



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Criteria for completing a local risk assessment

Social care

This risk assessment is based on NHSEI's community risk assessment tool, we gratefully acknowledge their work and permission to modify for use in Wales.

September 2024, Version 2a

Purpose

To support care settings and employers to undertake a local risk assessment in the context of managing seasonal respiratory viral infections focussing on influenza, SARS- CoV-2 and respiratory syncytial virus (RSV) and any other acute respiratory illness (ARI) based on measures as prioritised in the hierarchy of controls.(HoC)

This includes:

- A set of risk mitigation measures prioritised in the order: elimination, substitution, engineering, administrative controls, and PPE (including respiratory protective equipment [RPE]).
- Risk assessments must be carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents: this can be the employer, or a person specifically appointed to complete the risk assessment. Communication should take place with employees during this process and on completion of the risk assessment.
- The completed risk assessment can be used to populate local risk management systems.

Health Board/Trust organisation name	Date of initial assessment	Assessor's name and Job title	Date of review

What are the risks and hazards?	Who might be at risk ?	Actions to Manage risk ?	If not possible to eliminate the risks, What further control measures do you need to take?
<p>Contracting or spreading seasonal respiratory viral infections:</p> <p>SARs-CoV-2</p> <p>Influenza</p> <p>RSV</p> <p>(and any ARI)</p>	<ul style="list-style-type: none"> • Service users/ residents. • All Staff • Contractors • All types of visitors • Consider vulnerable service users and staff. <p>Vulnerable</p> <p>definition</p> <p>Extremely</p> <p>definition</p>	<p>Guidance questions for the home in order to for assess risk:</p> <ul style="list-style-type: none"> • Check Welsh Government briefing updates - What is the community prevalence of infections and national alert level? – <i>A higher level of community transmission increases the risk of introduction to the home setting</i> • What are the current number of positive cases in the home or are there any outbreaks or incidents – <i>are these linked to acquisition in the home?</i> • Check current IPC and Welsh Government guidance and review staff training needs – <i>consider the transmission routes of all infections and implement appropriate IPC practices/ consider number of residents requiring AGPs and where this practice can be performed.</i> • What is the current Vaccine uptake in eligible residents for flu, COVID-19, RSV • Review organisational operational capacity to manage cases, for example: 	

		<ul style="list-style-type: none"> • Are there adequate staffing levels? (absenteeism and skill mix) • What are the number of visitors to the care Homes and any planned activities/ visits out of the home and level of supervision required? • Capacity to segregate residents and staff when there is infection present/ outbreak • Is there adequate cleaning resources?. <p>A risk assessment should also consider the impact of isolation on wellbeing</p>	
--	--	--	--

What are the risks and hazards?	Who might be at risk?	Action to manage risk	If not possible to eliminate the risks, What further control measures do you need to take ?
<p>Situations or actions that can cause transmission of respiratory infection e.g. visits to high exposure settings (Hospitals) or exposure to infected individuals.</p>	<ul style="list-style-type: none"> As above 	<p>Elimination (physically remove the hazard)</p> <p>Redesign the activity such that the risk is removed or eliminated.</p> <p>Key mitigations – check systems are in place to ensure that:</p> <ul style="list-style-type: none"> •Service users/ residents are encouraged to have their virus vaccinations including COVID-19, flu, and RSV (as per national guidance) •Staff and care workers are encouraged to have their annual vaccination(s) •Where treatment is not urgent within a hospital setting, consider delaying any appointments providing this does not impact negatively on service user outcomes – or consider virtual alternatives to support care at home including home visits. • Communicate the service user/resident infectious status prior to any transfer to or from another setting (including vomiting, diarrhoea, fever, or respiratory symptoms) <p>Service Users/ residents:</p> <p>To enable early recognition of infection and take necessary action, check whether:</p>	

		<ul style="list-style-type: none"> • The service user/ resident is fully vaccinated for COVID-19, influenza, RSV, and other respiratory infections such as pneumococcal and document. • Whether there are any signs or symptoms of infections and whether cases are <u>on the same floor</u> • Staff recognise symptoms of respiratory infections. <p>Staff</p> <ul style="list-style-type: none"> • Staff are competent and trained in IPC measures e.g. donning and doffing personal protective equipment. • Staff are allocated to care for either infected or non-infected residents per shift. <p>Visitors:</p> <ul style="list-style-type: none"> • are aware of symptoms and not to visit if feeling unwell. • Restrictions maybe in place during outbreak situations 	
--	--	---	--

What are the risks and hazards?	Who might be at risks?	Action to Manage risk	If not possible eliminate the risks, What further control measures d you need to take ?
Transmission in high exposure settings	<ul style="list-style-type: none"> As above 	<p>Substitution (replace the hazard)</p> <p>Replace the hazard with one that reduces the risk.</p> <p>Key mitigations:</p> <p>This is not possible for healthcare to achieve as treatment needs to be carried out, so emphasis needs to be on the mitigating risks on other controls.</p> <p>However, some services may still consider the use of implementing virtual consultations (telephone or video) and offering these where appropriate to service users/ residents with a suspected or confirmed respiratory infection.</p> <p>Consider virtual visitor consultation/meetings with their loved one when restrictions may be in place due to outbreak,</p> <p>Delay non urgent or essential contractor work during high community transmission if there is no impact on the service or care.</p>	

What are the risks and hazards?	Who might be at risk?	Actions to manage risk	If not possible to eliminate risks, What further control measure do you need to take ?
<p>Contracting or spreading seasonal respiratory viral infections</p> <p>SARs-CoV-2</p> <p>Influenza</p> <p>RSV</p> <p>(and any ARI)</p> <p>from poor ventilation/ crowding and other environmental factors</p>	<ul style="list-style-type: none"> • Service users/residents • Staff • Contractors 	<p>Engineering (control, mitigate or isolate people from the hazard).</p> <p>Design measures that help control or mitigate risks, such as ventilation, barriers, and screens.</p> <p>Priority should be given to measures that provide collective protection rather than those that just protect individuals or a small group of people.</p> <p>Key mitigations: It is recommended to task a qualified and experienced consulting engineer to look at the care home and:</p> <ul style="list-style-type: none"> • Assess ways to improve ventilation i.e. assess whether any mechanical ventilation within a home is functioning correctly. Does the ventilation system (mechanical or combined) comply with Part F of the building regulations https://gov.wales/building-regulations-approved-documents • Identify areas (care and non-care) which are poorly ventilated or where existing ventilation systems are inadequate. <p>Improvements</p>	

		<ul style="list-style-type: none"> • Consider better designed windows with larger opening areas providing cross flow ventilation where possible to improve air changes by dilution. • Opening doors to outside if it is safe to do so. • Consider installing mechanical ventilation in communal areas and air cleaning technologies to improve poorly ventilated areas only after consultation with a ventilation specialist . • Assess the function of the care area and ensure overcrowding is not an issue - particularly if patients with known or suspected respiratory infections are being cared for. • Avoid caring for groups of residents or clients in poorly ventilated spaces with a known or suspected respiratory infection. 	
--	--	--	--

What are the hazards?	Who might be harmed and how?	Standard required	What further action do you need to take to control risks?
<p>Lack of systems/policy and process in place to prevent the introduction to infection</p>	<ul style="list-style-type: none"> • Staff • Contractors • Visitors • Service Users/residents 	<p>Administrative controls (change the way people work).</p> <p>Administrative controls are implemented at an organisational level (e.g. the design and use of appropriate processes, systems and engineering controls, and provision and use of suitable work equipment and material) to help prevent the introduction of infection; and to control and limit the transmission of infection in healthcare.</p> <p>Key mitigations – check systems are in place to ensure that:</p> <ul style="list-style-type: none"> • Screening, triaging and testing (as per national guidance Patient testing framework for autumn/winter 2023 (WHC/2023/037) GOV.WALES) are undertaken to enable early recognition of seasonal respiratory viral infections - SARs-CoV-2, influenza, RSV and any other ARI.. • maintaining separation between service users with suspected respiratory infection 	

		<ul style="list-style-type: none"> • there is provision of appropriate infection control education and guidance for staff, resident/clients, contractors, and visitors • the provision of additional hand hygiene stations (including alcohol-based hand rub) and signage – to ensure good hygiene practices in staff, service users, contractors, and visitors. • provide safe spaces for staff break areas and changing facilities. • ensure regular cleaning regimes are followed and compliance is monitored 	
--	--	--	--

What are the hazards?	Who might be harmed and how?	Standard required	What further action do you need to take to control risks?
<p>Staff at risk from transmission of infection via Droplets, aerosols and contacts</p>	<ul style="list-style-type: none"> • Staffs • Residents/clients • Contractors 	<p>Person protective equipment (PPE)/respiratory protective equipment (RPE) (protect the worker with personal protective clothing).</p> <p>Employers are under a legal obligation – under the control of COSHH regulations, to adequately control the risk of exposure to hazardous substances where exposure cannot be prevented.</p> <p>PPE must be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP and TBPs.</p> <p>PPE is considered to be the least effective measure of the hierarchy of controls. PPE should be considered in addition to all previous mitigation measures higher up in the hierarchy of controls.</p> <p>Key mitigations:</p> <p>Systems in place to ensure that:</p> <ul style="list-style-type: none"> • there is adequate supply and availability of appropriate PPE – including RPE if indicated – to protect staff, resident/clients and visitors as in line with SICP and TBPs. • all staff required to wear RPE for example a FFP3 mask for aerosol generating procedures must have been fit-tested (this is a HSE legal requirement). 	

		<ul style="list-style-type: none"> • face masks/coverings should be worn by staff in the care setting as per IPC guidance. • all staff (clinical) are trained in putting on, removing, and disposing of PPE. • visual reminders are displayed communicating the importance of wearing face masks correctly, compliance with hand hygiene and maintaining physical distance. • for reusable PPE there are adequate facilities and protocols for decontamination (cleaning, disinfection etc). The PPE is stored safely and is in good working order. 	
--	--	--	--

What are the hazards?	Who might be harmed and how?	Standard required	What further action do you need to take to control risks?
<p>If following this risk assessment, it is clear that an unacceptable risk of transmission remains after rigorous application of the hierarchy of controls, it may be necessary to consider universal masking and/or the extended use of RPE (FFP3) for patient care in specific situations e.g. AGP Infection Prevention and Control Measures for Acute Respiratory Infections (ARI) for Health and Social Care Settings - Wales Where this is indicated, PPE should be available to all relevant staff and staff should be provided with training in its correct use.</p>			

References and Useful information

[Infection Prevention and Control Measures for Acute Respiratory Infections \(ARI\) for Health and Social Care Settings - Wales](#)

[NIPCM - Public Health Wales \(nhs.wales\)](#)

[Patient testing framework for autumn/winter 2023 \(WHC/2023/037\) | GOV.WALES](#)

[Advice for health and care staff on respiratory viruses including COVID-19: guidance | GOV.WALES](#)

[Introduction of RSV vaccination programme 2024 \(WHC/2024/032\) \[HTML\] | GOV.WALES](#)

[The national influenza immunisation programme 2024 to 2025 \(WHC/2024/028\) \[HTML\] | GOV.WALES](#)

[Winter respiratory framework 2024 to 2025 \(gov.wales\)](#)

Gweithio gyda'n gilydd
i greu Cymru iachach

Working together
for a healthier Wales