

Hazards / Dangers	Who is Affected	What is the harm	Controls	By Who / When
<p>Exposure to SARS COV-2 virus</p>	<ul style="list-style-type: none"> ▪ Employees ▪ Volunteers ▪ Visitors ▪ Contractors 	<p>COVID-19 <i>(death / serious illness / long term debilitating effects / mental ill-health)</i></p>	<p>Building Access</p>	<p>Employees Volunteers Public</p> <p><i>On-going</i></p>
			<ul style="list-style-type: none"> ▪ No one should enter the Hospice if they or anyone in their household : <ul style="list-style-type: none"> ▪ Has tested and is currently COVID positive ▪ Has any of the recognised COVID symptoms ▪ Is self-isolating ▪ All Hospice employees and volunteers are strongly advised to carry out twice weekly lateral flow tests (LFT) – any positive results must be followed up with a PCR test and the employee / volunteer cannot come to the Hospice unless a negative PCR is confirmed ▪ All contractors and non-IPU visitors are strongly advised to carry out a LFT prior to visiting the Hospice - any positive results must be followed up with a PCR test and the contractor / non-IPU visitor cannot come to the Hospice unless a negative PCR is confirmed ▪ A Hospice venue QR code is available for anyone wishing to check in via the NHS COVID app. Anyone wishing to check in who does not have the app can have their contact details taken manually ▪ Numbers of people visiting the Hospice may need to be limited in certain situations ▪ Access to certain areas of the Hospice may be restricted to minimise mixing and close contact situations ▪ Visitors to patients are managed through the IPU and considered in the current IPU risk assessment and Visitor guidance in place at the time 	

			Hand Washing and Hand Sanitising	
			<ul style="list-style-type: none"> ▪ Reminders of need for regular and thorough hand washing displayed in the Hospice - fully stocked hand washing facilities available in all toilet facilities/tea points ▪ Hand sanitiser points provided at all entrances and other key points around the building – all clearly signed ▪ Adequate supplies of sanitiser currently available and replenishment procedures in place ▪ Low hand sanitiser supplies and/or stock will increase the risk level 	<p>Employees Volunteers Public</p> <p><i>On-going</i></p>
			Social Distancing	
			<ul style="list-style-type: none"> ▪ Employees, volunteers and visitors to follow Hospice advice to maintain a minimum 1m+ social distancing from other people and avoid un-necessary contacts where possible ▪ Advisory banners in place at Hospice entrances ▪ Use of face masks/coverings are required where the distance between people at work is less than 1m, other than when eating or drinking ▪ Use of face masks / coverings is strongly recommended in other close contact situations ▪ Additional measures, eg use of screens, etc are provided in key contact points, such as Reception ▪ Maximum room occupancy numbers are defined for meeting rooms ▪ Event / activity attendee numbers may be restricted depending on associated risk assessments ▪ Social distancing will be monitored and managed accordingly ▪ Children to be closely supervised by a responsible adult at all times 	<p>Employees Volunteers Public</p> <p><i>On-going</i></p>

			Ventilation	<p>Employees Volunteers Public</p> <p><i>On-going</i></p>
			<ul style="list-style-type: none"> ▪ Use of external spaces is recommended in preference to indoor spaces ▪ Adequate ventilation is achievable in most areas of the Hospice via openable doors and windows - room users are reminded of the need to ensure effective ventilation during use ▪ Room doors and windows to be opened frequently during periods of use – recommended opening for 10 minutes every hour as a minimum ▪ Areas where ventilation may not be effective are identified by the use of carbon dioxide (CO₂) monitors and users are required to take action to improve fresh air flow when pre-designated CO₂ alert levels are reached 	
			PPE	<p>Employees Volunteers Public</p> <p><i>On-going</i></p>
			<ul style="list-style-type: none"> ▪ PPE for clinical employees and volunteers is covered in detail by the IPU and Community Services risk assessments ▪ Housekeeping employees to wear disposable gloves when cleaning public contact points ▪ With the exception of wearing face masks where people are within 1m of others, there are no specific requirements for other employees or volunteers to wear PPE in the non-clinical areas [<i>employees, volunteers and visitors wishing to wear face masks may do so but these will not be provided by the Hospice unless identified and required by an appropriate work related risk assessment</i>] ▪ Low PPE supplies and / or stock shortages will increase the risk level 	

			<p style="text-align: center;">Offices / Meeting Rooms</p> <p>Offices</p> <ul style="list-style-type: none"> ▪ Employees and volunteers are responsible for wiping down the desks and office equipment they use with disinfectant wipes at the start and end of each use <p>Hot desking/office sharing should continue to be minimised, but if necessary, thorough disinfectant cleaning of common touch points, eg mice / keyboards / phones / desk surfaces by each user before and after use – appropriate disinfection wipes provided in all offices</p> <p>Meeting rooms</p> <ul style="list-style-type: none"> ▪ COVID Secure reminders set as default screen savers in the meeting rooms ▪ Meetings encouraged to be virtual where possible, and certainly where maximum room occupancies are going to be exceeded ▪ Maximum room occupancies are defined to ensure the safe delivery of the intended activities – additional measures may be appropriate, eg face masks / coverings in some situations – these are clearly displayed on each room ▪ External attendees recommended to take a LFT prior to attending the event/activity / training, and to only attend if that LFT is negative ▪ All meeting room surfaces are cleaned thoroughly at the start of each day by Housekeeping ▪ Users to wipe over surfaces at the start and end of their sessions, and during long periods of use ▪ Disposable disinfectant wipes available in all meeting rooms – all users responsible for wiping down any furniture / contact points they have touched after use ▪ Portable ‘fogger’ disinfectant unit used to disinfect fabric surfaces in communal areas ▪ Ozone room disinfectant unit also available 	<p>Employees Volunteers Public <i>On-going</i></p>
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			Cleaning	
			<ul style="list-style-type: none"> ▪ All cleaning is carried out according to an agreed COVID cleaning schedule ▪ All communal contact/higher risk touch points will be cleaned / disinfected regularly – designated Housekeeper assigned to this daily ▪ Communal areas will be thoroughly cleaned at least once daily and cleaned generally throughout the day – portable ‘fogger’ disinfectant unit will increase disinfection of difficult to clean items, such as fabric chairs, etc ▪ Portable room ozone disinfectant machine available for use anywhere on-site ▪ Areas where a positive COVID case is known on-site will be disinfected prior to re-use 	Housekeeping <i>On-going</i>
			Other	
			<ul style="list-style-type: none"> ▪ Visitors, including contractors will be informed of the Hospice’s visitor COVID arrangements prior to any visits – there are patient visitor and contractor info sheets available ▪ A risk based approach will be taken to re-starting activities, approving and managing on-site events ▪ Contactless payments encouraged where possible ▪ The Hospice has a high level (93%+) of employee double vaccination and strongly recommends all employees, volunteers, contractors and visitors, etc to be fully vaccinated, including further boosters, when visiting the Hospice, in order to reduce the transmission and effects of COVID, especially to the vulnerable patients in its care ▪ As a minimum, the Hospice will follow current Government advice and guidance and expects its employees, volunteers and visitors to do the same 	Employees Volunteers Public <i>On-going</i>

Exposure to Coronavirus risk score :
Likelihood = Occasional (3) x Severity = Moderate (3) : Risk score is 3 x 3 = 9

Residual risk = Moderate

Notes

1. Risk remains at 'moderate' (9) but will be kept under review in line with Government updates, national / local infection rates, etc
2. Screening via LFD employee testing will help identify asymptomatic +ve cases and by association reduce transmission
3. SLT responsible for approving returning activities and all such activities must be risk assessed.

Residual Risk‡

The residual risk is based on implementation of all the control measures above, and the most likely scenario on current known information concerning coronavirus spread, particularly taking into account the impacts of the emerging new variants. The likelihood of harmful exposure to SARS COV-2 virus within the non-clinical areas of the Hospice is now considered to be 'occasional' and the severity is considered 'moderate'. This is based on the current situation nationally, locally and organisationally, and the wide range of potential outcomes associated with this virus, and the wide range of other influencing factors, many of which are out of the Hospice's control.

People classified as clinically 'extremely vulnerable' or clinically 'vulnerable' may have a higher severity level so the risk for them will be higher, although they have their own wellbeing responsibilities under specific Government guidance.

Risk Matrix

Likelihood	Severity / Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Certain (5)	Moderate (5)	Moderate(10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Moderate (8)	High (12)	High(16)	Very High (20)
Occasional (3)	Low (3)	Moderate (6)	Moderate (9)	High (12)	High (15)
Unlikely (2)	Very Low (2)	Low (4)	Moderate (6)	Moderate (8)	Moderate (10)
Rare (1)	Very Low (1)	Very Low (2)	Low (3)	Low (4)	Moderate (5)

Colour	Score	Risk Rating
	1 - 2	Very Low Risk
	3 - 4	Low Risk
	5 - 10	Moderate Risk
	12 - 16	High Risk
	20 - 25	Very High Risk