HAZARD BEING ASSESSED: COVID-19 (Coronavirus) Date of initial assessment 16/3/20 Reviewed and updated August 2020, October 2020

HAZARD? Describe the hazard that you might expect to result in significant harm under the conditions at this location. See Section 5.8 of the Risk Management Policy & guidance for a list of potential hazards.	WHO MIGHT BE HARMED? List staff, service users and other visitors to the premises who may be affected. Be specific.	WOULD ANY PROPERTY BE AFFECTED?
 COVID-19 is an illness that can affect your lungs and airways, and may have chronic effects on other bodily systems. It is caused by a virus called coronavirus. Common symptoms: A high temperature – you feel hot to touch on your chest or back A new, continuous cough – this means you've started coughing repeatedly Loss of smell or taste 	People we support Staff Visitors to United Response Registered Care Homes and supported living services Family members of people who live at United Response services Contractors working in United Response Services	No
 IS THE RISK ADEQUATELY CONTROLLED? List all the precautions that already exist, e.g. have you provided adequate information and/or training? Do the precautions: Meet any legal requirements? Represent good practice? (see any relevant checklist) Reduce the risks as far as is reasonably practicable? If so, then the risks are adequately controlled; you should list below the precautions you have in place. 	 WHAT FURTHER ACTION IS NECESSARY TO CONTROL THE RISK? Describe any further risk reduction actions that you consider necessary. It may help to apply the principles below when discussing further action. If possible, try to: Remove the risk completely Try a safer option, e.g. use of aids, increased staffing Organise work to reduce exposure to hazard Consider what further training staff may need 	WHEN WILL THIS ASSESSMENT BE REVIEWED?
Organisational Risk control The Directors Team agreed to set up a Major Incident Response Approach to managing the CoVid19 pandemic using the Gold, Silver and Bronze control system. A National Project team was created and in place on 13th March 2020, and designated as 'Gold Command' that reported into the Directors Team.	Covid Secure poster to be displayed in all office and care home locations	Any significant Government. Local Authority or organisational change

UNITED RESPONSE RISK	ASSESSIVIENI
 The National Project Team comprised of senior representatives from Operations North and South, Quality and Practice, Health and Safety, Finance (including the Purchasing Manager), HR (including the Recruitment Manager), IT, Communications and a Project Manager. The Team meets weekly. Communication An email address, CoVid19 ProjectTeam was created on 13th March 2020, for all staff to email any queries into the National Project Team, and the relevant person would answer the queries. This is designed to ensure that we can respond quickly with the correct advice and staff do not need to think about who they should contact. The inbox is covered by the National Project Team and Directors every day including weekends. The Directors Team met daily between March and September and then three times each week to enable quick decision making and to receive feedback from the National Project Team. Organisational RAID log in place and reviewed at least monthly by the National Project Team or a Director. Regular organisational briefings are emailed to all staff and managers to provide guidance or instruction on implementing government guidance and managing the risks posed by the pandemic Covid 19 Risk assessments in place in all service locations and offices. Area Managers developed comprehensive business contingency plans to manage the pandemic in their Area, all business contingency plans are on the organisational intranet. 	 ASSESSIVENT Covid secure means We have carried out a COVID-19 risk assessment and shared the results with the people who work here We have cleaning, handwashing and hygiene procedures in line with guidance We have taken all reasonable steps to help people work from home We have taken all reasonable steps to maintain a 2m distance in the workplace Where people cannot keep 2m apart we have ensured at least a 1m distance and taken all the mitigating actions possible to manage transmission risk Additional Risk assessments in place Fine Safety Precautions Landlord Health and Safety checks Staff Wellbeing Office re-opening Day service re-opening Visitors Remote and face to face training Area Business Continuity Plans Service specific RA
posed by the pandemic Covid 19 Risk assessments in place in all service locations and offices. Area Managers developed comprehensive business contingency plans to manage the	 Staff Wellbeing Office re-opening Day service re-opening Visitors Remote and face to face training Area Business Continuity Plans
	People we support have an updated medical profile, health action plan and hospital passport detailing any specific vulnerability.

	Area Business contingency plans will be updated to	
	reflect the current requirements and winter plans	
ALL STAFF	Help is available to United Response staff through the	
	usual routes, in addition the NHS have extended their	
All staff complete infection control and PPE e-learning courses	own employee assistance scheme to HSC through	
All staff read all communications from both their manager and the organization: in the	'SHOUT', by sending an initial text: 'FRONTLINE' to	
first instance if they have any questions they must speak to their line manager	85258 to start a conversation	
Staff to keep managers up to date re any changes in circumstances or new information		
relating to the people they support.		
If staff are concerned about symptoms of coronavirus in relation to themselves, a		
colleague or a person they support, whist at work they must raise it with their line		
manager, or Area or on call manager if the line manager is not available.		
Staff must contact their line manager immediately if they have to self-isolate. If the line		
manager is not available, they must contact the Area or on call manager.		
Infection control	Ensure sufficient supply of PPE ordered for all services	
Principles of good infection control practices and standard infection control precautions:		
	Ensure small plastic bags available in services for	
<u>Staff Hygiene</u>	disposal of tissues	
Practice good hand hygiene with routine hand washing between contact with different		
people supported – hands should be washed for 20 seconds using soap and hot water,	Lined lidded bins in each room for doffing of PPE when	
and dried with paper-towels to ensure single use only for drying.	moving from support for one person to another.	
	Front-line support staff should ensure where possible	
Thoroughly and regularly wash hands with soap and warm water, or sanitiser gel	that they work 'bare from elbow down'. This ensures	
before leaving home	sleeves do not become contaminated and then	
on arrival at work	transfer pathogens around either directly or by	
when moving from support for one person to another	transfer back to hands from pushing up.	
after using the toilet		
after breaks before food proparation	Easy Read Coronavirus and handwashing info has been	
 before food preparation before eating any food, including snacks 	posted to all people	
 before eating any food, including snacks before leaving work 		
 on arrival at home 	All staff assigned infection control e-learning to	
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United Response Risk Management

Avoid touching eyes, nose, and mouth with unwashed hands	complete
Cover mouth and nose when coughing and sneezing with tissues	
Dispose of tissue promptly and correctly	Staff to support people to wash their hands where they are unable to do this without support
 Cover any cuts and abrasions with a waterproof dressing Wear short sleeves or roll up sleeves prior to hand hygiene 	Hazard inspection checks
Report any skin conditions affecting hands (for example, psoriasis or dermatitis)	Regular health and safety checks
Cleaning Regime in all locations	
Deep clean by staff team, wearing appropriate PPE	
Hourly cleaning of surfaces, including door handles, light switches and all surfaces,	
including bathroom and kitchen.	
Sufficient tissues to catch coughs and sneezes	
Laundry washed separately at 70 degrees	
Lined, lidded bins to dispose of tissues and used PPE	
PPE	
When to wear it and what to wear	
When supporting people with personal care or when within 2 metres of them, staff will	
wear	
Aprons - must be disposed of after contact with the vulnerable person	
Gloves - must be disposed of after contact with the vulnerable person	
• Fluid Resistant Surgical Masks (type 2) - can be used for a whole shift rather than being discarded after contact with the vulnerable person	
 Face shields where there is a risk of liquid droplets being expelled (cough, sneezes) 	
When PPE can be removed	
Aprons, gloves and masks need not be worn	
• When staff are not within 2 metres of a person they support, i.e. if they are cooking	
in the kitchen with no people we support in the room, or when they are completing	

paperwork in the office.	
When staff are on a break	
Masks Masks must be removed and disposed of, and staff must wash their hands before they eat, drink, or smoke. A new mask must be put on after the break Disposal	
 Lined lidded waste bins must be available for tissues and discarded PPE Bin liners double bagged at the end of each shift – outside for 72 hours to ensure any virus on them is dead then in general waste 	
CLOTHING, BEDDING AND OTHER CONTAMINATED MATERIALS	
• When there is a risk of contamination from soiled clothes and bedding, transport the laundry in a dissolvable plastic sack (usually red).	Ensure adequate supply of red bags and laundry detergents.
• The soiled linen should then be washed at 70 degrees.	Handles and controls of washing machines and driers
• Staff should not shake laundry as this increases the risk of the virus dispersing through the air	sanitized after each use
CLEANING AND WASTE	Cleaning schedule in place to include:
Handle safely and correctly bag items of clinical waste and dispose in appropriate bins.	 ✓ Door bells/handles external ✓ Door handles ✓ Taps/toilet flushes
• Alternative arrangements may have to be made should there be a disruption to regular household or clinical waste	 ✓ Light switches ✓ Kitchen/bathroom cabinet handles
• Promptly clean up blood and body fluids spillage and disinfect surfaces, see below for details of <i>Actichlor</i> – a non bleach based disinfectant for blood spill. You can also use <i>Milton fluid</i> .	 ✓ Work surfaces ✓ Keys ✓ Bathroom sinks/showers/baths/thermometers ✓ Bannisters/hand rails/grab rails
Decontaminate equipment immediately after use.	 ✓ Moving and handling equipment and controls ✓ TV and other remote controls ✓ Telephones The above list is not exhaustive

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UNITED RESPONSE RISK ASSESSMENT		
 OTHER MEASURES Isolation of the infected person: visitors may be restricted if there is an outbreak of infection Education and training for staff in infection control Ill-health reporting and recording REPORT ANY INCIDENT PROMPTLY 	Staff to follow Government and organisational guidance on isolation in the event of a suspected case of COVID-19 identified locally, through whole home testing or via Track and Trace.	
VISITORS Decision must balance infection control and risk of infection spread with the mental wellbeing of the individual. The organisational policy for Visitors and visits is available on the website. The risk assessment must document how the requirements of the Human Rights Act and Mental Capacity Act have been met as well as protecting the health safety and welfare of staff, people we support and others in line with the Health and Safety at Work Act and the Coronavirus Act 2020.	Staff to follow organisational visitors risk assessment, based on legal requirements and government guidance and complete the specific elements that are local to the environment and people who live and work there.	

All people we support have an updated medical

profile, health action plan and hospital passport

All staff in vulnerable groups have a person centred

Ensure adequate supply of regular medication and that staff and people we support are reminded/supported

to take regular prescribed medication to manage pre-

detailing specific vulnerability.

existing health conditions

risk assessment in place by 31/12/20

Visitors who have tested positive for, or displaying symptoms of Covid-19 must not visit	
the service	

Staff to communicate with family and friends re visiting

Any visitors should be given immediate access to handwashing facilities as soon as they arrive and wash hands regularly whilst on the premises and before they leave.

MANAGING PRE-EXISTING HEALTH CONDITIONS AND THOSE AT HIGH RISK: STAFF AND **PEOPLE WE SUPPORT**

List of pre-existing health conditions and people considered high risk has been collated. Consider people who are clinically vulnerable: defined as those in the following groups

Solid organ transplant recipients √

People with specific cancers \checkmark

- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
- People with rare diseases that significantly increase the risk of infections (such as \checkmark severe combined immunodeficiency (SCID), homozygous sickle cell).

People on immunosuppression therapies sufficient to significantly increase risk of \checkmark

	infection.	Staff and people we support are reminded/supported	
~	Women who are pregnant and over 28 weeks or pregnant with significant heart disease, congenital or acquired.	to attend regular GP/hospital appointments.	
~	Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.		
\checkmark	Those considered 'clinically obese' with a body mass >40 BMI		
\checkmark	Those from a Black and Minority Ethnic background		
The • •	ERSON WE SUPPORT DISPLAYS SYMPTOMS OF CORONAVIRUS e most common symptoms of coronavirus (COVID-19) are recent onset of: new continuous cough and/or high temperature loss of small or taste ff to call service manager or on call manager immediately so that they can agree the	If the individual receiving care and support has symptoms of COVID-19, the risk to their health and wellbeing must be assessed and appropriate action taken. Where a person is required to isolate or self-isolate, support plans must be updated to reflect list of	
bes	is felt that a person's life is at risk dial 999 and request an ambulance immediately	support needs and activities in the home, PBS plan updates if isolation is likely to impact on communication and behavior.	
		Manager and staff to co-ordinate communication with family.	
		Manager to liaise with relevant Local Authority infection prevention and control team.	
MA	NAGING STAFFING RESOURCES		
	ff team in place in each service	List of staff with children of nursery/primary school/ secondary school are used to identify areas of concern	
-	encies identified to work to cover shifts, but only if directly employed staff team not cover.	if bubbles need to self isolate.	
	ntified a list of all people who attend a day service and number of days/hours ended and list contingency for closure of non UR run services	List of staff with underlying health conditions in particular relating to respiratory conditions, asthma, low immunity, heart problems and diabetes are RAG rated and have a person centred risk assessment in	

Where we provide support to people on an Outreach basis – we will deliver support by	place for them by 31/12/20
phone in an emergency situation if agreed with person and local authority.	
A STAFF MEMBER DISPLAYS SYMPTOMS OF CORONAVIRUS Staff to call service manager or on call manager immediately to alert them If you feel a person's life is at risk dial 999 and request an ambulance immediately	If staff have symptoms of coronavirus infection (COVID-19), however mild, do not leave home for 10 days from when symptoms started This action will help protect others in the community while they are infectious
	Staff should plan ahead and ask others for help to ensure that they can successfully stay at home
	Ask friends and family to help you get the things they need to stay at home
	Stay at least 2 metres (about 3 steps) away from other people at home if possible
	Sleep alone, if possible
	Wash hands regularly for 20 seconds, each time using soap and water, or use hand sanitiser
	Stay away from vulnerable individuals, such as the elderly and those with underlying health conditions, as much as possible
SUPPORTING PEOPLE WITH ACCESS TO FOOD	Ensuring that supplies of food have been addressed for each service
Staff to ensure weekly menus are planned and items purchased	Area purchasing card could be used where people run into difficulty in accessing food Consider online ordering of food to services Where there are limits to food supplies staff to work with manager to co-ordinate Ensure adequate ordering and supply of specialist diets and PEG feeds
MEDICAL EQUIPMENT SUPPLIES AND REPAIR	Staff to ensure adequate supplies of people's
	incontinence/sanitary products – at least one month's
Staff ensure supply of regular disposable medical equipment including incontinence pads	supply is always in stock
and PPE	Staff to ensure first aid supplies are checked and all
	supplies carry at least 6 months shelf life

Where equipment is in use staff ensure that this is checked regularly and serviced as per	Spare slings are ordered for all people in the event of
manufacturers guidance	damage to existing slings and inability to locate new
	supply in future
	Sanitisation of all medical and manual handling
	equipment and controls
	Services to have list of emergency contacts for repairs
	to medical equipment, profile beds, manual handling
	equipment
	Managers to liaise with local CLDT Teams re
	equipment which is on loan
COMMUNICATION	
	Accessible letter has been sent to all families of people
Regular Covid project group briefings for managers and for staff	we support.
Area contingency plans in place	Manager to oversee communication with people's
Area contingency plans sent to Local Authority	family members to ensure they are aware and up to
Area Managers will cascade information from organisational briefings which cover UK	date on any changes to the service their relative
government and CQC guidance, and separately any information from the Local Authority	Weekly calls to managers for updates
to managers and staff teams.	Communication with LA/housing providers
On call rota in place	Log of cases across area and action taken
Area manager on call rota in place	Email/Letter sent to all staff re guidance on sick pay
List of all staff contacts held by area office and area manager	and Coronavirus
Covid project inbox staffed 7 days a week.	Easy Read Coronavirus and handwashing info has been
	provided for all people
	All services to have 1 month's supply of key documents
	All services to have sufficient stationary supplies