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|  | | **Name of Line Manager:** | |
| **Clinical Risk Assessment:** | **Date of issue:** | | **Date Risk Assessment was created:** | |
| logo.gif | **Risk Assessor: Muireann Ní Riain & XXXXXXXX**  *Please refer to most up to date guidelines from Louise Kenny CNSp Infection Control and Prevention prior to finalising this risk assessment* | | **Review Date:** | |
|  | **Signature of Risk Assessor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |

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| **HAZARD AND RISK DESCRIPTION** | **Who is At Risk** | **EXISTING CONTROL MEASURES**  What protective and preventive measures are already in place to control the associated risks? | **ADDITIONAL MEASURES REQUIRED**  Are any further protective and preventative measures required to control the associated risks? | **PERSON RESPONSIBLE FOR ACTION** | **DUE DATE** |
| That XXXXX will have Covid 19 infection post hospital discharge    Risk of infection from environment  Risk of mild to very severe symptoms of respiratory illness. | XXXX, staff and other service users in XXX Unit name | * *Pre Discharge Covid 19 swab completed and results of not detected/ negative received (not required if service user has had Covid 19 in the previous 6months – see SMH guidance re: Hospital Transfers to RCF)* * Sections 1 & 2 of Appendix 11 – Discharge checklist.Covid 19 (Admissions, Transfers & Discharges Policy) completed prior to discharge from hospital confirmed * XXX will be supported in single room, maintain restricted movement with contact and droplet precautions for 14 days * 1 x Named staff to support XXXXX with his care needs throughout the day. *(depending on support levels needed 2nd/ 3rd named staff to be assigned)* * Personal protective equipment (PPE) available to staff for use (via PPE contact) * Guidelines for the Use and management of PPE in place * Hand washing facility available * Donning and doffing of PPE video in place * Donning and Doffing stations set up * Waste disposal plan in place * Mandatory Hand hygiene training in place and available on line for refresher * Support documents available on <https://yourotc.net/course/view.php?id=109> * Staff awareness re: additional hand washing /Cough etiquette in place. * Twice daily environmental cleaning in place in the unit * Twice daily environmental cleaning completed in XXXXX’s room * Clinical observations and monitoring for indications of Covid 19 taken and recorded 4 hourly | In the event of hand washing facilities being unavailable hand sanitiser is available.  Only named staff members to support XXXXX to minimise risk of infection  In the event of changes to clinical observations/ presentation/ deterioration e.g. increased temperature   * GP/ SMH house medical support to be contacted for review * Administer PRN medication as required * Contact to be made with SMH Covid 19 phone line if any queries * PPE stock to be maintained by contacting PPE contact * Assessment for Belcamp Nua Isolation Unit if required   In the event of symptoms of Covid 19 – risk assessment will be reviewed with possible referral for testing.  Testing between days 5-7 post discharge maybe required/ may be considered via GP or SMH Medical if   * it is known that service user was admitted to a COVID ward/ known Covid Contact * Admission is over 12 hours and less than 3 days in duration   Use of shared equipment/ bathroom  E.g. Bathroom to be left for 1 hour prior to cleaning and use by other service users after every use as per infection control.  Support of a second named staff to be used for all mobility / personal care needs. Hoist to be cleaned after every use as per infection control and not used again by any other Service user for 1 hour post XXXXX using it) | XXXXXX  Name of PIC  XXXXX Service Manager  XXXXX Unit staff and support staff |  |

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| **Impact Category:** | **Injury** | **+** | **SU Experience** | **+** | **Standards Compliance** | | **+** | **Objectives/ Projects** |  | **Business Continuity** | | **+** | **Publicity / Reputation** | |  | **Financial Loss** | **+** | **Environment** | |  |
| **INITIAL RISK** | | | | | | | | | | | **RISK STATUS** | | | | | | | | | |
| **Likelihood** | | **Impact** | | | | **Initial Risk Rating** | | | | | **Open** | | | **Monitor** | | | | | **Closed** | |
| **4** | | **5** | | | | **20** | | | | | **x** | | |  | | | | |  | |
| **Reference** - **Health act 2007-2013 SI No.367 of 2013** Regulation of Residential Services - Safety, Health and Welfare at Work Act 2005 - **Safety, Health and Welfare at Work (General Apps) Regs 2007-2016** Chapter 4 Part 2 - **HSE Manual Handling and People Handling Policy 2018** - **HSA.ie** - **SMH Risk Management Policy - SMH Safety Statement** | | | | | | | | | | | | | | | | | | | | |