

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

Reference No:	COVID-19 04-20	Service:	Homecare
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.			
1. Provide Detail of Work Activity:		2. Person(s) at Risk:	
Provision of care at home to a variety of client groups by home support workers.		Home support workers and Service Users	
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 through touching or handling items within the household where persons are showing symptoms of Covid 19 or have confirmed Covid 19 infection.</p> <p>Transfer of virus from members of staff to service users</p> <p>Transfer of virus through droplet infection due to coughs or sneezes, either service user to staff or staff to service user.</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:			
<p>Good hand hygiene practiced at all times when dealing with service users.</p> <p>Direct care to any member of the household where any member of the household is a possible or confirmed case</p> <ul style="list-style-type: none"> • Staff issued with disposable aprons and nitrile gloves for use with all service users. • Fluid resistant masks to be used if visiting with service users or household members who have suspected or active covid-19. The HSW should don the mask on entering the property and doff it on leaving following appropriate training protocol. It should be worn for that session within the house, double bagged and left in the house for 72 hours before being disposed of in the waste bin. • If there is more than one service user receiving home support and one is shielding in a separate room from others in the household then the HSW should don a fresh fluid resistant face mask, gloves and apron before entering the room. • Carrying out procedures with the risk of generating droplets of saliva, sputum, blood or body fluids wear goggles or a face shield. • Service user should be asked to wear a fluid resistant mask also. If they are unwilling or unable and have a cough the home support worker should wear eye goggles if they are unable to adhere to social distancing. 			

- After use goggles should be cleaned with an appropriate disinfectant solution inside and out and dried with paper towel. They should be left in a secure separate location within the house.

Laundry tasks

- Wear PPE as identified above.
- Do not shake or sort infectious linen when removing from the bed.
- Do not wrap items of infectious linen together before putting them in a laundry bag
- If taking to a commercial laundry place items into a water soluble/alginate bag and place this into a separate disposable plastic bag.
- Set the washing machine to as high a temperature as the material allows.
- Never overfill the washing machine

Direct care or visit to any individual in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding.

- Staff issued with **disposable aprons** and **nitrile gloves** for use with all service users.
- **Surgical masks** to be used if visiting with service users or household members who are in this group and are shielding. The HSW should don the mask on entering the property and doff it on leaving following appropriate training protocol. It should be worn for that session within the house but can be disposed of in waste bin.
- If there is more than one service user receiving home support and one is shielding in a separate room from others in the household then the HSW should don a fresh **surgical face mask, gloves** and **apron** before entering the room.

Direct care to individuals who are not in either group identified above they are neither suspected to be, nor confirmed as COVID positive


- Staff issued with **disposable aprons** and **nitrile gloves** for use with all service users.
- Fluid resistant face masks are not required,
- Each worker should have a just in case stock of masks as the option of using a **surgical mask** may need to be considered if the home support worker identifies a risk such as onset of symptoms such as a new dry persistent cough and/or high temperature.

Staff Uniforms

- Uniforms should be changed daily or
- if they become heavily contaminated the relevant home support manager should be contacted to advise that a change of uniform is needed.
- Home support worker advised to:
- Change immediately on entering the house
- Wash it separately from other laundry in your washing machine
- Set the washing machine temperature as high as the uniform label allows you to
- Tumble dry and/or iron

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

3	X	2	=	6
Severity		Likelihood		

HIGH: <input type="checkbox"/>		MEDIUM: <input type="checkbox"/>		LOW: <input checked="" type="checkbox"/>	
<i>High = 20 to 36</i>		<i>Med = 9 to 18</i>		<i>Low = 1 to 8</i>	
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
Repeat RRN from above if no additional measure recommended				Severity	Likelihood
				2	= 6
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			Med	9 to 18	Risk reduction measures required.
24	20	16	12	8	4	Low	1 to 8			Address where resources permit and continue to monitor regularly, as risks can increase over time.
18	15	12	9	6	3					1
12	10	8	6	4	2					
6	5	4	3	2	1					