

Risk Assessment – Infection Control including Blood Borne Viruses (BBV's)

Reference No:	COVID-19 04-20	Service:	Uplift of Equipment
<p>Please see guidance at Appendix 1 on how to complete this Risk Assessment on behalf of Individuals / Groups potentially exposed to BBV's. This risk assessment should be regularly reviewed as change in work activity / equipment / personnel / systems or industry standards dictate. If no other changes occur then the activity should be re-assessed after a period of 3 years. N.B Continue on blank paper if required.</p>			
1. Provide Detail of Work Activity:		2. Person(s) at Risk:	
<p>Uplift and installation of items of medical equipment including beds hoists etc from households. Decontamination and cleaning of such items</p>		<p>Council Employees, and Service Users</p>	
3. Hazard:		4. Types of Loss / Injury /Ill health: e.g. infection/disease/psychological harm	
<p>COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.</p> <p>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 been infected.</p> <p>The virus remains live on items for 72 hours after that time the viral load while not gone is significantly reduced.</p> <p>Transfer of virus from items to members of staff uplifting items through touching the items</p> <p>Transfer of virus from members of staff to other service users through touching the items</p> <p>Transfer of virus through droplet infection due to coughs or sneezes.</p>		<p>The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:</p> <ul style="list-style-type: none"> • cough • difficulty in breathing • fever <p>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.</p> <p>If you are concerned about your own health contact NHS 24 (111), your GP/a medical practitioner.</p>	

5. Existing Control Measures:

Staff issued with aprons and nitrile gloves for continual use.

Disposable overalls available if required for heavily contaminated items.

Fluid resistant masks available for use if dealing directly with service users who have active covid-19 symptoms or diagnosed covid 19 and staff have to interact directly with the service user on a close (less than 2m) face to face basis.

Good hand hygiene practiced before and after handling equipment.

When decontamination and cleaning is carried out face shields, gloves and overalls are worn.

Staff with symptoms will self isolate

Prior to uplifting from a house the team will check that no-one in the house has any Covid-19 symptoms.

If there are any persons with symptoms they should stay in another room while staff carry out the uplift.

If possible any uplift should wait until persons are out with the self isolation period and another 72 hours after that.

If it is not possible to wait and the equipment needs to be removed urgently:

- Occupants of the house asked to remain in another room
- wearing gloves and an apron staff should wipe down the equipment with an appropriate disinfectant before dismantling and moving the equipment.
- disinfectant should be sprayed onto a cloth then applied to the equipment not sprayed directly onto the equipment.
- cloths should be double bagged and removed with the equipment.
- If the equipment is heavily contaminated and it is not feasible to wipe it down before moving it staff should wear a protective disposable outer garment and gloves. Where possible individual items should be bagged or plastic wrapped, this may not be possible with larger items.
- Delivery and pick up operations should not be mixed. All deliveries should happen first, then all pick ups.
- Vehicle should be cleaned at the end of the day.
- If possible items should be left for 72 hours before formal decontamination. Normal decontamination procedures should take place.
- Staff clothing should be washed daily following laundry guidance.

Delivery of equipment

- Check to be made if there are persons with active Covid-19. If yes the person asked to go into another room while the items are delivered and installed.
- Wash or sanitise hands on entering the home.
- Maintain social distancing while demonstrating any use of the equipment.
- Wash hands or use hand sanitiser when leaving the home.

6. Risk Rating Number (RRN) with Existing Control Measures:

3

Severity

X

2

Likelihood

=

6

HIGH:

High = 20 to 36

MEDIUM:

Med = 9 to 18

LOW:

Low = 1 to 8

7. Is vaccination available for control of this risk?

No

8. Could vaccination significantly reduce the risk to this individual or group?

N/A

9. After explanation has the individual or group expressed a willingness to consider this option?


N/A

If the above control measures are **NOT** considered adequate to reduce the risk of exposure to a tolerable level, additional control measures must be implemented. These could include vaccination, which should only be considered if responses to the following questions are 'yes'

10. Additional Recommended Control Measures:

Action by:

Completion Date:

11. RRN after implementation of additional control measures:		3	X	2	=	6
Repeat RRN from above if no additional measure recommended		Severity		Likelihood		
Assessed by:		Date:				
Designation:						
Person Responsible for ensuring the above is Implemented:						
Signature:		Issue Date:				
Designation:		Review Date:				
12. Occupational Health Referral:			Date:			
Comments: If assessing for one individual please include employee signature and date						

Appendix 1 – Guidance on Completion of Form

Introduction: - This Risk Assessment ProForma should be used when considering the level of risk of contracting an infection i.e. TB or a Blood Borne Virus (BBV) to which an individual or group may be exposed.

Detailed guidance and current best practice in terms of risk of BBV's and other Infection control issues can be found in the associated standard.

1. Describe the work activity undertaken by the individual or group.

(Some relevant examples are listed in Infection Control or BBV Standard)

2. Consider who may be at risk

Include all those who may be affected eg, clients, service users, contractors, members of public etc where relevant

3. Consider the Hazards associated with this Work Activity

i.e. What has the potential to cause harm? The following list of work areas / job types may be of use but is not exhaustive;

Waste Management	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus
Property Maintenance	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus
Play Equipment Inspections	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus
Cleaners	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus
Caretakers/Janitors	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus
Social Care Workers	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus
Ground Maintenance	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus
Hostel Officers	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus
Housing Inspectors	Contact / piercing of Skin from hidden contaminated sharps / needles / exposure to bacteria/virus

Blood Transfer through Violence / Assault

Blood / Body Fluid Transfer through Personal Care Activities

Blood / Body Fluid Transfer through Cleaning Activities

Blood / Body Fluid Transfer through delivery of First Aid

Body Fluid transfer through skin puncturing in the form of human bites

Close sustained contact with an infected person

4. Detail potential Loss / Ill-Health / Disease or other Harm

Consider the various forms of Hepatitis, HIV or other known BBV's. Don't exclude psychological harm to which individuals may be exposed when contracting a needlestick injury and / or knowingly absorbing blood / body fluid products. While risk of contamination is still extremely low, it can be 6 months before an individual receives the 'all-clear' in this respect.

5. Existing Control Measures

Provide a detailed explanation of what is already in place to reduce the risk associated with the work activity. The following list of options may be helpful, but are not exhaustive;

Provision of Information on Council Policy and Guidance

Provision of Instruction and / or Training in BBV's, Infection Control, Sharps Handling, Blood and Body Fluid Spillages, Blood and Body Fluid Clean Up Procedures, Good Hygiene Standards, Use of Sharps Kits, COSHH Awareness etc

Use of Safe Systems of Work –

Good Personal Hygiene / Handwashing Practices.

Safe Handling and Disposal of Sharps

Issue of Sharps Collection Kits

Issue of Blood / Body Fluid Clean Up Kits

Knowledge of 'Action to be Taken in the Event of a Sharps Injury' protocols

Awareness of Incident / Accident reporting Procedures

Adequately covered cuts and wounds.

Use correct tools for job e.g. lifting hooks, devices, tongs, remote pickers

Use of Personal Protective Equipment – e.g. various gloves – needle retardant or disposable gloves, disposable aprons, rubber boots, disposable overshoes, eye shields, face masks, waterproof clothing, disposable suits.

(PPE should be seen as a last resort, and where used, suitably stored, inspected, maintained, cleaned etc as required).

6. Assess the level of Risk with existing Control Measures.

See Appendix 2 for further assistance.

7, 8, 9 Vaccination

If the Control Measures are **NOT** considered adequate to reduce the risk of exposure to a tolerable level, additional control measures must be implemented. These could include vaccination, but this should only be considered if responses to the questions **8/**, **9/**, and **10/**, are 'yes'.

If this is the case, vaccination should be entered as an additional control measure (**11/**) and the individual (or group) should be referred to Occupational Health for further 'person specific' guidance. When this process is complete the Risk Assessment should be updated.

10. Additional Control Measures

This is the opportunity to reduce the risk even further. In this section, you may include vaccination, (if the conditions of **7**, **8**, **9**, are satisfied), or any of the wide range of Control Measures not previously implemented at **5/**, which might help to reduce the risk further.

11. Risk Rating (Following Implementation of Further Control Measures)

Assess the level of Risk with the Additional Control measures, using the same method as before.

12. Occupational Health Referral

Where it has been decided to pursue vaccination as an additional control measure – please record this here, with a note of appointment date.

Conclusion

Now simply ensure the assessment is signed and dated by the appropriate individuals and copied to the Health and Safety Team Leader, Municipal Building, Clyde Square Greenock.

This risk assessment should be regularly reviewed as change in work activity / equipment / personnel / systems or industry standards dictate. If no other changes occur then the activity should be re-assessed after a period of 3 years

Comments: If Risk Assessing exclusively for one individual, please include employee signature and date in this box.

GENERAL RISK ASSESSMENT GUIDANCE

- Hazard** Hazard is an event or situation, which has the **potential** to cause harm (loss, damage, injury, ill-health, psychological harm, industrial disease or death)
- Risk** Risk is the **chance, or likelihood**, that the harm will occur from a particular hazard.
- Examples**
- (i) A discarded needle is a **hazard**, which could result in the **risk** of infection, ill-health or psychological damage.
 - (ii) Exposure to **body fluids** is a **hazard**, which could result in **risk** of infection or ill health.

We require to estimate how likely a risk is to materialise and how severe the consequences might be, in order to **prioritise** the necessary preventative action.

Quantification of Risk

Estimation of severity

The severity column should be used to estimate the severity of impact, should the risk arise.

Estimation of Likelihood

The likelihood column should be used to estimate the chance of the risk occurring.

Severity		Likelihood	
1	Negligible	1	Remote
2	Minor	2	Very unlikely
3	Moderate	3	Possible
4	Major	4	Likely
5	Critical	5	Very Likely
6	Catastrophic	6	Almost Certain

When selecting the “**severity**”, we need to consider how the risk would impact in terms of level of loss, injury or ill-health. We need to consider what is most probable, rather than what is possible.

When selecting the “**likelihood**”, we need to consider the exposure frequency, e.g. disposing of a hypodermic needle, as a ‘one off’, is less likely to have an impact than undertaking needle sweeps on a daily basis.

Risk Rating = Severity x Likelihood

The Risk Rating Matrix outlined below is a tool with which the risk rating can be classified, and is accepted as a means of analysing Inverclyde Council’s Health and Safety Risk and whether this is considered to be HIGH, MEDIUM or LOW. Risks rated at 9 or above require to be addressed, in order that they can be reduced to the lowest level reasonably practicable. Those below 9 should be continually monitored, (and addressed where resources permit).

Risk Rating Matrix

36	30	24	18	12	6	High	20 to 36	Risks not acceptable under any circumstances. Immediate risk reduction required.
30	25	20	15	10	5			
24	20	16	12	8	4			
18	15	12	9	6	3	Med	9 to 18	Risk reduction measures required.
12	10	8	6	4	2			
6	5	4	3	2	1	Low	1 to 8	Address where resources permit and continue to monitor regularly, as risks can increase over time.