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| **GENERAL RISK ASSESSMENT FORM** |  |

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| **Site:** Offsite  Royal Brompton  Harefield | **Division: Rehab and Therapies**  **Exact location where the hazard occurs:** Community Sites |

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| **Activity / process/ area / hazard being risk assessed:** PR and CR Face to Face socially distanced exercise classes |

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| **HAZARD**  Brief description of significant hazards | **WHO MIGHT BE HARMED and HOW** (staff, members of the public, contractors) | **EXISTING CONTROL MEASURES**  Detail existing control measures which are in place to reduce the risk | **RISK RATING SCORE**  (S x L = R) |
| Risk of Covid-19 transmission | Patients and staff | * Cohort classes to create a ‘bubble’ to minimise number of people patients are exposed to * Patients will complete a pre-class checklist including the covid-19 symptom questionnaire before each session * Patients will have their temperature taken in the doorway using a forehead scan thermometer, prior to entering the building * A one-way system will be in place at each venue * Staff will wear PPE as advised by infection control policy (see infection control SOP) and will have full PPE for use in a cardiac arrest * Staff and patients will maintain 2m social distance wherever possible * Hand sanitiser will be available for use on all entrances, exits and during the classes * All windows and doors will be opened to allow max ventilation * Any doors and corridors will be blocked off to prevent patients or staff entering any other part of the building apart from the toilet and the hall. * All touch surfaces, equipment and chairs will be cleaned with Clinell wipes before and after each class * Each patient will have a designated area 2m away from anyone else that they can exercise within * Each patient will have their own set of exercise equipment, chair, obs equipment so no sharing is required * The touch points (doors/surfaces) will be cleaned after each clinic * Classes will be kept to a minimum duration (of approx. 60mins) to reduce exposure time | 3 x 2 = 6 |
| Remote site with no emergency cover | Patients and staff | * Patients will have had an extensive assessment prior to starting their classes, and only patients who have been deemed clinically safe will be enrolled. * Staff will have a medical emergency kit, first aid kit and a portable defibrillator (see community SOP) for use in a cardiac arrest situation * All staff receive annual BLS or ILS training. * Staff will have access to a mobile phone to contact the emergency services if required * Staff are trained and familiar with the emergency protocol (see emergency info doc) | 3 x 1 = 3 |
| Staffing levels to ensure patient safety | Patients and staff | * A minimum of 2 members of staff will be present at all times during the classes * Staff are BLS/ILS trained * Staff are familiar with the off-site emergency protocols | 3 x 1 = 3 |
| No access to kitchen / drinking facilities | Patients and staff | * Patients will be informed and will be asked in their class letter to bring a water bottle/drink with them * Staff will bring their own drinks | 1 x 2 = 2 |
| Building security | Patients and staff | * The site protocol for unlocking / alarming will be followed * The parts of the building not in use will remain locked or barriered off during the classes | 2 x 1 = 2 |
| Convenient Parking | Patients and staff | * Only sites with suitable parking spaces will be used so that patients do not have to use public transport. | 1 |

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| Is health surveillance required*? (May be required when there is uncertainty about the levels of exposure of an employee to a hazard with a known health effect)* | Yes  No |
| Is a more detailed assessment (e.g. clinical risk, COSHH, manual handling) required? Please state which: | Yes  No |
| Is further information or investigation required to complete the risk assessment? | Yes No |

**Risk rating**

All identified risks should be considered for their potential to cause harm and the likelihood that that harm might occur. Consistent use of the matrix below will ensure that all risks can be considered in relation to others throughout the Trust.

1. Evaluate the level of ‘**severity**' of the hazard/harm:

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| **Severity** | **Description** |
| Catastrophic | Incident leading to death or major permanent incapacity  An event which impacts on a large number of patients |
| Major | Major injuries / long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling |
| Moderate | Moderate injury requiring medical treatment and/ or counselling  An event which impacts on a small number of patients |
| Minor | Minor injury or illness requiring minor intervention |
| Negligible | Minimal injury requiring no/minimal intervention or treatment. |

1. Evaluate the ‘**likelihood**’ of harm occurring:

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| **Likelihood** | **Description** |
| Almost Certain | Will undoubtedly happen/recur possibly frequently |
| Likely | Will probably happen/recur but it is not a persisting issue |
| Possible | Might happen or recur occasionally |
| Unlikely | Do not expect it to happen/recur but it is possible it may do so |
| Rare | This will probably never happen/recur |

1. Evaluate the risk ‘score’ (severity x likelihood) using the matrix below:

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| **Severity** | **Catastrophic** | 5 | 10 | 15 | 20 | 25 |
| **Major** | 4 | 8 | 12 | 16 | 20 |
| **Moderate** | 3 | 6 | 9 | 12 | 15 |
| **Minor** | 2 | 4 | 6 | 8 | 10 |
| **Negligible** | 1 | 2 | 3 | 4 | 5 |
|  |  | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost Certain** |
|  |  | **Likelihood** | | | | |

1. Compare the ‘score’ obtained above with the table below to identify the risk level (high, medium, low or very low) and the appropriate action and timescales for actions.

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| **Risk Score** | **Level** | | **Action & Timescales** | | |
| 1-3 | Very Low | | **Accept risk. To be managed by local management.**  Record findings and review in 2 years unless there are significant changes (e.g. to equipment, substances or procedures) or after a serious incident. | | |
| 4 – 10 | Low | | **Address risk: To be managed by local management.**  Implement additional controls with 6 months | | |
| 11-16 | Medium | | **Management action required to reduce risk level to low-risk level.**  Implement additional controls within 3 months | | |
| 17 - 25 | High | | **Significant risk. Board level action required.**  Task should not be started or continued until the risk has been reduced. | | |
| 1. **Please indicate the overall risk rating score below:** | | | | | |
| **Very Low** | | **Low** | | **Medium** | **High** |

**Action Plan** - Are further control measures required to adequately reduce the risk? Please indicate what actions are required, those responsible and timescales for completion.

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| **Is anything else needed to control this risk?** | **Action by who?** | **Action by when?** | **Date completed** |
| **This risk assessment will be reviewed in 2/52 after starting F2F classes** | **KI/HP** | **2/52** | **28/07/2020** |
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| 1. **Please indicate what will be the overall risk rating score after implementing the actions above:** | | | |
| **Very Low** | **Low** | **Medium** | **High** |

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| **Name of Assessor: Heather Probert**  **Signature:** | **Job Title: Highly Specialist Physiotherapist**  **Date of assessment: 28/07/2020** |
| **Assessment review date (within 2 years of initial assessment – High-risks annually) :** | |

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| **Managers name: Rachael Moses**  **Signature:** | **Job Title: Associate Director of Rehab and Therapies**  **Date:** |