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# Holy Cross Hospital Coronavirus risk assessment

Updated March 2021

Joanna Speed

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# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

## Contents

Introduction	2
1. Risk of Covid 19 being be transmitted in the hospital via hand contact surfaces or the general environment	2
2. Risk of covid 19 being transmitted via shared equipment and working areas	3
3. Staff with underlying health conditions that may put them at increased or very high risk of severe illness from COVID-19 (i.e. those that are classed as clinically vulnerable or clinically extremely vulnerable). Severe illness or death as a result of contracting Covid 19 whilst at work	3
4. Risk of Staff from at risk groups (BAME, other risk factors) contracting Covid 19	5
5. Suspected or confirmed case within staff group - Risk of severe illness or death as a result of contracting Covid 19	6
6. Suspected or confirmed case within residential staff group - Risk of severe illness or death as a result of contracting Covid 19	6
7. Failure to implement physical distancing measures in offices, changing room, staff dining room and other communal areas	7
8. Failure to implement suitable control measures with contractors and visitors	8
9. Risk of large numbers of staff being unavailable to work due to self-isolation/Covid positive result	8
10. Risk of transmission of Covid 19 in Hydrotherapy pool water or environment	9
11. Risk of transmission of Covid 19 in in the care environment	9
12. Risk of staff contracting Covid 19 due to unavailability or unsuitability of PPE	10
13. Risk of staff or external agencies contracting Covid 19 due to attendance at critical meetings	10
14. Risk of staff contracting Covid when commuting to the workplace	11
15. Prolonged working from home increases the likelihood of issues arising from use of temporary workstations (e.g. aches and pains) and may have a negative impact on employee's mental health.	11
16. Inability to implement normal emergency procedures (e.g. fire evacuations). Which could result in serious injury in the event of a fire or other emergency	12
17. Employees may suffer negative mental health effects as a result of fear/ anxiety about Covid 19/Lockdown/ precautions	12
18. Risk of being exposure to Covid 19 from travel either outside of the UK or with regards to flights within the UK	13
19. Risk of external contractor, visitor, patient, outpatient contracting Covid 19 due to ineffective measures being implemented	13
20. Risk of Transmission of Covid 19 by asymptomatic staff or visitors who have NOT followed precautions	13
21. Lack of adequate communication related to Covid 19 to staff, patients, visitors & contractors	14

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

22.	Failure to consult with staff and others on the risks presented by Covid 19	14
23.	Staff, visitors or contractors not implementing suitable hygiene practices to limit the risk of direct or indirect transmission	15
24.	Hazards associated with Catering Provisions	15
25.	Risk of Transmission of Covid 19 in enclosed indoor spaces due to Poor ventilation	16
26.	New Fire hazards as a result of implementing Covid 19 control measures	16
27.	Risk of transmission of Covid 19 from Contractors/ visitors/ Delivery Drivers attending site.	16
28.	Failure to gain approval for, and monitor the implementation and effectiveness of this risk assessment (and any associated policies/ procedures)	17
29.	Risk of being exposed to Covid 19 in other healthcare settings - staff working in other locations and agency staff	18
30.	Risk of transmission of Covid 19 due to lapses around precautions over festive period (To be reviewed again November 2021)	18

## Introduction

This risk assessment has been put into an easy to read format for all Staff, Patients, Visitors and contractors.

If you would like more information then please ask Joanna Speed (ext 1324)

## 1. Risk of Covid 19 being be transmitted in the hospital via hand contact surfaces or the general environment

Persons affected	Severity	Likelihood	Risk Rating
All users of the Building	3	1	3

### Control Measures

- For Respiratory Hygiene - catch it, Kill it, Bin it posters are around hospital, supplies of tissues and lidded bins.
- Operational Standards Supplemented with Enhanced Cleaning Procedures in place
- Housekeeping staff trained in Infection Control
- Head Housekeeper carries out regular audits.
- Hand washing procedure enforced in Infection Prevention training for ALL staff.
- Infection Prevention Committee carries out regular audits and spot checks.
- After any outbreak a deep clean is carried out and housekeeping team document this process and Head Housekeeper Checks room.
- Hand touch points cleaned frequently throughout the day.
- Twilight cleaner employed to increase housekeeping hours and weekend cleaning regime has been increased.
- Reception Team carry out regular touch point cleaning throughout the day in reception area

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

## 2. Risk of covid 19 being transmitted via shared equipment and working areas

Persons affected	Severity	Likelihood	Risk Rating
All users of the Building	3	1	3

### Control Measures

- Tea and coffee & Milk, individually wrapped items provided in all areas.
- Cleaning equipment provided to clean down surfaces between use
- Watercoolers have cleaning kits with them and instructions to clean before and after use.
- Dining room tables have cleaning kits provided.
- Where desks are shared equipment is wiped down between use and use of hot desking minimised as much as possible.
- Reception Team have their own keyboard, mouse and telephone handset which is clearly labelled
- Gym equipment - to be wiped down before and after use by the user (signage required)

## 3. Staff with underlying health conditions that may put them at increased or very high risk of severe illness from COVID-19 (i.e. those that are classed as clinically vulnerable or clinically extremely vulnerable). Severe illness or death as a result of contracting Covid 19 whilst at work

Persons affected	Severity	Likelihood	Risk Rating
Clinically Vulnerable staff	3	1	3

### Control Measures

- Government advice followed with advice to shielding for all staff members who are clinically vulnerable
- monitor government guidelines and advice with regard to return to work
- Staff returning from shielding subject to further RA and guidance issued on individual basis around PPE and additional precautions
- HR coordinated staff returns and Risk Assessments
- All staff have completed a COVID-19 risk assessment.
  - Those scoring 4 or above are required to inform their manager. HR also notifies, by email, managers with the names of their staff scoring 4 or above and refers them to the Action Plan (attached).

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Staff who have notified HR of health issues likely to make them more vulnerable or high risk, or who are pregnant, although not scoring 4 or above, will be required to notify their manager, HR will also notify managers.
- Action plan in place for all of these staff (see below).
- Staff can work from home or shield, a risk assessment will be repeated prior to returning to work.

## Action Plan for Returning Shielded staff -

1. Follow current procedure for monitoring patients who are unwell and showing Covid symptoms
2. Staff to follow Covid procedures

Procedure	Mitigating actions 1	If not possible – action 2	If not possible – action 3
a. Aerosol Generating procedures (AGPs) Suctioning, nebuliser, ventilated patients, coughing etc			
a. Difficulty with social distancing with staff when working in the ward			
b. During breaks			
Arrange a fit test with a FFP2 mask.			

List of PPE available:

1. FFP2 and a few FFP3 MASKS
2. Surgical face masks – change as needed
3. Gloves
4. Apron

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

5. Visor – please spray clean visors as needed – use it just for yourself

## 4. Risk of Staff from at risk groups (BAME, other risk factors) contracting Covid 19

Persons affected	Severity	Likelihood	Risk Rating
At risk staff	3	1	3

### **Control Measures**

- Risk assessment carried out for all staff August 2020) all staff who scored above 4 will have specific additional control measures put in place (additional PPE if carrying out duties in areas where there are Aerosol Generating care activities.

### **Actions to be taken if any of your staff have scored 4 or more in the COVID-19 risk assessment, are pregnant or notify you of a health concern.**

- Staff are required to notify their manager if they score 4 or above. HR will also email department heads with the names of any of their staff members who score 4 or above or who have been identified as high risk to due pregnancy or a health concern.
- Necessary actions can be found in the Risk assessment guidance (the coloured table), given to all staff, regarding modifying duties or reviewing PPE use.

### **Reviewing duties could include**

- Non- patient contact role
- Working with low risk patients
- Not working with any patients showing symptoms
- Entering a patient's room (who has had aerosol generating procedure) 60 minutes after AGP has been completed
- Setting up a case load for the specific staff member – for example to work only with non-trache patient

### **PPE review includes**

- Use of normal PPE (surgical mask, apron, gloves) with low risk patients (non-trache/ventilator, no use of nebuliser, suctioning or other aerosol generating procedures)
- Use of enhanced PPE if they have to work with a patient requiring AGP – this could be FFP2 masks, visors, goggles in addition to normal apron/ gloves
- Use of FULL PPE KIT when working with a suspected patient who may/ may not require AGP – Full gown, FFP2 masks, visors, goggles in addition to gloves

The above needs to follow alongside other precautions in place – social distancing during meetings, breaks and on the job, sick staff not coming into work, informing HR of travel arrangements, visitor restrictions etc. This is particularly pertinent for shielding staff who are coming back and for any other staff who have been identified at risk/ at high risk.

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

## 5. Suspected or confirmed case within staff group - Risk of severe illness or death as a result of contracting Covid 19

Persons affected	Severity	Likelihood	Risk Rating
Staff and patients	3	1	3

### Control Measures

- Clear guidelines on what to do if staff members, or family member is showing symptoms of Covid are communicated to all staff members (Posters and face to face communications). Staff should not enter the Hospital if feeling unwell, and seek guidance from HR or DCS
- HR is single point of contact to coordinate SI, Testing and return to work
- Suspected (self-isolation) or confirmed cases are recorded on a spreadsheet. This includes symptoms, dates of symptoms or contact with a person testing positive, self-isolation, test date, result and return to work date.
- Isolation rooms available In St Joseph's for symptomatic staff/visitors/Contractors if they are waiting to be collected from site.
- Work rotas in place to identify staff working closely in areas for trace and trace requirements.
- Government advice followed with regard to self-isolation and timings regarding safe return to work. It is accepted the as the virus develops guidelines will change so the most up to date guidance is always used and communicated to staff
- In the event of a staff member contracting Covid-19 through occupational exposure The CEO Or GM will submit a RIDDOR report
- Communication: Director of Clinical Services and Director of Nursing Services communicate information regarding positive patients or staff
- Zonal working in place to prevent spread of virus across hospital (St Anthony's and St Mary's staff do not swap wards unless they have had a negative LFT)
- All staff are subject to regular PCR testing and clinical staff subject to LFTs twice weekly

## 6. Suspected or confirmed case within residential staff group - Risk of severe illness or death as a result of contracting Covid 19

Persons affected	Severity	Likelihood	Risk Rating
Staff and patients	3	1	3

### Control Measures

- Staff members exhibiting symptoms will be moved out of the staff accommodation and put into isolation rooms in St Joseph's (separate Building away from the main hospital) where they will have their own ensuite bathroom

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- all guidance with regard to processing of laundry and disposal of waste will be followed (waste and laundry left in room for 72 hours after the resident has vacated and then treated as infectious waste/infectious laundry .
- Hospital has access to testing so test will be taken.
- All resident staff will be put into self-isolation (In Nurses Home) for 14 days.
- If test is negative then staff member can return to NH and others can come out of isolation.
- If test is positive isolation continues for 14 days.

Staff that have been in contact with suspected case will be contacted and asked to SI

- Patients who have been cared for by staff with suspected case will be carefully monitored.
- HR Manager is Single point of contact for all staff who are suspected of having Covid Symptoms or contact with Covid positive case
- St Joseph's is a separate building and is used for isolation of resident staff with suspected or positive COVID-19, travelling to UK from abroad or taking internal flights within the UK (procedure available in O:Coronavirus)
- Staff Self isolating in NH given guidance on protecting themselves from risk of further transmission- Everyone in the residence should take the following steps to reduce the risk of catching COVID-19 or passing it on to others
  - Wash your hands regularly for at least 20 seconds with soap and water or use hand sanitiser. Cover your mouth and nose with a disposable tissue when you cough or sneeze, bin it promptly and wash your hands. If you don't have a tissue, cough or sneeze into the crook of your elbow. Avoid touching your face.
  - Regularly clean frequently touched surfaces and shared areas such as kitchens and bathrooms and keep indoor areas well-ventilated by opening windows where possible.
  - If you have symptoms of COVID-19 alert HR immediately

## 7. Failure to implement physical distancing measures in offices, changing room, staff dining room and other communal areas

Persons affected	Severity	Likelihood	Risk Rating
All staff	3	1	3

### Control Measures

- Face Coverings or Masks worn by everyone on entering/exiting or moving around building. Face coverings worn whenever in communal areas, except when eating or drinking or in a 'Mask Relaxation' area (signposted)
- Removal of chairs in dining room and installation of screens to allow for maximum number in the room of 20 with physical distancing measures in place.
- Cleaning supplies provided at each table and instructions to clean before and after using the table.
- Offices moved around, screens installed (separate RA)
- Maximum numbers for rooms/Lifts are clearly signposted.
- Senior staff carry out regular checks and reinforce the rules.
- Working from home facilitated for staff to reduce numbers using office spaces.



# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Rules in place in changing rooms & ward lounges (for handover) to ensure physical distancing (separate Risk assessment completed by DNS and communicated to all affected staff & email sent out 10/1/20 regarding Changing Room arrangements )
- Maximum Room capacity Signage in place in ward lounges, sluices, ward kitchen, clean holding, reception kitchenette.

## 8. Failure to implement suitable control measures with contractors and visitors

Persons affected	Severity	Likelihood	Risk Rating
All staff & Visitors	3	1	3

### **Control Measures**

- Contractors visiting rules enforced with all contractors. Pre-visit questionnaire in place (email) request for Covid RA in advance. Signing in at St Hugh's and having temperature taken in advance of going on wards. Induction carried out to include health questions. Contractors advised of Welfare arrangements which are to be advised to use accessible toilet in St Hugh's and to wipe around touch points after use, if using the tea and coffee making facilities they should wipe all contact surfaces after use.
- Limit visits to wards for non-essential contractors.
- Contractors required to wear face coverings in all areas
- Visitors time limited and only in patient rooms, temp taken and health questions in advance (wall mounted thermometer)
- Reception doors kept closed so visitors are carefully managed.

## 9. Risk of large numbers of staff being unavailable to work due to self-isolation/Covid positive result

Persons affected	Severity	Likelihood	Risk Rating
All staff & Visitors	3	1	3

### **Control Measures**

- Office RA carried out and control measures in place (Screens, Cleaning equipment
- Maximum number in room signage)
- All staff wear face coverings when moving around hospital (relaxation areas on wards, defined by signage and only when Physical distancing can be maintained)
- Clinical staff wear IIR Masks when delivering care.
- Clinical staff work in zones.
- Reception staff wear face coverings when on reception desk and have a screen and physical distancing signage.
- Reception doors kept closed so visitors are carefully managed.

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Meetings are held in St Hugh's with appropriate physical distancing in place.
- Business Continuity Plan in place with critical staff levels defined (see Policy Book/Whole organisation for latest copy)
- Support Services staff are trained to assist across all departments to ensure critical services are maintained (feeding patients, washing clothes and maintaining clean environment)
- Safe staffing levels on wards is maintained and changes to normal operations can be implemented when staffing levels are lower than expected.
- Safety Critical tasks such as legionella monitoring, Fire Alarm tests carried out by five staff members so at least one of these staff members should be available. Contractor assistance available to support in these roles if required.
  - Lateral Flow tests available for Clinical staff, regular PCR testing for all staff, to pick up any asymptomatic staff
  - Staff access to vaccine roll out (January 2021). All staff strongly encouraged to get vaccinated

## 10. Risk of transmission of Covid 19 in Hydrotherapy pool water or environment

Persons affected	Severity	Likelihood	Risk Rating
Users of the pool (staff and patients)	3	1	3

### Control Measures

- Changes in pH and Chlorine levels in line with PWTAG Technical guidance
- Cleaning of pool surrounds and other surfaces facilitated with Steam disinfection rather than the advice Chlorine levels for safety of pool plant operators.
- Separate RA carried out which details all control measures around re-opening of Hydrotherapy pool after First lockdown
- Whilst the risk of transmission of Covid-19 remains, the operating pH for pool water is to be reduced to between 7.0 to 7.4 and ideally maintained between 7.0 to 7.2. The free chlorine concentrations is also to be raised to at least 1.5 mg/l and ideally at the top of the recommended range for your pool. (These operating ranges may be adjusted in accordance with further guidance from other European Countries and other public health agencies e.g. Public Health England)

## 11. Risk of transmission of Covid 19 in the care environment

Persons affected	Severity	Likelihood	Risk Rating
Staff and patients	3	1	3

### Control Measures

- Public Health England & Government advice followed with regards to wearing of PPE in clinical areas (up to date guidance on [www.gov.uk](http://www.gov.uk))

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Clear protocols in place and communicated to all clinical staff
- Any patients who show any symptoms are barrier nursed with full PPE in place and tested and precautions remain in place until a negative result has been received (or for 14 days if positive result)
- Patients being admitted from other hospitals or healthcare settings will be tested prior to admission, a further test will be taken on admission, and the patient will be in isolation (Barrier nursed) until a negative result is received. (Up to date guidance on barrier nursing procedures is given to Clinical staff in advance of admission)
- For all suspected or positive cases full PPE including FFp2 or FFp3 masks, visors, full gowns, gloves etc is available and worn.
- Fit testing of masks - separate RA carried out

## 12. Risk of staff contracting Covid 19 due to unavailability or unsuitability of PPE

Persons affected	Severity	Likelihood	Risk Rating
Staff and patients	3	1	3

### Control Measures

- Adequate CE marked PPE sourced from reputable suppliers.
- Regular updates regarding potential shortages from Wightman and Parrish Managing director and alternative supplies sourced.
- Stock holding increased of critical items (Gloves, gowns, Visors) to ensure adequate stock is held (also Brexit considerations)
- Fit testing of masks carried out by a trained member of staff. (Separate RA for fit testing)
  - Clinical staff strongly advised to be clean shaven to allow for effective fit testing to be carried out.
  - Separate Risk assessment in place for staff who are unable/unwilling to be clean shaven
  - Good stocks of PPE always available (records kept of stock holding)

## 13. Risk of staff or external agencies contracting Covid 19 due to attendance at critical meetings

Persons affected	Severity	Likelihood	Risk Rating
Staff and patients	3	1	3

### Control Measures

- St Hugh's provides flexible accommodation for meetings in a well ventilated room, which has opening doors and windows to further increase ventilation.
- Both rooms can set up as a meeting room to allow for adequate physical distancing during meetings ( ward round, MDT, Management Team, Ad Com, CCG meetings)
- Dividing wall can be removed to facilitate larger groups.

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Cleaning basket provided for users to carry out pre and post clean of touch points (Use enforced by senior staff)
- Refreshments limited to tea and coffee, no buffet food served and any biscuits provided in individual packets.
- hand washing facilities or hand sanitiser provided at entry points and all users of building instructed to thoroughly clean their hands when they enter the hospital
- Zoom or Team meetings available and used for external meetings where physical attendance at the hospital is not required
- Individual case specific Risk assessment carried out when Clinical staff are required to attend other healthcare settings (patient assessment etc)
- Staff attending external meetings (such as assessing a patient), to follow all precautions and travel seperately

## 14. Risk of staff contracting Covid when commuting to the workplace

Persons affected	Severity	Likelihood	Risk Rating
Staff and patients	3	1	3

### Control Measures

- Staff briefing in place to remind staff of precautions to be taken when travelling on public transport
- Make rooms available in St Joseph's for staff members travelling long distances
- Organise rotas in blocks so that they can travel less frequently and stay over at Hospital.
- Discourage car sharing
- Inform staff not to pick up people on hill.
- Working from home has been facilitated for some staff

## 15. Prolonged working from home increases the likelihood of issues arising from use of temporary workstations (e.g. aches and pains) and may have a negative impact on employee's mental health.

Persons affected	Severity	Likelihood	Risk Rating
Staff members working from home	2	1	2

### Control Measures

- Individual working from home RAs carried out and control measures implemented by manager of employee who will carry out regular reviews with staff member.
- Continue to work in the office when it is safe to do so to maintain contact with managers and other staff

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Managers to maintain regular contact with their staff during periods of home working
- Staff signposted to Talking Therapies support information

16. Inability to implement normal emergency procedures (e.g. fire evacuations). Which could result in serious injury in the event of a fire or other emergency

Persons affected	Severity	Likelihood	Risk Rating
All staff, patients and visitors	3	1	3

## Control Measures

- Staffing levels maintained at safe levels so that normal emergency procedures can be maintained.
- Regular testing of fire alarm continued throughout pandemic on Thursday mornings as usual.
- Regular unannounced drills held
- Staff training kept updated by distance/online sessions and questionnaires on intranet
- Regular staff briefings to ensure staff remain up to date on emergency procedures.
- Fire Team leader is always the Senior Nurse on Duty.
  - Assembly Point is adequate to allow for appropriate physical distancing to be maintained.
  - Minimum numbers of staff required for Fire Evacuation is contained in separate Risk assessment carried out by DNS
  - Management Team will offer additional support (stay on site) to support Fire Team in the event of staffing levels not meeting minimum levels
  - Support services team members upskilled to provide assistance acting as members of fire team when numbers of clinical staff does not meet safe minimum levels

17. Employees may suffer negative mental health effects as a result of fear/ anxiety about Covid 19/Lockdown/ precautions

Persons affected	Severity	Likelihood	Risk Rating
All staff, patients and visitors	3	1	3

## Control Measures

- HR Manager and GM are accredited i-act managers.
- Generic stress risk assessment in place, reasonable adjustments can be facilitated to help alleviate concerns.
- Encourage staff to take addition time out from work areas if struggling with anxiety etc.
- Additional hazards posed by COVID-19, added to the generic Stress Risk Assessment
- Additional support sessions available with Clinical Psychologist or through referral to Occupational Health for staff needing extra support

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Staff signposted to Talking Therapies support information

18. Risk of being exposure to Covid 19 from travel either outside of the UK or with regards to flights within the UK

Persons affected	Severity	Likelihood	Risk Rating
All staff, patients and visitors	3	1	3

## Control Measures

- Current Government precautions followed
- Staff that are not required to quarantine under Government rules are requested to have a covid test taken on return to UK or home and refrain from work until negative result is given.
- Self-isolation facilities in SJC provided for resident staff and any staff that wish to SI away from home.
- Advise to staff not to travel unless necessary, as per the Government Guidance. Quarantine (currently 10 days for countries not on the Red list) and a requirement to undertake COVID test on return, and receive a negative result before being able to return to work

19. Risk of external contractor, visitor, patient, outpatient contracting Covid 19 due to ineffective measures being implemented

Persons affected	Severity	Likelihood	Risk Rating
All staff, patients and visitors	3	1	3

## Control Measures

- Covid measures kept up to date
- Hand washing or sanitiser facilities provided at all entrances
- All users of the building required to wear face covering (signage provided on all entrance doors)

20. Risk of Transmission of Covid 19 by asymptomatic staff or visitors who have NOT followed precautions

Persons affected	Severity	Likelihood	Risk Rating
All staff, patients and visitors	3	1	3

## Control Measures

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- All staff to wear Face coverings when in all areas (apart from exemptions listed in number 7) & when sitting at own desk, as long as office is Covid Secure)
- Visitors to wear face coverings and keep 2 meters distance from patient
- Managers, Nurses, Senior Staff to reinforce measures and challenge staff/others who are not following the precautions.
- Hand washing facilities or hand sanitiser provided at entry points and all users of building instructed to thoroughly clean their hands when they enter the hospital
- Lateral Flow tests available for all clinical team members & PCR tests carried out regularly to identify asymptomatic staff members

## 21. Lack of adequate communication related to Covid 19 to staff, patients, visitors & contractors

Persons affected	Severity	Likelihood	Risk Rating
Staff, patients, contractors and visitors not being made aware of procedures for COVID-19.	3	1	3

### Control Measures

- Weekly briefings by email to staff, cascaded by Managers.
- Regular attendance at handover meetings by DCS/DNS
- Emails sent to Relatives on regular basis
- Signage & Posters displayed on site (Wear face coverings signage on all doors, symptoms information on all door
- Maximum numbers displayed on rooms).
- Covid briefings are put on to intranet
- Breaches of COVID RA or Government Advice covered by Disciplinary Policy to reflect the new rules and routines.
- All staff have Hospital email and there are defined standards in place with regards to regular reading of emails.
- Staff noticeboard in place in Ward Lounges to ensure all critical information is cascaded in paper format

## 22. Failure to consult with staff and others on the risks presented by Covid 19

Persons affected	Severity	Likelihood	Risk Rating
Staff, patients, contractors	3	1	3

### Control Measures

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Management Team meetings/working group for COVID-19 to consult with staff and others on the risks presented, planned control measures, and ongoing response.
- Issuing copies of risk assessments to staff and others and inviting feedback.
- Publish the COVID-19 risk assessment on the website to provide transparency of approach (HSE would expect all employers with over 50 staff to do so).
- COVID-19 is a rolling item for the H&S Committee.
- Regular Review meetings carried out with Senior staff

## 23. Staff, visitors or contractors not implementing suitable hygiene practices to limit the risk of direct or indirect transmission

Persons affected	Severity	Likelihood	Risk Rating
Staff, patients, contractors	3	1	3

### Control Measures

- Access to hand washing facilities, plus hand sanitiser stations in many locations around the hospital including all entrances.
- All hand washing or sanitising stations are checked and replenished throughout the day (alcohol gel, soap, paper towels)
- Ensure adequate supplies of all products is maintained at all time
- provide tissues and lidded bins, awareness posters in place
- Regular audits carried out by IPC members and spot checks carried out by Senior Managers

## 24. Hazards associated with Catering Provisions

Persons affected	Severity	Likelihood	Risk Rating
Staff, patients,	3	1	3

### Control Measures

- To reduce hand touch points and cross infection
- NO buffet style food, food either plated or individually wrapped
- Coffee, Tea etc served in portion packs.
- Cleaning kits in all areas for staff to clean down touch points after user.
- Screens installed in Dining room
- Masks worn when not at table
- Numbers limited to 20.
- Catering staff wear gloves when unloading dishwasher and when putting cups away.
- Cash payments discouraged, contactless payments encouraged.
- Staff bringing in food to share must ensure it is individually wrapped
- At times of high transmissibility or during specific outbreaks additional control measures will be implemented (such as disposable cups etc) separate Risk assessments carried out for catering provisions [O:\Health & Safety\RISK ASSESSMENT\ CURRENT RISK ASSESSMENTS\ CATERING\2020\current risk assessments 2020\current risk assesments\catering covid RA](#)



# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

## 25. Risk of Transmission of Covid 19 in enclosed indoor spaces due to Poor ventilation

Persons affected	Severity	Likelihood	Risk Rating
Staff, patients,	3	1	3

### Control Measures

- Staff encouraged to open windows frequently to increase ventilation.
- Extraction system in bathrooms is automatic.
- Air quality Monitor installed in areas where mechanical ventilation is main source of ventilation (Team Room)

## 26. New Fire hazards as a result of implementing Covid 19 control measures

Persons affected	Severity	Likelihood	Risk Rating
All users of the building	3	1	3

### Control Measures

- Alcohol gel - only minimum quantities stored in hospital, back up stock stored in Rose Cottage. Gel stored away from sources of ignition in a flammable safe.
- Door to dining room propped open in office hours (reduce hand contact surfaces) - catering team responsible for ensuring doors are closed at end of the day or in the event of a Fire Alarm. Magnetic DoorGuards to be installed in December 2020
- Waste from positive patients will be stored in large wheeled bins, labelled in bathroom with door closed

## 27. Risk of transmission of Covid 19 from Contractors/ visitors/ Delivery Drivers attending site.

Persons affected	Severity	Likelihood	Risk Rating
All users of the building	3	1	3

### Control Measures

- Hold meetings with would be visitors remotely (i.e. video-calls/ conferencing) where possible.
- Limit the number of contractors/ visitors on site at any one time.

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

- Record to be kept of all contractors/ visitors attending site, together with details of areas and persons visited. Important for contract chasing)
- Limit the areas of the workplace that contractors/ visitors are permitted to access.
- Reschedule the times that contractors/ visitors attend site to minimise interaction with staff and patients
- At Reception deliveries to be left in a designated area between inside and outside doors, to prevent the need for couriers to enter the buildings.
- Provide hand washing facilities or alcohol hand rub/ sanitiser at entry points and insist that contractors/ visitors thoroughly clean their hands before entering.
- Staff to maintain social distancing when escorting contractors/ visitors.
- Obtain copies of contractors' COVID-19 risk assessments prior to them attending site and ensure that they comply with the specified control measures.
- Clean/ disinfect areas that have been temporarily occupied by contractors or visitors

## Upon arrival at the site, staff to brief contractors/ visitors to:

- Contractors to be directed to St. Hugh's for induction/briefing
  - Maintain good respiratory hygiene practices (i.e. cover their mouth and nose with their bent elbow or tissue when they cough or sneeze, 'catch it, bin it, kill it');
  - The need to avoid touching their face (and especially the eyes, nose and mouth); and
  - The need to follow the social distancing guidance whilst on site
- Staff to maintain social distancing when escorting contractors/ visitors.
- Obtain copies of contractors' COVID-19 risk assessments prior to them attending site and ensure that they comply with the specified control measures.

## 28. Failure to gain approval for, and monitor the implementation and effectiveness of this risk assessment (and any associated policies/ procedures)

Persons affected	Severity	Likelihood	Risk Rating
risk assessment and any related policies/ procedures leading to increased risk of the spread of COVID-19 on site and possibility of criminal prosecution and/or civil litigation	3	1	3

### Control Measures

- Risk assessment and control measures discussed and approved at Management Team Meetings.
- Senior Management Team endorse and enforce precautions
- Regular Walk rounds/Inspections carried out by all Managers both in own area of work and also in other areas to identify issues
- Audit documentation available [\Audit\COVID PPE Spot checks.docx](#)

# HOLY CROSS HOSPITAL CORONAVIRUS RISK ASSESSEMENT

Wednesday, 17 March 2021

## 29. Risk of being exposed to Covid 19 in other healthcare settings - staff working in other locations and agency staff

Persons affected	Severity	Likelihood	Risk Rating
Risk to all staff, visitors and patient	3	1	3

### Control Measures

- Agency staff block booked to avoid the need to work in other establishments
- Permanent hospital staff encouraged to work additional shifts in the hospital rather than at other locations (Temporary contracts in place for security in job role)
- Agency staff have Lateral Flow Test prior to starting their shift
- Accommodation can be provided to reduce frequency of travel for agency staff travelling on public transport.

## 30. Risk of transmission of Covid 19 due to lapses around precautions over festive period (To be reviewed again November 2021)

Persons affected	Severity	Likelihood	Risk Rating
risk assessment and any related policies/ procedures leading to increased risk of the spread of COVID-19 on site and possibility of criminal prosecution and/or civil litigation	3	1	3

### Control Measures

- Singing is a high Risk activity so is not permitted
- Sharing of food by those who do not share a household is prohibited.
- Gatherings are not recommended - break times should be staggered to avoid large groups, physical distancing must be observed.
- Groups above 15 not permitted unless in a very large and well ventilated space
- No self-served food items/ Buffets.
- All food items should be covered, ideally individually wrapped unless served by a food handler
- Christmas arrangements and precautions communicated to staff by CEO and enforced by Senior Management Team & Department Managers