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| **Information on the virus:**A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.The incubation period of COVID-19, is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not become a case. 3. Signs and symptoms of COVID-19The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:coughdifficulty in breathingfeverGenerally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.**How COVID-19 is spread**From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 meters) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.Respiratory secretions containing the virus are most likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes, in the same way colds spread.There are 2 main routes by which people can spread COVID-19:infection can be spread to people who are nearby (within 2 meters) or possibly could be inhaled into the lungsit is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face). Our current understanding is that the virus doesn’t survive on surfaces for longer than 72 hours.There is currently little evidence that people without symptoms are infectious to others.**How long the virus can survive**How long any respiratory virus survives will depend on several factors, for example:what surface the virus is onwhether it is exposed to sunlightdifferences in temperature and humidityexposure to cleaning productsUnder most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.Regular cleaning of frequently touched hard surfaces and hands will therefore help to reduce the risk of infection.**Preventing the spread of infection**There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.There are general principles anyone can follow to help prevent the spread of respiratory viruses, including:washing your hands often - with soap and water or use alcohol sanitiser that contains at least 60% alcohol if handwashing facilities are not available - this is particularly important after taking public transport. Guidance is available on hand washingcovering your cough or sneeze with a tissue, then throwing the tissue in a bin. See Catch It, Bin It, Kill Itpeople who feel unwell should stay at home and should not attend workemployees should wash their hands:before leaving homeon arrival at workafter using the toiletafter breaks and sporting activitiesbefore food preparationbefore eating any food, including snacksbefore leaving workon arrival at homeavoid touching your eyes, nose, and mouth with unwashed handsclean and disinfect frequently touched objects and surfacesif staff are worried about their symptoms or those of a family member or colleague, please call NHS 111. They should not go to their GP or other healthcare environmentsee further information and the Public Health England Blog and the NHS UK page**Guidance on facemasks**During normal day-to-day activities facemasks do not provide protection from respiratory viruses, such as COVID-19 and do not need to be worn by staff in any of these settings. Facemasks are only recommended to be worn by infected individuals when advised by a healthcare worker, to reduce the risk of transmitting the infection to other people. It remains very unlikely that people receiving care in a care home or the community will become infected.PHE recommends that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 meters) with any potentially infected person. | | | |
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| **Summary:** Our assessment is based on the following   1. **Impact of the virus on the vulnerable people we support** 2. **A robust action plan is being effectively managed to minimise potential impacts.** 3. **We are working closely with external partners to keep abreast of changing environment, respond to updated advice and guidance.** 4. **We continue to monitor this potential risk through our Executive and Trustee Committees.** | | | |
| Currently set as a high risk for the organisation where the **Impact = Unacceptable** and **Likelihood** = **Possible**. | | | |
| **Pre-emptive considerations** | | | |
| **Area** | **Consideration** | **Response** | **Risk Level** |
| 1. **Regulation** | Ensure that we keep up to date and maintain compliance with the changing government guidance. | Government has set out guidance for Health and Social care and the general public, ensure that this information is read and disseminated as appropriate.   * <https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19/guidance-for-social-or-community-care-and-residential-settings-on-covid-19> * <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> * Ensure that a copy of the local contingency plan for local council or CCG is available for reference * Ensure local emergency contacts are up to date * Ensure that any local plan links into local arrangements * Ensure that regular communication related to issues in the local community are made available across the service * Ensure that a copy of your plan is made available in your service and to commissioners   In service   * display patient information posters at entry points | High |
| 1. **People we support** | Due to the nature of the support we provide, we support some of the most vulnerable people in society.  In general people with a weakened immune system are more susceptible to additional complications from Covid-19, however the vast majority of people will have mild to moderate symptoms. Conditions such as  **Diabetes**  In general people with diabetes face greater risks of complications when dealing with viral infections like flu, and that is likely to be true with COVID-19.  This is because when glucose levels are fluctuating or elevated consistently, they have a lower immune response - meaning less protection against the bug.  **Heart disease**  Based on early reports, 40 per cent of hospitalised Covid-19 patients had cardiovascular disease.  In particular, someone with an underlying heart issue is more likely to have a less robust immune system - meaning their body's response is not as strong a response when exposed to viruses.  The bug's main target is the lungs but that could affect the heart, especially a diseased heart, which must work harder to get oxygenated blood throughout the body.  That could exacerbate problems for someone with heart failure, where the heart is already having problems pumping efficiently.  **Asthma**  Asthma is a respiratory condition caused by inflammation of the breathing tubes that carry air to and from our lungs, and it currently affects over five million people across the UK.  As coronavirus is an illness that affects the lungs and airways, this means asthma sufferers are more susceptible of getting the bug.  Asthma UK have also urged sufferers to keep taking their preventer inhaler (usually brown) daily as prescribed as this will help cut your risk of an asthma attack being triggered by any respiratory virus, including coronavirus.  Similarly, they say to carry their blue reliever inhaler with you every day, in case you feel your asthma symptoms flaring up.  **Chronic obstructive pulmonary disease (COPD)**  COPD is the name for a group of lung conditions that cause breathing difficulties.  It includes emphysema (damage to the air sacs in the lungs) and chronic bronchitis (long-term inflammation of the airways.)  People with COPD are more prone to get coronavirus as they can have what we call a disruption of their epithelial lining — or damage to the cellular barrier that helps to protect the lungs — making it easier for viruses and illnesses to invade the rest of the body.  **Cancer**  Cancer patients are more susceptible to coronavirus due to their compromised immune system.  In particular, one well-known side effect of chemotherapy is to reduce white blood cell counts and induce a temporary state of reduced immune function.  And, as with any infection, the Covid-19 virus is more likely to progress at a greater speed in a cancer patient.  If a patient develops signs of infection, for example high temperature, coughing or shortness of breath, they should contact their oncology unit.  **Cystic Fibrosis**  Cystic fibrosis is an inherited condition that causes sticky mucus to build up in the lungs and digestive system - this causes lung infections and problems with digesting food.  People with cystic fibrosis are generally more likely to pick up infections, and more vulnerable to complications if they do develop an infection such as coronavirus.  Despite this, advice from the Cystic Fibrosis Trust states that there is currently no need for people with cystic fibrosis to limit their activities.  **Primary Immunodeficiency (PID)**  Primary immunodeficiencies are disorders in which part of the body's immune system is missing or does not function normally.  This leaves them with reduced or no natural defence against germs such as bacteria, fungi and viruses - and that is likely to be true with COVID-19.  **Smoking**  While smoking isn't an underlying health condition, smokers are much more susceptible to getting coronavirus due to their weakened lung function. | Complete a risk assessment to highlight service users who have additional risk factors  Consider a risk assessment to highlight staff who have additional risk factors (this may have a detrimental on staff morale and lead to staff choosing to self-isolate)  Consider discussing with staff their immediate networks/family to highlight if they have people within the high-risk categories.  Risk assess the very minimum staffing that a person or service needs to function safely, this should be RAG rated against available staffing levels. | High |
| **3. Visitors** | Visitors are a key consideration and risk of spreading the Covid-19 virus, whilst previously the advice was focused on those who had been outside of the country to key areas, this is no longer such a focus as Covid-19 is spreading within the UK.  Whilst it is very important to the people that we support to continue to see their friends and family, it must also be considered that the level of vulnerability means this could have a significant impact on the lives of many vulnerable people. | * Reduction of visitors to pre-determined times with a maximum number of XX visitors in the building at any one time. * No entry for anyone who has been in contact with someone who has shown symptoms * All visitors now to enter via one route into the service * All visitors must be asked on entry if they have been in contact with anyone showing the symptoms of Covid-19 * All visitors to wash hands on entry (supervised) * Increased fluid intake is critical to keep away the virus [Warm water is better] * No shaking hands to greet people * Senior staff should ensure that handwashing takes place hourly, before and after personal care, before and after food preparation and following touching anything in high traffic areas. * Inform staff DO NOT touch their face * Avoid touching door handles or banister rails where people you don’t know might have touched   Consider the use of technology such as Skype, WhatsApp, Facetime or Facebook chat for people we support to maintain contact with relatives.  Externally managed activities or activities managed by people who have frequent access to high traffic areas should be risk assessed and where possible reduced/removed temporally.  External professional visitors should also be reduced to essential visits and be subject to the same entry protocol.  Contact details for all members of staff should be reviewed o ensure they are current and accurate. | High |
| **4. Workforce** | Our workforce is a vital part of keeping the vulnerable people we support safe; however, it is also one of the main routes of transmission for Covid-19.  The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:  Cough  Difficulty in breathing  Fever  Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.  However, the spread of the virus could take place before symptoms develop or in many cases can be spread by people who do not develop symptoms at all.  Meetings should be reduced to essential meetings only until further notice, any visits from leadership teams into the service should also be delayed unless identified as essential  The mental wellness of our workforce is vial at this time, managers should be mindful of the pressure support staff and front line managers are under, maintaining safe services and dealing with families on a regular basis. | Infection control procedures and increased frequency of handwashing are the governments primary advice at this stage in combating the further spread of Covid-19  Further actions should include:   * All staff to revisit infection control training * Senior staff should ensure that handwashing takes place hourly, before and after personal care, before and after food preparation and following touching anything in high traffic areas. * Additional cleaning protocol to be implemented * Review staff uniforms remaining in service and being washed in service * Staff who experience, or live with family who are displaying the symptoms should refrain from work for a period of 14 days * All staff to fill in the symptom questionnaire before beginning shift * Staff to contact line manager immediately if symptoms occur, or if immediate family become asymptomatic * Staff to be issued tissues and Catch it, bin it, kill it guidance.   Consider training key members of staff in using FFP3 respirator conforming to EN149, and that fit testing has been undertaken before using this equipment.  Regular wellness checks should be made with all staff, to remind them they are not alone in this and we are doing everything we can to support them and the vulnerable people we support. | High |
| **5. Consumables** | It is important that we are aware of our current use of consumables such as PPE, Cleaning materials, Soap etc. and plan ahead without stockpiling.  In addition to the purchase of our normal supply of consumables a 10% surplus should be considered. | * Establish effective stock levels for all PPE and ensure that stocks do not run low * Identify normal use levels of core consumables and ensure effective supplies are maintained   Monitor core suppliers and ensure that they have emergency contingency plans in place  Ensure that adequate supplies or equipment are available (with appropriate training provided), including:   * FFP3 respirators * Gloves with long tight-fitting cuffs * Gowns - disposable fluid-resistant full-sleeve gowns and single-use * Eye protection, for example, full face visor or single-use goggles * Fluid resistant surgical masks. Close fitting and fully covering the nose and mouth of the wearer * Disposable aprons * Clinical waste bags * Hand hygiene supplies * General-purpose detergent and chlorine based disinfectant solutions | High |

| **Reactive considerations** | | | |
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| **Area** | **Consideration** | **Response** | **Risk Level** |
| 1. **Regulation** | In the event of an individual contracting the Covid-19 virus, it is vital that we react appropriately, with the best interest of all our residents in mind, ensuring that we maintain our duty of care to both the people we support and our staff. | Where an individual we support displays symptoms it is important that we make the appropriate notifications.  **To the local Authority infection control team on XXX**  **Report through to 111 and follow the advice given.**  **CQC** | High |
| 1. **People we support** | In the unfortunate circumstance that someone we support does become symptomatic it is vital that we respond appropriately to minimise the risk to our staff and other people we support.  Consider a dedicated team to support those who become asymptomatic, those who are low risk, with no immediate family members or close contacts in the at-risk groups who are willing to take this responsibility.  Only essential staff should enter the isolation room.  A record should be kept of all staff in contact with a possible case, and this record should be accessible to occupational health should the need arise.  Where more than one person becomes symptomatic, consideration should be given to sectioning homes and moving affected people where possible into areas that are more effectively able to contain the virus, such as wings where access can be controlled better and the risk of other people we support being exposed is reduced. | * People with possible or confirmed COVID-19 should be managed in negative pressure single room if available. If this is not possible then a single room with en-suite facilities should be used. Room doors should be kept closed * Positive-pressure, single rooms must not be used * The nature of the area adjoining the side room should be considered to minimise the risk of inadvertent exposure (such as high footfall areas, confused patients, vulnerable and high-risk patient groups) * If there is no en-suite toilet, a dedicated commode (which should be cleaned as per local cleaning schedule) should be used with arrangements in place for the safe removal of the bedpan to an appropriate disposal point * Avoid storing any extraneous equipment or soft furnishings in the person’s room * Display signage to control entry into room | High |
| 1. **Visitors** | Where someone we support becomes symptomatic consideration should be made with regards to visitors, a risk assessment should be completed re the potential risk of stopping all visitors. Where it is assessed that this would be too detrimental to the care of the person additional precautions should be implemented in regard to visitors and PPE  Particular thought should be given to those receiving EOL care and the potential restriction of visitors, where possible the option for the person we support to be supported at the family’s home during this time should be considered. | * Visitors should be restricted to essential visitors only. * Visiting should also be restricted to those assessed as able to wear PPE (see risk assessment below). * Visitors should be permitted only after completion of a local risk assessment which includes safeguarding criteria as well as the infection risks. * Visitors should be advised not to go to any other areas within the service. * The risk assessment must assess the risk of onward infection from the visitor to staff, or from the patient to the visitors. * The risk assessment should include whether it would be feasible for the visitor to learn the correct usage of PPE (donning and doffing under supervision) and should determine whether a visitor, even if asymptomatic, may themselves be a potential infection risk when entering or exiting the unit. * It must be clear, documented and reviewed. If correct use of PPE cannot be established, then the visitor must not proceed in visiting. * The service should be mindful of its responsibilities to persons who are not employees, under the Health and Safety at Work etc Act 1974. | High |
| 1. **Workforce** | Where a staff member becomes symptomatic they should contact 111 and self-isolate, if a staff members becomes aware that they have had contact with someone confirmed to have contracted Covid-19 they should report this to their line manager immediately and the line manger must review all contact the person has had with staff members and people we support since contact with the infected person.  Our staff are at no more risk than the general public of contracting the virus, these precautions will however assist us to minimise the impact of this virus on our staff and the people we support. | The use of staff who regularly visit multiple sites such as bank or agency staff should be discouraged, unless via risk assessment it is assessed that this is essential.  If any service is likely to fall below our assessed minimum safe staffing levels the Local Authority & CQC must be notified immediately  Shift length should be considered, and risk assessed; the effects of fatigue at such a critical time could reduce the effectiveness of PPE due to a failure in appropriate application. | High |

**Actions**

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