Activity Risks / Project Risks / Operational Risks / Corporate Risks

Risk Being Assessed for:

Person

Name: Faith Cranston

Risk Title: PPE in covid-19



Risk/ Ref No.	Risk Description & Consequences	Risk Probability (L/M/H) 1,2,3,	Risk Impact (L/M/H) 1,2,3,	Risk Priority Red if >6+ Amber if 3,4 Green if 1,2	Risk Indicator Type : Tolerate, Treat, Transfer, Terminate	Mitigation Action	Risk Priority After Mitigation Red if >6+ Amber if 3,4 Green if 1,2	Owner	Next Review Date
1	Staff not wearing PPE correctly making risk of infection more likely a higher risk to FC and second staff member.	3	3	9	Treat,	Staff are to ensure that their masks are covering their nose and mouth and that gloves and a plastic apron are worn when making food and interating with FC.	4	all staff	03/09/21
2	Faith might be uncomfortable with or anxious about staff wearing PPE, especially masks, due to possible communication issues from staff's mouths being covered.	2	2	4	Treat,	Staff are to reassure Faith that they are wearing masks both for Faith's and staff's health and saftey due to the 'bug'. If Faith becomes too anxious, staff may take off their masks but must remain 2m away from Faith, the recommended social distance measure, if this will help to ease Faith's anxiety and help communication. Staff to support Faith using social stories.	3	all staff	03/09/21
3	Risk of spreading or contracting covid-19 through non-ventilated rooms.	3	3	9		To ensure rooms are ventilated at periods throughout the day. This might be harder in winter, but necessary to ensure the whole flat is ventilated.	4	all staff	03/09/2021
4	Risk of spreading or contracting covid-19 through surfaces.	2	3	6		To ensure that cleaning tasks are completed on a daily basis and extra cleaning of surfaces as per cleaning protocol- including disinfecting tables, laptop, door handles etc - should be done if Faith has a visit from mum or there is a change in shift.	4	all staff and Faith	03/09/2021
5	Risk of contracting or spreading covid-19 through poor personal hygiene.	3	3	9	Treat,	Ensure that all staff when starting a shift wash their hands and that hands are washed frequently throughout the day. To ensure that hands are washed before applying PPE. To ensure that Faith is washing her hands before checking her blood glucose levels, coughing or sneezing, before and after every meal and when returning from a walk/outside. To ensure when Faith is washing her hands, that she is counting to 20 - supervision or a reminder might be needed occassionally to help Faith with this. Remind Faith to cough or sneeze into her arm.	3	all staff	03/09/2021
6	Risk of contracting or spreading covid-19 through poor maintainence of PPE.	3	3	9		To ensure that all PPE when worn is clean, dry and changed when necessary. Staff need to ensure PPE is stored correctly in a clean, dry and protected place. Staff to reorder PPE before it runs out.	2	all staff	03/09/2021

7	Risk of Faith touching surfaces while out and about and contracting or spreading covid-19.	3	3	9	Treat,	To ensure that staff pack hand sanitiser whenever they leave the house, to ensure that Faith uses it when out and about, and to ensure that Faith touches her face as little as possible.	4	all staff	03/09/2021
8	Managing symptoms of covid	2	2	4	Treat	Staff will encourage Faith to self isolate in her bedroom if she has symtoms. Staff will encourage Faith to take a Covid test. Staff will contact family and management to make them aware. Staff will support communication with Faith using social stories.	3	all staff and Faith	03/09/2021
9	Testing positive for Covid	2	3	6	Treat	Staff will ecourage Faith to self isolate in her bedroom. Staff will wear full PPE at all times including visors if required. Staff will follow Government guidelines. Staff will inform family/significant others and make them aware no visits can take place. Management will ensure a team is isolated to Faiths service. Staff will support communication using social stories.	4	all staff and Faith	03/09/2021
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	I/We have read, understand and agree with the risk assessment									
	Signatures									
Print Name:	Sign Name:	Date:	Review Date:							