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| **GENERAL RISK ASSESSMENT FORM** |  |

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| **Site:** Royal Brompton [ ] Harefield [x]  | **Division: Rehab and Therapies****Exact location where the hazard occurs: Patient’s home connected via video conferencing, in community venues and within hospital grounds**  |

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| **Activity / process/ area / hazard being risk assessed:**  |

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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) |
| Cardiac Rehabilitation Patients to undertake a virtual exercise assessment from their home with a member of staff via the attend anywhere platform. Risk of falls and/or a medical emergency if patient becomes unwell and no staff member present in their home. | Patient | * Prior to undertaking a virtual objective assessment, patients will undergo a thorough subjective assessment to screen for safety to exercise.
* Patients heart rates and blood pressures would be assessed prior to undergoing a virtual objective assessment and any anomalies would be addressed prior to patients undergoing their virtual test
* The staff member monitoring the exercise will be a qualified member of staff trained to recognise signs and symptoms that may indicate potential adverse events/instability.
* Patients will be screened before the objective assessment and verbally consent to completing the assessment and no health changes since their subjective assessment that would increase risk of exercising (appendix 1)
* The intensity of the submaximal exercise test would be set based on the patients cardiac history with a lower intensity selected for patients with higher risk of lower functional capacities
* No virtual exercise class will be carried out unless one other able-bodied person is present in patient’s home as a precaution in case of emergency.
* If a patient becomes unwell then intervention would be needed from their GP/111 or 999 as appropriate
 | 4 x 2 =6 |
| Cardiac Rehabilitation Patients to undertake a virtual exercise class from their home with a member of staff via the MS Teams platform. Risk of falls and/or a medical emergency if patient becomes unwell and no staff member present in their home. |  | * Prior to joining classes patients would have undergone a thorough subjective and objective assessment to screen for safety to exercise.
* Any concerns regarding a patients cardiovascular stability to exercise (heart rate, blood pressure or ECG) would be addressed prior to patients joining group virtual classes
* 2 members of staff will be present for each class – one to demonstrate the exercises and one to observe the patients on screen to monitor/correct technique and watch for signs of overexertion or other concerning symptoms
* The maximum number of patients will be 8 as 9 videos can be seen on teams and one will be the instructor
* Each patient would have individualised training heart rate zones set based on their cardiac status, heart function, age, resting heart rate and chronotropic medication.
* The staff member monitoring the exercise will be a qualified member of staff trained to recognise signs and symptoms that may indicate potential harmful events.
* Diabetic patients taking medication with a hypo risk will be asked to check their blood glucose before and after exercise (see appendix 2)
* Patients will be screened before each exercise session and verbally consent to no health changes that would increase risk of exercising (appendix 1)
* Cardiovascular intensity would be altered in line with patients self reported exertion level and other observations
* No virtual exercise class will be carried out unless one other able-bodied person is present in patient’s home as a precaution in case of emergency
* Patients would be encouraged to sip water and keep their feet moving throughout their exercise session to minimise the risk of hypotension and hence arrhythmias
* If a patient becomes unwell then intervention would be needed from their GP/111 or 999 as appropriate (see appendix 2)
 | 4 x 2 =6 |
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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[x]  |
| Is a more detailed assessment (e.g. clinical risk, COSHH, manual handling) required? Please state which:  | Yes [ ]  No[x]  |
| Is further information or investigation required to complete the risk assessment?  | Yes[ ]  No[x]  |

**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 incapacityAn 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 counsellingAn 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:**
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| [ ] **Very Low**  | [x] **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**  |
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| **Staff conducting the video assessment should be trained to use the EASY tool screening** | HP | **20/7/2020** |  |
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| 1. **Please indicate what will be the overall risk rating score after implementing the actions above:**
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| [ ] **Very Low**  | [x] **Low** | [ ] **Medium** | [ ] **High** |

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| **Name of Assessor: Heather Probert****Signature:** | **Job Title: Highly Specialist Physiotherapist****Date of assessment: 12/7/2020**  |
| **Assessment review date (within 2 years of initial assessment – High-risks annually) : 12/7/2021** |

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| **Managers name: Rachael Moses****Signature:** | **Job Title:****Date:**  |

Appendix 1: Pre exercise screening tool



Appendix 2:

BACPR course manual for physical activity and exercise in type II diabetes

References:

Silva, A.K.F.D., Barbosa, M.P.D.C.D.R., Bernardo, A.F.B., Vanderlei, F.M., Pacagnelli, F.L. and Vanderlei, L.C.M., 2014. Cardiac risk stratification in cardiac rehabilitation programs: a review of protocols. *Brazilian Journal of Cardiovascular Surgery*, *29*(2), pp.255-265.