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|  | **Health & Safety Risk Assessment Form** | cid:image003.jpg@01D2FB20.B009E750 |
| **Ref: CF:053:01** | **Re Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19** |
| **Issue date:** | May 2020 | **Revised date:** | August 2021 | **Version No.** | 2 |
| **Author(s):** | National Health & Safety Function (NHSF) |
| **Legislation:** | UnderSection 19 of the ***Safety, Health and Welfare at Work Act, 2005*** and associated Regulations**,** it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented. |
| **Note:** | The[HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/) and the interim guidance issued by the World Health Organization [WHO (2020) Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19](https://apps.who.int/iris/handle/10665/331508) have been integrated into the risk assessment process to assist in identifying both the existing control measures in place (tick YES) and any additional controls required (tick NO).Where additional control measures are identified these should be documented on the Biological Agents Risk Assessment Form, assigned an ‘action owner’ and ‘due date’ for completion. |
|  **Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19**  |
| **Division:** |  | **Source of Risk:** |  |
| **HG/CHO/NAS/Function:** |  | **Primary Impact Category:** |  |
| **Hospital Site/Service:** |  | **Risk Type:** |  |
| **Dept/Service Site:** |  | **Name of Risk Owner:** |  |
| **Date of Assessment:** |  | **Signature of Risk Owner:** |  |
| **Unique ID No:** |  | **Risk Co-Ordinator:** |  |
|  |  | **\*Risk Assessor(s):** |  |
| **Amendments to the Risk Assessment** |
| **Version** | **Date approved** | **Section amended** | **Author** |
| 2 | August 2021 | **CF:053:01 Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19**Front Cover – inserted reference to legislation |  NHSF |
| 2 | August 2021 | **CF:053:01 Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19**New question 40 “There are arrangements in place for a Manager to notify the Health and Safety Authority when they become aware of a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) [https://www.hsa.ie/eng/topics/covid- 19\_coronavirus\_information\_and\_resources/covid-19\_guidance\_and\_advice/guidance\_and\_advice/covid\_19\_%E2%80%93\_faqs\_and advice\_for\_employers\_and\_employees/reporting\_of\_covid-19\_cases.html](https://www.hsa.ie/eng/topics/covid-19_coronavirus_information_and_resources/covid-19_guidance_and_advice/guidance_and_advice/covid_19_%E2%80%93_faqs_andadvice_for_employers_and_employees/reporting_of_covid-19_cases.html)  | NHSF |

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| **No.** |  | **Yes** | **No** | **N/A** | **Comment** |
| **Section 1- General measures to prevent a COVID-19 outbreak during the pandemic**To facilitate early identification and planning for cases or suspected cases of COVID-19 the following measures are in place. |
| 1 | A COVID-19 preparedness plan is in place to include: planning for cohorting of residents (COVID-19 separate from non-COVID-19), enhanced IPC, training for Healthcare Workers (HCWs), establishing surge capacity and promoting resident and family communication |  |  |  |  |
| 2 | Each ward or floor operates where possible as a discrete unit or zone, i.e. HCWs and equipment are dedicated to a specific area and are not rotated from other areas (this includes night duty) |  |  |  |  |
| 3 | Dedicated HCWs are assigned to work in the facility and do not move across settings |  |  |  |  |
| 4 | The temperature of each HCW working in the facility is measured at the start of each shift and there is a system in place whereby all HCWs confirm verbally with their line manager that they do not have any symptoms of respiratory illness, such as fever, cough, shortness-of-breath or myalgia  |  |  |  |  |
| 5 | There is an adequate availability of supplies including tissues, alcohol based hand rub (ABHR), hand wipes, cleaning products (including disinfectants) and personal protective equipment  |  |  |  |  |
| 6 | Where there are difficulties in sourcing and obtaining supplies, there is an agreed process to liaise with local CHO management  |  |  |  |  |
| 7 | HCWs are aware of the early signs and symptoms of COVID- 19 in residents presenting and know who to alert if they have a concern |  |  |  |  |
| 8 | All HCWs have training in standard precautions, in particular hand hygiene, respiratory hygiene & cough etiquette and in transmission based precautions (Contact, Droplet & Airborne) including the appropriate use of PPE |  |  |  |  |
| 9 | Residents are encouraged to maintain a distance of 1 to 2m from other residents and HCWs  |  |  |  |  |

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| **No.** |  | **Yes** | **No** | **N/A** | **Comment** |
| 10 | Group activities that are necessary for residents’ welfare are risk assessed for necessity and * Only conducted with small groups of residents who consistently attend
* maintaining a physical distancing i.e. 2m as far as possible
 |  |  |  |  |
| 11 | HCWs adhere to physical distancing measures during break and meal times  |  |  |  |  |
| 12 | Arrangements are in place for HCWs involved in care of suspected or confirmed cases to have access to local occupational health support and emergency contact details for out of hours advice in the event they develop symptoms or they have a breach in PPE in line with [*Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health*](https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/) |  |  |  |  |
| ***Note: Hand Hygiene and Respiratory Hygiene are essential Preventative Measures*** |
| **Section 2- Infection Prevention and Control Measures**  |
| **Hand Hygiene**  |
| 13 | HCWs apply [*WHO My 5 Moments for Hand Hygiene*](file:///C%3A%5CUsers%5Camyoneill1%5CDownloads%5CWHO%20My%205%20Moments%20for%20Hand%20Hygiene) before touching a resident, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a resident and after touching a residents’ surroundings |  |  |  |   |
| 14 | Hand hygiene is performed immediately before every episode of direct resident care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of PPE, equipment decontamination, handling of waste and laundryNote: * Hand hygiene includes either cleaning hands with an alcohol based hand rub or with soap and water
* Alcohol based hand rubs are preferred if hands are not visibly soiled / dirty
* Wash hands with soap and water when they are visibly soiled
 |  |  |  |  |
| 15 | Residents are encouraged to wash their hands after toileting, after blowing their nose, before and after eating and when leaving their room. Where the resident’s cognitive state is impaired HCWs help with this activity |  |  |  |  |
| **Respiratory Hygiene**  |
| 16 | All HCWs adhere to respiratory hygiene and cough etiquette |  |  |  |  |
| 17 | All residents are advised to cover their nose and mouth with a tissue when coughing and sneezing |  |  |  |  |
| 18 | Disposable single use tissues are used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose |  |  |  |  |
| 19 | When a resident requires assistance with containment of respiratory secretions the HCW performs hand hygiene after contact with respiratory secretions |  |  |  |  |

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| **No.** |  | **Yes** | **No** | **N/A** | **Comment** |
| 20 | HCWs and residents are advised to keep hands away from their eyes, mouth and nose  |  |  |  |  |
| **Personal Protective Equipment (PPE) – Also See Section 6 Qs 49-54** |
| 21 | Every HCW undertakes a dynamic risk assessment\* PRIOR to performing a clinical care task, to inform the level of IPC precautions needed, including the choice of appropriate PPE for those who need to be present.The choice and selection of PPE is based on risk assessment and in line with the [*HPSC / HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19*](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/)***\*an informal on-the-spot undocumented risk assessment which is undertaken prior to undertaking any task.*** |  |  |  |  |
| **Section 3- Transmission Based Precautions**  |
| **Cohorting (Physical Distancing Measures) for residents with possible or confirmed COVID-19** |
| 22 | Residents with possible or confirmed COVID-19 are placed in a dedicated ‘zone’ with dedicated staff where possible (single rooms close together, or in multi occupancy areas within the building or section of a ward/unit)**Note:** **1**.**Only Residents with a diagnosis of COVID-19 can be cohorted together****2. Where possible the area should not be used as a thoroughfare by other residents, visitors or staff** |  |  |  |  |
| 23 | Signage is displayed to reduce entry into the resident’s room and the door remains closed |  |  |  |  |
| 24 | Where practicable, residents are cared for in a single room with en-suite facilities. If there is no en-suite toilet a dedicated commode is used, with arrangements in place for safe removal of a bedpan/urinal to an appropriate disposal point. Where this is not possible, safe access to a toilet close by, that is assigned for the use of that resident and cleaned after use  |  |  |  |  |
| 25 | Where residents are cohorted in multi-occupancy rooms every effort is made to minimise cross-transmission risk: by maintaining as much physical distance as possible between beds; and or reducing the number of residents/beds in the area to facilitate social distancing |  |  |  |  |
| 26 | Privacy curtains are used where available between the beds to minimise opportunities for close contact |  |  |  |  |
| 27 | Where possible, a team of HCWs is designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission |  |  |  |  |
| 28 | The choice and selection of PPE is based on risk assessment and in line with the [*HPSC / HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19*](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/) |  |  |  |  |

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| **No.** |  | **Yes** | **No** | **N/A** | **Comment** |
| **Management of close contacts of a possible or confirmed case of COVID-19** |
| 29 | Residents who are contacts of a confirmed or possible case are accommodated in a single room with their own en-suite facilities. Where this is not possible, cohorting in small groups (2 to 4) with other contacts is facilitated |  |  |  |  |
| **Care of the dying and recently deceased** |
| 30 | Care of the dying and recently deceased is in line with the requirements of [HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/)  |  |  |  |  |
| **Section 4 - Administrative Controls** |
| 31 | HCWs are provided with adequate training in standard precautions and transmission based precautions  |  |  |  |  |
| 32 | There are ‘sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents and which reflect the size, layout and purpose of the service’ and ‘contingency plans are in place in the event of a shortfall in staffing levels or a change in the acuity of residents’Ref [*HIQA (2016) National Standards for Residential Care Settings for Older People in Ireland*](https://www.hiqa.ie/sites/default/files/2017-01/National-Standards-for-Older-People.pdf) |  |  |  |  |
| 33 | HCWs have access to Occupational Health support and are aware of  [*Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health*](https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/) |  |  |  |  |
| 34 | Group meetings and social interaction among HCWs are restricted and alternative methods of communication arranged (e.g. e-mail, teleconference, and video conference). Note: Where meetings are essential, select a meeting space that can facilitate the anticipated number of attendees, so that physical distancing can be observed |  |  |  |  |
| 35 | There is a local visitor restriction policy in place in line with the requirements of [HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/) |  |  |  |  |
| 36 | HCWs have been advised to launder their uniforms daily and separately from other household linen (in a load not more than half the machine capacity at the maximum temperature the fabric) |  |  |  |  |
| 37 | HCWs have been advised not to bring personal items, including mobile phones into isolation or cohort areas |  |  |  |  |
| 38 | There is a local IPC audit programme in place monitoring compliance with standard precautions  |  |  |  |  |
| 39 | There is a system in place for managing and reporting incidents of COVID-19 in line [with *Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health*](https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/) and the [*HSE Incident Management Framework*](https://www.hse.ie/eng/about/qavd/incident-management/) |  |  |  |  |
| **No.** |  | **Yes** | **No** | **N/A** | **Comment** |
| 40 | There are arrangements in place for a Manager to notify the Health and Safety Authority when they become aware of a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) [https://www.hsa.ie/eng/topics/covid- 19\_coronavirus\_information\_and\_resources/covid-19\_guidance\_and\_advice/guidance\_and\_advice/covid\_19\_%E2%80%93\_faqs\_and advice\_for\_employers\_and\_employees/reporting\_of\_covid-19\_cases.html](https://www.hsa.ie/eng/topics/covid-19_coronavirus_information_and_resources/covid-19_guidance_and_advice/guidance_and_advice/covid_19_%E2%80%93_faqs_andadvice_for_employers_and_employees/reporting_of_covid-19_cases.html) |  |  |  |  |
| **Equipment** |
| 41 | Where possible single-use equipment is used for each resident and disposed of as healthcare waste inside the room |  |  |  |  |
| 42 | Where single use equipment is not possible, dedicated care equipment is used in the residents’ room or cohort area and is not shared with other residents in non COVID-19 areas e.g. lifting devices, commodes, moving aides etc. |  |  |  |  |
| 43 | Where it is not possible to dedicate pieces of equipment to the resident or cohort area, equipment is decontaminated immediately after use and before use on any resident following standard cleaning protocols |  |  |  |  |
| **Cleaning and decontamination** |
| 44 | Residents observation charts, medication prescription and administration records (drug kardex) and healthcare records are not taken into the residents room to limit the risk of contamination |  |  |  |  |
| 45 | Local procedures are in place to manage laundry, catering, and decontamination of equipment during CODID -19 in line with the recommendation outlined in [HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/) |  |  |  |  |
| 46 | Local cleaning and disinfection procedures are implemented, monitored and reviewed regularly in line with [HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/)  |  |  |  |  |
| **Healthcare Risk Waste** |
| 47 | All COVID-19 related waste is disposed of as healthcare risk waste |  |  |  |  |
| 48 | There is a contract in place for the collection of healthcare risk waste from the facility |  |  |  |  |

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| **No.** |  | **Yes** | **No** | **N/A** | **Comment** |
| 49 | There is an adequate number of foot pedal operated healthcare risk waste bins provided |  |  |  |  |
| **Section 6- PPE (General)** Infection Prevention and Control practice supported by appropriate use of PPE is important to minimise risk to patients of healthcare associated COVID-19.*Note: The rational, correct and consistent use of PPE can help reduce the spread of COVID-19. PPE effectiveness depends strongly on adequate and regular supplies, adequate training, appropriate hand hygiene and appropriate human behaviour.* The fundamental principle of the hierarchy of controls is that personal protective equipment (PPE) should only be used as a last resort after all other precautions have been implemented. |
| 50 | The choice and selection of PPE is based on risk assessment and in line with the [*HPSC / HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19*](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/) |  |  |  |  |
| 51 | There is access to adequate supplies of onsite PPE at the point of care |  |  |  |  |
| 52 | HCWs wear surgical masks when providing care to residents and within 2m of a resident regardless of their COVID 19 status  |  |  |  |  |
| 53 | HCWs wear surgical masks for all encounters with other HCWs in the workplace where a distance of 2m cannot be maintained |  |  |  |  |
| 54 | All HCWs have reviewed HSE video resources / completed the HSELanD Modules on donning and doffing PPE  |  |  |  |  |
| 55 | There is a buddy system in place for donning and doffing PPE to minimise the risk of accidental contamination  |  |  |  |  |

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| Use the columns below to document any local existing control measures not referenced above |
| **No.** |  |
|  |  |
|  |  |
|  |  |

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| **\*\*HAZARD & RISK DESCRIPTION** | **EXISTING CONTROL MEASURES** | **ADDITIONAL CONTROLS REQUIRED** | **ACTION****OWNER (i.e. the Person responsible for the action)** | **DUE DATE** |
| Describe the activity being undertaken and the frequency of exposure include: * Contact and Droplet activities undertaken in the department e.g., close contact for physical examination, handling laundry, handling waste
* Identify number & category of employees who might be affected.
* Describe the associated risk
 | Attach checklist - Where the checklist answers yield a ‘yes’ these are the control measures in place  | Where the checklist answers yield a ‘No’ consider and document additional control measures required. | Mary Bloggs (Line Manager) | 30.08.21 |
| **INITIAL RISK** | **Risk Status** |
| **Likelihood** | **Impact** | **Initial Risk Rating** | **Open** | **Monitor**  | **Closed**  |
|  |  |  |  |  |  |

**\*Risk Assessor to be recorded for OSH risks only.**

**\*\*Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.**