****

**Risk Assessment for continued running of services and planning for increasing service offer during COVID 19 pandemic**

Introduction

As an employer, Pennine MSK has a legal responsibility to protect our staff and patients from risk to their health and safety. This means we need to think about the risks they face and do everything reasonably practicable to minimise them, recognising that we cannot completely eliminate the risk of COVID-19.

In this risk assessment we aim to identify sensible measures to control the risks in our workplace and we have taken guidance from the Government documents available at gov.uk which will be regularly reviewed and this document updated if new advice and guidance emerges. In applying this guidance, we will aim to be mindful of the particular needs of different groups of workers or individuals. We will not discriminate, directly or indirectly, against anyone because of a protected characteristic such as age, sex or disability.

As the majority of the advice and guidance for protecting ourselves against COVID19 has now become business as usual we have archived the main document and concentrated in this risk assessment on providing the up-to-date guidance for testing, isolating and infection control requirements for staff and patients.

**Guidance for staff**

We have a duty to consult our people on Health and Safety and we will circulate this risk assessment to all staff and by listening and talking to them will discuss this document fully with them so that we can all work together to mitigate the risks as fully as we can. We aim to reduce risk to the lowest reasonably practicable level by taking preventative measures, in order of priority. We must work with any other employers or contractors sharing the workplace so that everybody's health and safety is protected. We therefore aim to work with other services working from our buildings and with the landlords CHP.

Staff who need to self-isolate

If you need to self-isolate because of possible symptoms of Covid-19 or because you are waiting for a test result (see below) you should not come in to the workplace, avoid contact with other people and report your absence in the usual reporting way with your Line Manager. If possible arrangements will be made to facilitate working from home. If this is not possible, this will be recorded on your sickness/absence record but points will not be counted in your Bradford score

**Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result**

**Routine asymptomatic testing for staff**

As set out in the ‘Living with COVID’ plan, from 1 April only staff working in a patient-facing role are eligible for free asymptomatic testing, but other staff will not. After each LFD test, staff should [report the test results on the GOV.UK website](https://www.gov.uk/report-covid19-result).

For eligible staff, testing will now be accessed by following this [link](http://email.dhsc-mail.co.uk/c/eJxdkE1rwzAMhn9NcktI7DQfhxzahtL2UAY9bOwyFFupTR07OE7Tnz919DQQL5JePUJItlD1sW5ZxljGeZZv8qrIUl6VnDdN04tqI5sKoiKTahbJCNqkwqXLPVZtVhQSZIk17wGaQtTV0GCel3XBGlkPfWxaFcI0R3wbsQPFuq7pzT2IpsJ5iT4RzjsLD-2XOfEwaZkYCOjBJINxaxJwDsQfljD-CBgn0Dcb8e5y_ozY7nT8IL0cr6TCjREr_8acDWgDTf27-O2PKPUyko0v692c3eIFUrPDCXwYXwvYzg0kRwQTFCVgJenVCQ2E7fbgkeh1Soy2d20lPonPYt8qNGhTo28q0N-smlOLIQ7t9Zlr-O7OEdsPYl1M93Xa_AKbF3yY) rather than the current supply route where providers order on behalf of their staff. When staff are ordering they will be asked if they work for the NHS, please ask them to choose the “No” option; tests will be issued directly to staff residential addresses rather than being distributed to a workplace.

If a member of staff receives a positive LFD test result, they should follow the advice in the section for staff members who receive a positive LFD test result for COVID-19.

**Staff with possible symptoms of Covid-19 – this applies to all staff**

Symptoms of COVID-19, flu and common respiratory infections include:

o continuous cough or shortness of breath

o high temperature, fever or chills

o loss of, or change in, your normal sense of taste or smell

o unexplained tiredness, lack of energy

o muscle aches or pains that are not due to exercise

o loss of appetite

o headache that is unusual or lasting longer than usual

o sore throat, stuffy or runny nose

o diarrhoea, feeling sick or being sick

Staff who have symptoms of a respiratory infection, and who have a high temperature or do not feel well enough to attend work, should take an LFD test as soon as they feel unwell.

If the LFD test result is negative, they can attend work if they are clinically well enough to do so and they do not have a high temperature.

· If the staff member works with patients whose immune system means that they are at higher risk of serious illness despite vaccination, they should discuss this with their line manager who should undertake a risk assessment.

· All patient-facing healthcare staff can resume routine asymptomatic LFD testing when they return to work, taking the first of these tests 48 hours after the LFD test that was taken when they developed symptoms.

· On returning to work, the staff member must continue to comply rigorously with all relevant infection control precautions.

If the result of this LFD test is positive, staff are advised not to attend work for 5 days.

Staff can return to work when they have had 2 consecutive negative LFD test results (taken at least 24 hours apart).

The first LFD test should only be taken 5 days after the day their symptoms started (or the day their first positive test was taken if they did not have symptoms); this is described as day 0.

If both LFD tests results are negative, they may return to work immediately after the second negative LFD test result, provided they meet the criteria below:

· the staff member feels well enough to work, and they do not have a high temperature.

· if the staff member works with patients whose immune system means that they are at higher risk of serious illness despite vaccination, a risk assessment should be undertaken, and consideration should be given to redeployment until 10 days after their symptoms started (or the day their first positive test was taken if they did not have symptoms)

· the staff member must continue to comply rigorously with all relevant infection control precautions.

Patient-facing staff can resume twice-weekly asymptomatic LFD testing when returning to work.

If the day 5 LFD test is positive, they should continue to test daily until they have received two negative LFD test results, taken 24 hrs apart. If the staff member’s LFD test result is positive on the 10th day, they should discuss this with their line manager who may undertake a risk assessment.

If a staff member is tested with an PCR test within 90 days of a prior positive COVID-19 test and the result is positive, they should follow the advice for staff members who have received a positive test result for COVID-19 again, unless a clinical or risk assessment suggests that a re-infection is unlikely.

**Staff members who are contacts of a confirmed case of COVID-19**

People who live in the same household as someone with COVID-19 are at the highest risk of becoming infected because they are most likely to have prolonged close contact. People who stayed overnight in the household of someone with COVID-19 are also at high risk.

Patient-facing healthcare staff who are identified as a close contact should continue with twice-weekly asymptomatic LFD testing.

If you are a household or overnight contact of someone who has had a positive COVID-19 test result it can take up to 10 days for your infection to develop. It is possible to pass on COVID-19 to others, even if you have no symptoms.

Staff who are identified as a household or overnight contact of someone who has had a positive COVID-19 test result should discuss ways to minimise risk of onwards transmission with their line manager.

This may include considering:

· redeployment to lower risk areas for patient-facing healthcare staff, especially if the member of staff works with patients whose immune system means that they are at higher risk of serious illness despite vaccination

· limiting close contact with other people especially in crowded, enclosed or poorly ventilated spaces

Whilst they are attending work, staff must continue to comply rigorously with all relevant infection control precautions. If staff develop any symptoms during these 10 days, they should follow the advice for staff with symptoms of a respiratory infection, including COVID-19.

If a member of staff develops COVID symptoms whilst at work then they should take an LFD test immediately. If the test is positive they should go home and report to their Line Manager. The desk and surfaces where that member of staff was sat should be cleaned prior to re-use wearing gloves and apron.

**Guidance for wearing of face masks**

**Below is the guidance for staff. However please do bear in mind that even if your area doesn’t require you to wear a mask, you may choose to do so for your own personal reasons.**

* All staff will be expected to wear a **Fluid Repellent Surgical Face Mask (FRSM**) at the point of entry to patient-facing areas.
* Clinical staff providing direct patient care are required to continue to wear FRSM masks (or FFP3 as per policy).
* Where non-patient facing staff are required to access their place of work through a building where patients receive care (e.g. hospital corridors), then face masks must be worn until they reach their place of work.
* Face mask can be removed when working in an office space within a clinical area (e.g. ward, unit or department– this includes the office on the second floor.
* Admin staff visiting the second floor should therefore ensure they wear a mask.

**Face Masks (FRSM) – Patients and Visitors**

* In line with Government guidance, everyone accessing or visiting healthcare settings must continue to wear a face covering (a face mask), unless they are exempt, to reduce the risk of infection with COVID-19 to themselves and others. It is important for the public to continue to play their part when visiting NHS and care settings to help protect staff and patients, particularly those who maybe more vulnerable to infections
* All patients and visitors will be asked to wear (unless exempt), a fluid resistant surgical facemask (FRSM) when entering the building.. Masks and hand sanitising stations remain in place at the entrance.

Face masks **must** be disposed of in clinical waste bins not open office bins. A clinical waste bin is available at the front door of the building.

ClearMasks face masks are available for use with patients with hearing impairment / learning difficulties but the following should be noted:

* Not for use when consulting with any patient with suspected covid-19 symptoms or where the staff member is considered high risk for covid-19 based upon individual risk assessment undertaken with line manager
* Clear mask should be replaced with a type 11 repellent mask for the procedures where there is a risk of splashing / spraying ie joint aspiration and injection; cannulation and phlebotomy.

**Guidance for patients**

Patients booking a face to face appointment will be advised to not attend if they have any symptoms of COVID 19. If they are symptomatic they should be advised to test using LFD and rebook after 10 days if positive or unwell.

A text is sent on the day of the appointment reminding patients that they should not attend if they are now experiencing any COVID 19 symptoms.

If a patient attends and is found to be showing symptoms of COVID 19 then they will be asked to leave and advised to go straight home and isolate.

Individuals who have had recent COVID19 infection should be advised not to attend until at least 10 days have elapsed from onset and they should have had at least 48 hours without fever or respiratory symptoms.

For patients who advise they live with someone who has tested positive or has COVID symptoms -if the patient has been fully vaccinated and has a negative LFD then they can attend their appointment. If they are unvaccinated or are unable to take an LFD then the appointment should be rearranged.

**Staff guidance relating to self -isolation and quarantine during Coronavirus COVID-19**

This document has been produced to answer questions regarding how we will manage staff needing to self-isolate or quarantine during the Coronavirus COVID-19 pandemic. Our main aim is to ensure staff are kept safe and also to ensure we can continue to provide our patients with a high level of care.

**Self-isolating because the staff member has symptoms of Coronavirus**

This will be recorded on your sickness/absence record but points will not be counted in your Bradford score.

**Self-isolating because a family member has symptoms of Coronavirus**

No longer necessary – discuss risk minimisation with your line manger and undertake LFD testing.

**Self- isolating because staff member is having elective surgery**

If possible arrangements will be made to facilitate working from home. If this is not possible, the period of self-isolating prior to the surgery will be recorded on your sickness record but will not be counted in your Bradford score. The surgery and any time off following surgery will count in your Bradford score.

**Member of family needing to self –isolate for planned elective surgery**.

Your family member should shield from the rest of your household for the required amount of time advised by their Clinician if applicable. Staff should socially distance from their family member and as social distancing is achievable in our workplace then there should not be a need for staff to also self-isolate for this period.

This may require taking extra annual leave, taking unpaid leave, working from home if this is possible or working extra hours after the quarantine has lifted.

**Review dates**

|  |  |
| --- | --- |
| 3 July 2020 | No changes required |
| 15 July 2020 | No changes required |
| 31 July 2020 | Check for symptoms prior to taking patients into a clinic room  Appendix 2 added re staff guidance on self-isolation and quarantine |
| 5 August 2020 | Updated Appendix 2 with details of Contact Tracing |
| 13 August 2020 | No changes required |
| 4 September 2020 | No changes required |
| 25 September 2020 | Test and Trace.  Meeting room occupancy  Movement of staff  Desk screens for Banks of 4 desks |
| 29 September 2020 | Disposal of face masks into clinical waste bins only |
| 9 October 2020 | No changes required |
| 23 October 2020 | No changes required Recirculate to staff |
| 6 November 2020 | Full review in light of new guidance from Gov.uk Covid screen questionnaire undertaken by HCA team by telephone 3 days prior to surgery |
| 12 November 2020 | Turn off Test & Trace if wearing a Type 11 fluid repellent mask  Carpal tunnel risk assessment absorbed  Working from home guidance added |
| 20 November 2020 | No changes required |
| 3 December 2020 | Staff COVID testing added |
| 18 December 2020 | Update on Staff vaccinations |
| 08 January 2021 | Updated risk assessments for all staff  Updated vaccination information  Exemption from testing for 90 days after a positive test  Face to face research activity suspended due to national lockdown  Patients attending for infusions / carpal tunnel surgery will be asked to wash their hands and provided with a fluid repellent mask for the duration of their procedure. |
| 22 January 2021 | Reminder to all staff to not attend work if feeling unwell but to remain at home and arrange COVID test.  Update on procedure if member of staff becomes unwell whilst at work. – go home immediately/close bank of desks until deep clean completed. |
| 12 February 2021 | No changes required |
| 26 February 2021 | Roadmap for lifting of lockdown reviewed. Covid secure measures maintained. |
| 12 March 2021 | No changes required |
| 26 March 2021 | No changes required |
| 23 April 2021 | No changes required |
| 7 May 2021 | No changes required |
| 21 May 2021 | No changes required |
| 4 June 2021 | Individuals who have had recent COVID19 infection should be advised not to attend face to face appointments until 14 days have elapsed from onset and they should have had at least 48 hours without fever or respiratory symptoms.  Staff who have had recent COVID19 infection should be advised not to attend until 14 days have elapsed from onset and they should have had at least 48 hours without fever or respiratory symptoms.  In relation to quarantine for holidays, it will only be possible to facilitate working from home with the approval of your line manager, taking into account sufficient on-site staffing to cover the service and the availability of laptops. |
| 9 July 2021 | In the run up to and following the 19 July 2021 we will follow the guidance below pending further national guidance:  cid:image001.png@01D77413.ACC2B0C0  This is based on local case rates being high and the need to protect our colleagues and patients in an NHS setting. |
| 20th July 2021 | National guidance 15/07/21 confirms that PHE advise you continue to wear a face masks and follow infection prevention guidance in healthcare settings. Continue to self-isolate if advised to do so; turn contact tracing off in the workplace whilst wearing a fluid repellent mask and social distancing. |
| 30th July 2021 | No update required. |
| 17th August 2021 | Updated PHE guidance for staff who need to self-isolate incorporated:  https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/08/C1381-Updated-guidance-on-NHS-staff-and-student-self-isolation-return-to-work-following-COVID-contact.pdf  Updates reflecting increased activity and relation of national restrictions.  Appendices updated with guidance re self isolation changes. |
| 3 September 2021 | No update required. |
| 16 September 2021 | JF and RH considered with DP running of CPR and agreed to remain virtual for remainder of 2021. |
| 1 October 2021 | Comprehensive review with 3 changes to COVID-19 guidance in NHS and Social Care elective care services:   1. A reduction of physical distancing from 2 metres to 1 metre with appropriate mitigations where patient access can be controlled. We have already increased face to face clinics in accordance with demand and will continue to scale them up as required. In the open plan office at the ICC middle bank desks can be used when required *and providing that the computer is not being used by a member of staff using the PC for remote access.* 2. Removing the need for a negative PCR and 3 days self-isolation before selected elective procedures. 3. Re-adopting standard rather than enhanced cleaning procedures between patients in low risk areas. In areas of our service which serve the clinically extremely vulnerable, such as the infusion clinic, and in the theatre suite where minor surgery / procedures are conducted, enhanced cleaning procedures should be maintained to keep the risk to the minimum.   In relation to CTS : Paperwork (e.g. Boston Hand score and consent forms) to be stored for72 hours in a plastic folder before transfer to admin as risk of contamination considered low. |
| 27/10/2021 | We will slowly increase face to face capacity in our locations whilst monitoring the impact on waiting room capacity. |
| 02/11/2021 | Criteria for use of ClearMasks face masks added to PPE section |
| 26/11/2021 | No update required |
| 30/11/2021 | Healthcare workers who return from any travel overseas to countries not on the travel red list should not return to work until they have had an initial negative PCR. They should also do daily LFDs until day 10 after return.  Changes to booster vaccination programme updated. |
| 10/12/2021 | Government Plan B changes discussed. Await official guidance to be published. No changes necessary to risk assessment. |
| 15/12/2021 | Updated with Plan B Guidance for Omicron variant  Local arrangements for testing updated  Return to work criteria clarified |
| 29/12/2021 | Shortening of isolation period from 10 to 7 days for close contacts of fully vaccinated staff subject to criteria laid out and negative LF testing every day for 10 days prior to start of shift prior to attending work.  Local risk assessment required for staff working in the infusion suite because patients are clinically extremely vulnerable and prolonged close contact is unavoidable.  Exemption from PCR testing if had covid-19 infection in last 90 days  If patients are symptomatic they should be advised to have a PCR test rather than relying on LFDs. |
| 11/01/22 | New isolation guidance and testing requirements added and rewritten for clarity. |
| 18/01/22 | New isolation guidance updated with reduction to isolation rules to Day 6 |
| 28/01/2022 | Updated guidance relating to travel abroad.  Updated re reintroduction of Lateral Flow Testing after recovery from COVID |
| 11/02/2022 | No update required |
| 25/02/2022 | No update required |
| 09/03/2022 | Minor rewrite to reflect national changes and changes to travel guidance. |
| 06/04/2022 | Full update. Majority of content now classed as business as usual. Guidance updated for staff and patients for testing, isolating and infection control procedures. |
| 12/04/2022 | Updated to allow staff on admin floor to remove masks when seated at their desks |
| 10/06/2022 | Masks no longer required in non-patient facing areas  The need for gloves and aprons to be based upon the risk of exposure to blood and body fluid or providing personal care with an individual who is infectious -see appendix 5 of IPC manual [C1636-national-ipc-manual-for-england-v2.pdf (greatermanchestercsu.nhs.uk)](file:///\\agmh2rescifs01.resources.greatermanchestercsu.nhs.uk\CIFS_EXT_MSK\Redirected_Folders\Jill.Firth\Desktop\C1636-national-ipc-manual-for-england-v2.pdf)  Removal of working from home for contacts of covid-19 cases  Removal of deep cleaning following covid-19 exposure.  Updating of self-isolation staff guidance for contacts of cases. |