out of asymptomatic testing on site](#)

NHFT risk assessment

THE Sett/Burrows - COVID RISK ASSESSMENT

RISK TITLE - COVID SAFE ASSESSMENT [DATE OF INPUT 13/7/2020]

PEOPLE AT RISK

REVIEW DATE 31.3.21

Staff, patients & visitors including contractors.

DESCRIPTION OF RISK

Transmission of COVID.

The Sett is an inpatient Child and Adolescent provision based at Howarth Way, Northampton.

Risk of spread of infection: Coronavirus disease 2019 (COVID-19) caused by “Severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2) was first reported in China. It is the third extremely pathogenic human coronavirus which has emerged recently after severe acute respiratory syndrome (SARS) coronavirus and Middle East respiratory syndrome (MERS) coronavirus. SARS-CoV-2 is mainly transmitted by person-to-person contact in community and health-care settings. This pattern of spread demands large-scale and proactive measures to avoid further widespread dissemination. SARS-CoV-2 survives on contaminated dry surfaces and fomites, which facilitate hand to mucous membranes (of the mouth, nose, and eyes) spread. This emphasizes the significance of in-depth knowledge about the perseverance of coronavirus on inanimate surfaces

IDENTIFICATION OF HAZARD & RISK IMPOSED

Transmission of COVID :-

Airborne transmission of virus

Surface transmission of virus

Risk of infection to patients, staff & visitors including contractors.

- | |
|--|
| 1. Social distancing - inability to maintain social distancing increases risk of transmission |
| 2. Use of PPE- without adequate and appropriate use of PPE, risk of transmission is increased. Risk that staff will need to self-isolate if identified as contacts of CV19 positive persons without evidence of use of PPE |

3. General hygiene & cross infection control- specific processes should be followed within clinical and non-clinical areas to reduce risk of transmission
4. Staff risk assessments- some staff may be at increased risk of infection or adverse impacts of the virus
5. Visitors to the building may create additional risk
6. Lack of physical spacing between clinical and non-clinical areas of the building may increase risk to staff & patients
7. Lack of ability to have a one way flow in and out of the building.
8. Within offices hot desking and frequent changes of staff cohorts may increase risk to all staff
9. Staff wellbeing may be impacted by impact of CV19 and staff anxiety may be increased by coming back into the workplace
10. Reinstatement of service prior to Covid -19, as more MDT return less available space on the ward.

CURRENT RISK LEVEL
CONSEQUENCE [CURRENT] – MODERATE
LIKELIHOOD [CURRENT] UNLIKELY- DO NOT EXPECT IT TO HAPPEN /BUT IT IS POSSIBLE
RATING [CURRENT] 6
RISK LEVEL [CURRENT] MODERATE

EXISTING CONTROLS IN PLACE & SOURCES OF ASSURANCES

Current control measures in place:-

- PPE available for all staff (masks, gloves, visors, coveralls) - supply process in place and contact point for escalation in the incidence of a supply problem. Staff trained to use PPE appropriately including specific FIT testing for FFP3 masks.

CONCLUSION OR JUSTIFICATION FOR RATING

Current control measures in place:-

- PPE available for all staff (masks, gloves , visors ,coveralls)
- Masks & sanitiser available at entry point to the unit. Bins available only for disposal of masks.
- Staff to wear masks surgical fluid repellent masks when on duty

- Staff to wear scrubs whilst on duty. Staff not required for full clinical duties may wear coveralls if required to assist with any interventions where social distancing cannot be maintained. Staff should be bare from the elbows down.

- Staff to adhere to social distancing

- Offices/ staff area have been reconfigured to minimise occupancy

- All office areas have hand sanitiser, clinell wipes & 'I am clean ' stickers available. Workstations cleaned before & after use. Bin available for disposable of masks only.

- Laminated signs in use to remind staff to clean workstations

- Waiting area in reception has been reconfigured to avoid high occupancy.

- Enhanced cleaning schedules in place for high traffic areas e.g. door handles, touch pads.

- Toys removed from visiting room.

- Patients isolated on admission until COVID test has been undertaken & negative result received.

- Patients isolated on return from overnight leave until COVID test has been undertaken & negative result received.

- Referrer asked for evidence of negative COVID result of individuals referred into the Inpatient service

- COVID checklist in place for young people & parent/carer around any visits/ home leave.

- Non- essential visits have been cancelled.

- Laminated signs in place informing staff/ visitors to wear masks/face coverings, sanitise hands, wash hands regularly & maintain good hand hygiene

- Clinell wipes available in education & other meeting rooms & family room.

- Wall Sanitiser available in reception, nursing office
- Essential meetings are held via Microsoft Teams, telephone.
- Patients encouraged to adhere to social distancing as masks cannot be worn due to potential ligature risks.
- Patients reminded to maintain good hand hygiene.
- Vulnerable at risk staff to be offered Risk assessments
- Visitors to be documented in visitor's book
- Non - essential deliveries stopped
- Essential deliveries to be received at side entrance of the unit.
- Staff to stagger breaks
- Staff to self-isolate if symptomatic or living in a household with individual who is symptomatic
- Visitors not to visit if symptomatic or living in a household with individual who is symptomatic
- Patients who are symptomatic to be nursed in isolation
- Inpatient staff escorting patients in a taxi/ ambulance to A & E adheres to PPE requirements
- Staff escorting patients in Trust/Hire vehicles to adhere t PPE requirements

1. Room capacity determined, signage is displayed. All staff wear PPE all of the time as socially distancing is not possible. No signage in both classrooms LA emailed ward managers for update

2. Sanitiser and wipes available to staff. PPE available to staff.
3. Cleaning schedules available and implemented within the building information posters available all laminated.
4. Personalised risk assessments offered/undertaken
5. All non-essential visiting to be restricted, signage in place.
6. Clinical and non-clinical areas separate
7. Family visiting in the family room away from the ward.
8. Room capacity identified - all staff to wear PPE.
9. ALL workstations to be cleaned before and after use, signage in place. All rooms have capacity identified on the door.
10. Adequate opportunities for staff supervision & support

Staff signposted to wellbeing services as appropriate

Regular opportunities for team meetings with the team on that day.

11. Standard Operating Procedure in place for Covid-19

- Staff using public transport are allocated PPE
- Occupancy capped as social distancing is not possible with increased numbers.
- Contractor visits are managed by managers

- Visitor attendance recorded, restricted to essential visitors only. If an essential visitor is unknown they leave a phone number.
- Where pens need to be available these will be wiped between uses.
- All staff to wear scrubs and masks at all times.
- Staff to use FULL PPE when working with shielded patients and occupancy levels to be reduced.
- Work areas generally tidy with no unnecessary equipment in place
- Furnishings in patient areas wipeable
- Foot operated waste bins in place in clinical areas
- Waste removal twice daily in clinical areas
- PPE stock return completed to ensure stock.

No food to be shared between staff.

UPDATE 11.1.21

COVID19 - Possibly approaching Tier 4

Are we going to continue with the young people having leave if we go into Tier 4? Agreed that leave is useful for the young people to continue.

In terms of admissions from Tier 4 areas and parents visiting – This requires further clarification. However should we go into Tier 4, no visits on the ward will be allowed. Parents/Visitors will be asked to wait off the ward. However we will continue to admit from Tier 4 areas. COVID 19 Risk Forms MUST continue to be completed for leave.

Young people who require emergency care at the General Hospital, a lateral flow test will be taken in A&E.

COVID 19 swabs to continue to be taken upon admission and the young person is isolated until the result is received.

All patients were tested for COVID19 who went home for Christmas. They must be tested again when they return after Christmas.

Patients who refuse the COVID19 Swab – Only those who are Sectioned will be admitted. Informal patients who refuse the swab will not be admitted.

All patients going on leave or new admissions must have a covid swab upon return

- Swabs must be completed on day 1, day 3 and day 5

Returning to work following positive COVID test outcome

NHFT colleagues who have received a PCR positive test result can return to work following the 10 day self-isolation period, which commenced at the start of symptoms and not from the PCR result; as long as they are feeling better and do not have COVID-19 symptoms.

If colleagues take a subsequent PCR test, which provides a positive test result, but have no symptoms they can still return to work. The COVID-19 cells which had been identified in the previous PCR test can remain in the individual's nasal/nose for up to 12 weeks, and can provide a positive result to a PCR test although the individual is no longer infectious.

Please speak to your line manager if you have any queries regarding returning to work following a positive COVID-19 PCR test result and are no longer experiencing symptoms of COVID-19.

ADDED 12.1.21

BANK STAFF

There is no specific regime – staff are tested in-line with Trust arrangements for all staff. We have completed covid risk assessments for all. Staff can also use the lateral flow tests if they wish to test themselves each week.

Hope that helps, if not please do come back to me.

Staff name	Date	Date
LA	18.1.21	
LL	20.01.21	
LP		
RM	20.01.21	
MC	21.01.21	
KB		
TK		
DH	20.1.21	