

**UNITED RESPONSE SERVICE INFECTION CONTROL AND COVID RISK ASSESSMENT****HAZARD BEING ASSESSED: INFECTIOUS DISEASES AND COVID-19****DATE OF ASSESSMENT 16/12/2022. Next update due April 2023**

This risk assessment is written in the context of balancing the rights of the people we support to be supported in a way that recognises their rights, home and enhances their lives and opportunities with the control of the risk of infection or serious consequences of that infection for people who are vulnerable.

NAME OF SERVICE:	ADDRESS:	Last Updated:	Completed by	People supported involved or consulted re this risk assessment (Initials)

**INFECTION PREVENTION & CONTROL**

- Regular handwashing with soap and water is crucial to control infection. When outside or if soap and water is not available, hand sanitiser should be used
- Regular, thorough cleaning of regularly touched surfaces in each room, including door handles and light switches will reduce the risk of infection being passed on in this way.
- Separate laundering of bedding and clothes where necessary
- Personal protective equipment such as masks, gloves and aprons should be used where appropriate to prevent infection between individuals
- Staff able to recognise the signs and symptoms of infection
- Isolation of infected person
- Safe and effective waste disposal
- Annual IPC statement in Registered Care Homes and Domiciliary Care Agencies.

Staff should receive regular information, instruction and training in the prevention and control of infection

Their knowledge and practice should be checked and tested regularly using the License To Practice app or competency checks.

**CURRENT COVID 19 GUIDANCE DECEMBER 2022**

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[Government Guidance](#) The [Covid supplement](#) was updated on 15<sup>th</sup> December

**STAFF – do not routinely need to wear a face mask at all times in care settings or when providing care in people's own homes.**

However there remain a number of circumstances where it is recommended that support workers and visitors to care settings wear masks to minimise the risk of transmission of COVID-19. These are

- if the person being supported is known or suspected to have COVID-19 (recommended FFP2 mask)
- if the person supported is vulnerable to serious outcomes from a covid infection
- if the person supported wants the staff member to continue to wear a mask
- if there is a serious risk to the safe provision of service and a symptomatic staff member who doesn't have a temperature, feels well enough and tests negative is at work
- if the member of staff is a household or overnight contact of someone who has had a positive test result for COVID-19
- if the care setting is in an outbreak or
- when an event or gathering is assessed as having a particularly high risk of transmission

Staff can choose to continue to wear a mask in other circumstances to protect themselves from infection

Staff can also be unmasked with supporting people outdoors in the community. Infection risk is much reduced in the fresh air. All staff are encouraged to be VACCINATED against Covid -19 and Flu. Vaccinations can be undertaken in worktime.

When supporting someone with CPAP or another Aerosol Generating Procedure (AGP), FFP3 masks should be used when evidence of Covid present, but FFP2 masks may be used as usual if no Covid is present.

**TESTING PAUSED** - Asymptomatic staff (those with no symptoms) need not test each week.

**TRAINING COURSE ATTENDEES:**

- No masks or asymptomatic testing required
- Do not attend the course if you have symptoms of an infectious disease or test positive for Covid.

**STAFF WITH SYMPTOMS OF A RESPIRATORY INFECTION, HIGH TEMPERATURE AND FEELING UNWELL**

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- If a risk assessment indicates a serious risk to safe social care service delivery, **symptomatic staff who test negative on day 0, who do not have a temperature and feel well enough to do so may be asked to return to work.** Everyone must wear a mask when a person is at work under these circumstances. On returning to work the staff member must continue to comply rigorously with all relevant infection control precautions. The staff member should take another lateral flow test 48 hours after their first test and if this second test is negative, they can remain working. Note each episode of this practice in service section of this risk assessment.
- If no serious risk to social care delivery or if staff feel unwell or have a high temperature they should stay away from work, LFT immediately, if negative, take another 48 hours later. Come back if both negative and you feel well enough.
- If positive, stay away til 2 x negative days 5 and 6. If staff continue to test positive they may not return to work unless they have two negative tests more than 24 hours apart or after 14 days whichever is sooner. If the staff member's lateral flow test result remains positive on day 10, they should continue to take daily lateral flow tests. They can return to work after a single negative lateral flow test result. Note this in service section of this risk assessment.
- No test required if staff are in contact with someone who tests positive

**PEOPLE WE SUPPORT**

**Everyone we support is encouraged to be vaccinated against Covid 19 and Flu.**

**SUPPORTED LIVING/EXTRA CARE****Tenants with symptoms**

- LFT immediately, if negative, take another 48 hours later. Recommend stay at home and avoid others during this time – this can end if both tests are negative
- If positive follow the guidance for all citizens on staying at home and avoiding contact with others.
- There is no regular asymptomatic testing for people we support.

**Waste disposal** of anything that could be contaminated with Covid should go in normal waste

**REGISTERED CARE HOMES**

**As previous risk assessment - no change in Dec 2022**

**Residents with symptoms or who test positive**

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- LFT immediately, if negative, take another 48 hours later. They should isolate between these tests.
- Residents who test positive for COVID-19 on either test should isolate for 10 days and take part in daily lateral flow testing from day 5. They can end self-isolation after receiving 2 consecutive negative tests 24 hours apart, or after 10 days' isolation.
- Now no requirement for care homes to report single resident cases to the Health Protection Team (HPT).
- People who are older or frail, or have cognitive conditions, such as dementia, may present with **atypical symptoms** or feel different from usual which should also be considered as part of the assessment about whether someone may have COVID-19. Changes in wellbeing, behaviour and clinical signs with or without a high temperature should all be considered and clinical advice sought if necessary, for example from the GP if the person is unwell.

**Residents who are close contacts** of a COVID-19 case do not need to isolate or undertake additional testing.

### Admission of care home residents

#### **Discharge from hospital to a care home**

- People who test positive prior to discharge can be admitted to a care home if the home is satisfied that they can be cared for safely. A person will receive a PCR test within 48 hours prior to discharge, or a lateral flow test if they have tested positive for COVID-19 in the past 90 days.
- Care home residents should not be required to self-isolate when discharged back to the care home following an admission into hospital, if they have a negative PCR or lateral flow test.
- Residents will still need to self-isolate for 10 days if they have tested positive
- This isolation period should include days in the hospital, so when entering a care home, they only need to isolate for the remainder of the 10 days since symptoms or positive test.
- However, if an individual who is isolating can participate in testing, they may undertake daily lateral flow testing from day 5 (counting the day of symptom onset or the original positive test as day 0). They can end isolation after receiving 2 consecutive negative tests 24 hours apart.
- Any individual who is unable to test should be isolated for the full 10 days following symptom onset or a positive test if asymptomatic. Isolation should only be stopped when there is an absence of fever (less than 37.8°C) for 48 hours without the use of medication.

#### **Residents admitted from the community or another care setting**

PCR test within the 72 hours before they're admitted (or a lateral flow test if they have tested positive for COVID-19 in the past 90 days) and a lateral flow test on the day of admission (day 0). These tests should be provided by the care home. If an individual tests positive on either of these tests and continues to be admitted to the care home, they should be isolated on arrival.

There should be **no regular asymptomatic testing** for residents of care homes.

#### **Care Home Visitors:** as per current risk assessment

- No masks required
- Essential care giver can visit at any time including during an outbreak

- Waste disposal** in a care home, waste generated when supporting a person with confirmed COVID-19 should enter the hazardous waste stream (usually an orange bag)

**ADD HERE the specific documents where staff can find instructions on how to carry out these tasks while protecting themselves from Covid infection OR ADD specific instructions in this section**

## RISK ASSESSMENT REVIEW

[illegible]