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| **Introduction to Guidance:**  The purpose of these guidance documents is to enable services to carry out a high-level risk assessment and consider the overall risk of reinstating services that have either been stopped or severely reduced. It provides advice on the types of controls you should be attempting to implement and a risk matrix that advises on the level of risk. This guidance **DOES NOT** replace the requirement for managers to undertake service COVID-19 risk assessments, once the decision has been made to reinstate a service. At the end of the guidance is a template to enable you to record these service COVID-19 risk assessments.  Please consider the following before you begin the initial assessment:   * That those that can work from home should continue to do so * Consider the numbers of staff required to operate safely and effectively, particularly if it is clear that social distancing cannot be affectively applied. * If it is not possible to ensure staff can maintain a 2m Social distance, services should consider whether that activity needs to continue for the business to operate, and if so take all mitigating actions possible to reduce the risk of transmission, as outlined in this guidance. * Ensure those working from home have completed the DSE Self-Assessment for Working from Home   Find the attached link below where the self-assessment checklist and further guidance can be found  https://employeeportal.lbbarnet.local/home/covid-19/Health---Safety-Guidance.html or https://www.barnet.gov.uk/internal/health-and-safety | | | |
| **Name of Service/Department** | Family Services | **Name of Team** |  |
| **Name of Person Completing** |  | **Job Title** |  |
| **Date of Completion** |  | **Review Date if Required** | *Review if government advice changes* |

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| **LIKELIHOOD** | |
| **3** | **Almost Certain or Probable – High Risk** |
| **2** | **50/50 – Medium Risk** |
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| **1** | **Improbable – Low Risk** |

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| **1–2 Low** | **2 Medium** | **3 High** |
| **Can apply all guidance and controls** | **Can apply most of guidance and controls. Requires immediate attention to bring the risk down to an acceptable level.** | **Cannot apply enough of the guidance to control risk. Stop immediately – the risk is too high. Consider viability of operating service if controls cannot be introduced.** |

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| **Subject/Risk** | **Who may be affected** | **Government Guidance** | **Examples of methods to apply guidance** | **Can apply controls (circle applicable)** |
| **Staff susceptible to COVID-19 transmission as a result of not being able to exercise social distancing in the workplace.** | •Staff  •Vulnerable groups – Elderly, Pregnant workers, those with existing underlying health conditions  •Anyone else who physically comes in contact with you in relation to your business | Clinically extremely vulnerable individuals have been strongly advised not to work outside the home.  • Clinically vulnerable individuals, who are at higher risk of severe illness have been asked to take extra care in observing social distancing and should be helped to work from home, either in their current role or in an alternative role.  • If clinically vulnerable (but not extremely clinically vulnerable) individuals cannot work from home, they should be offered the alternative option that does not involve frontline work. If this is not possible, they should be offered the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, they should not be employed in that role.  Particular attention should also be paid to people who live with clinically extremely vulnerable individuals. **See Appendix for further information** | Members of staff that are clinically extremely vulnerable must continue to remain at home. Staff who are clinically vulnerable should continue to work from home. Where a clinically vulnerable cannot work from home and are essential to the running of the service, a risk assessment and suitable controls must be in place before they return to the workplace. The controls must include the ability to social distance and they must not be employed in any role where high-risk activities may be carried out, for example personal care. In those circumstance the workplace would not be suitable for their return.  Regularly remind staff to wash hands on a regular basis for 20 seconds with water and soap and the importance of proper drying with disposable towels. Where there is not possible provide hand sanitiser. Remined staff to Catch it, Bin it, Kill it and to avoid touching face, eyes, nose or mouth with unclean hands. Consider making tissues available to staff.  Provide staff with information and Public Health England (PHE) guidance regarding self-isolation and social distancing.  Cascade information through supervisors and appropriate communication channels that are suitable for the service. It should be communicated to staff via toolbox talk, displayed on staff notice boards etc.  Ensure that employees who can work from home continue to do so  (<https://www.nhs.uk/conditions/coronavirus-covid-19/what-to-do-if-you-or-someone-you-live-with-has-coronavirus-symptoms/staying-at-home-if-you-or-someone-you-live-with-has-coronavirus-symptoms/>)  Keep updated on current advice to ensure mitigations are in line with Public Health England and specific industry guidance. | *All*  *Staff who are deemed vulnerable have been advised to work from home for 12 weeks (from 23rd March). Those in front lines roles are liaising with line mangers to reallocate tasks.*  *Staff who have to come into an office setting are able to adequately social distance as minimal staff are in. Hand sanitisers are available.*  *COVID updates distributed regularly to all staff via DCS emails and service wide communication.* |
| **People who need to self-isolate** | Staff | Staff showing potential COVID-19 symptoms (e.g. continuous cough or/and temperature and/or loss of smell or taste sense)  This includes individuals who have symptoms of COVID-19 as well as those who live in a household with someone who has symptoms. | Ensure staff showing systems do not attend the workplace  Enable workers to work from home while self-isolating if appropriate. Where practicable this may be in an alternative role f they cannot continue in their substantive pose  (<https://www.nhs.uk/conditions/coronavirus-covid-19/what-to-do-if-you-or-someone-you-live-with-has-coronavirus-symptoms/staying-at-home-if-you-or-someone-you-live-with-has-coronavirus-symptoms/>) | *Some*  *Daily reporting of those isolating with symptoms or family symptoms.*  *Staff may need assessment of their work space at home.* |
| **Social Distancing – working in someone’s home (excluding care settings)** | Staff, Service user, Family members, Others | To maintain social distancing wherever possible while performing work in the home.  It is recognized that for providers of some in-home services, it will not always be possible to maintain physical distance from customers.  If it isn’t possible to maintain social distancing while working in the home then extra attention needs to be paid to equipment, cleaning and hygiene to reduce risk. | Make arrangements for the notification of Clients in advance of home visits and the requirement to maintain a 2m distance.  Remind staff that on entry to the home they must wash their hands using soap and water for 20 seconds. Also to wash hands regularly, particularly after sneezing or coughing, and when leaving the property.  Provide hand sanitiser to staff for use when facilities to wash hands are not available | *Some*  *Difficulties in ensuring children stay 2m apart. Frontline practitioners need to go into homes where there is limited space to manoeuvre/multi family members in a confined space. PPE equipment to be supplied via line managers. Consider alternative venues only if appropriate and safe.*  *Hand sanitisers supplied as hand washing may not be possible.* |
| **Social Distancing – Moving around when working in someone’s home (excluding care settings)** | Staff, service user, family members, Others | It is recognised that for providers of some in-home services, it will not always be possible to maintain physical distance from customers.  If it isn’t possible to maintain social distancing while working in the home then extra attention needs to be paid to equipment, cleaning and hygiene to reduce risk.  Working materials, such as tools or domestic appliance, should be assigned to an individual and not shared if possible. If they need to be shared, they should be shared by the smallest possible number of people.  No work should be carried out in a household which is isolating because one or more family members has symptoms or where an individual has been advised to shield - unless it is to remedy a direct risk to the safety of the household.  Stay updated with the latest guidance and considering how it can be applied to your work. | When working in a household where somebody is clinically vulnerable, but has not been asked to shield, for example, the home of someone over 70, prior arrangements should be made with vulnerable people to avoid any face-to-face contact, for example, when answering the door or around the property.  Remind staff to be particularly strict about handwashing and disposing of single-use tissues.  Discussing with households ahead of a visit and that a 2m distance is kept from those working, if possible.  Asking that households leave all internal doors open to minimise contact with door handles.  Identifying busy areas across the household where people travel to, from or through, for example, stairs and corridors, and minimising movement within these areas.  Ask for windows to be opened to allow good ventilation.  Staff to have their own food and drink (if applicable) and have breaks outside where possible.  Allocate the same people to a household where one or more staff are required.  Require staff to:   * reduce the spread of germs by applying the catch it kill it bin it actions. * Clean regularly touched objects and surfaces to reduce the risk of infection. * Communicate with households prior to any visit to discuss how the meeting/work will be carried out to minimize risk for all parties. | *Some*  *Frontline practitioners to ascertain health risks with families prior to visits.*  *Speak to children/families in an open space (garden) if safe to do so.*  *Use of technology to be considered where appropriate to avoid visits.*  *PPE to be carried by all frontline practitioners.* |
| **Social Distancing – Appointments in the home (excluding care settings)** | Staff, service user | To reduce transmission due to face-to-face meetings and maintain social distancing in meetings. | Using remote working tools to avoid in-person appointments.  Only necessary participants should attend appointments and should maintain 2m separation where possible.  Allocating the same worker to the same household each time there is a visit  Avoiding transmission during appointments, for example, from sharing pens and other objects.  Holding meetings outdoors or in well-ventilated rooms whenever possible.  Where workers need to move between different homes and locations to complete their work, social distancing and hygiene advice should be considered, especially before entering other homes. | *Some*  *Internal meetings conducted remotely via Skype and Microsoft teams.*  *Frontline practitioners will need to carry out visits following guidance and PPE. Only use their own equipment.*  *Staff turnover varies so not always possible to keep the same workers assigned.* |
| **Social Distancing –Accidents, Security, other incidents** | Staff, Service user | To prioritise safety during incidents. | In an emergency, for example, an accident, fire, or break-in, people do not have to stay 2m apart if it would be unsafe.  People involved in the provision of assistance to others should pay attention to sanitation measures immediately afterwards, including washing hands. | *All* |
| **Hygiene** | Staff, service user | To help everyone keep good hygiene through the working day and to keep work areas in a home clean and prevent transmission by touching contaminated surfaces. | Washing hands more often than usual for 20 seconds using soap and hot water, particularly after coughing, sneezing and blowing your nose.  Providing sufficient hand sanitiser where handwashing is not possible.  Provide surface wipes to cleanse primary contact points and surfaces of equipment’s if necessary.  Consider hygiene communication in a format and language that is appropriate for your workforce and service user.  Reducing the spread of germs by applying the catch it kill it bin it actions. | *All*  *Ongoing availability of hand sanitisers and desk wipes for staff who are office based.* |
| **Use of Personal Protective Equipment (PPE)** | Staff | Unless you are in a situation where the risk of COVID-19 transmission is very high, your risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited.  However, if your risk assessment does show that PPE is required, then you must provide this PPE free of charge to workers who need it.  Any PPE provided must fit properly.  Where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so. | Where staff are visiting a household where any members of the household are showing symptoms of COVID-19, are self-isolating or are unable to make an assessment of COVID-19 status and cannot maintain 2 m social distance:   * Follow the PPE guidance below following the individual risk assessment of the service user situation. * See the guidance on Social Care - Covid-19 PPE guidance by PHE and LGA     Staff should be referred to PHE guidance on Putting on and Taking off personal protective equipment (PPE)    This should be monitored pending further government advice or specifics of your working activities – refer also to local Covid 19 RA for offsite working that has continued throughout the lock down. | *Some*  *Ongoing Risk assessments of front line practitioners who are the main users of PPE.* |
| **Cleaning** | Staff | To keep work areas in a home clean and prevent transmission by touching contaminated surfaces. | Employee should ensure frequent cleaning of objects and surfaces that are touched regularly  Removing all waste and belongings from the work area at the end of each visit. | *All*  *Availability of cleaning equipment to office based staff.* |
| **Symptoms of COVID -19** | Staff | Staff showing potential COVID-19 symptoms should self-isolate in line with Public Health England guidelines.  This includes individuals who have symptoms of COVID-19 as well as those who live in a household with someone who has symptoms.  If you develop new coronavirus (COVID-19) symptoms at any point after ending your first period of isolation (self or household) then you need to follow the same guidance on self-isolation again. | If an employee becomes unwell with a new continuous cough or a high temperature or a loss of sense of smell and taste in the workplace, then they should be sent home and advised to follow the self-isolate at home guidance and seek further advice from NHS.  Line managers should maintain regular contact with staff members during this time.  Line managers should offer support to staff who are affected by Coronavirus or has a family member affected.  If advised that a member of staff or service user has developed COVID-19 and were recently on our premises (including where a member of staff has visited other work place premises such as domestic premises), the management team of the workplace will contact the Public Health Team to discuss the case, identify people who have been in contact with them and will take advice on any actions or precautions that should be taken. | *All*  *Symptomatic staff report to line managers on a daily basis. Line managers have regular contact and direct staff to seek medical advice where appropriate.* |
| **If someone in the household is clinically extremely vulnerable or has coronavirus symptoms** | Staff | No work should be carried out in any household which is isolating or where an individual is being shielded, unless your work is to remedy a direct risk to the safety of the household, such as a young child’s parents must attend an emergency hospital appointment. | Householders to be advised to stay in a separate room while the work is carried out, if not possible as far away as practicable.  Prior arrangements should be made with vulnerable people to avoid any face-to-face contact – for example, when answering the door.  Staff should be particularly strict about hand washing and respiratory hygiene. Once the work is completed, staff should tell the customer which surfaces and areas they have come in to contact with. | *Some*  *This relies on making contact with families in advance to risk assess. Carrying their own PPE at all times during visits.* |
| **Mental Health** | Staff | Awareness and focus on the importance of mental health at times of uncertainty.  The government has published guidance on the mental health and wellbeing aspects of coronavirus (COVID-19) | Refer to Mental Health guidance at the following website:- <https://www.barnet.gov.uk/internal/mental-health-and-wellbeing>  Have very open and regular communication to help employees understand and feel comfortable with how their safety is being looked after | *Some*  *Guidance has been distributed regularly via all staff emails, regular contact with line managers.* |
| **Communication** | Staff | Providing clear, consistent and regular communication to improve understanding and consistency of ways of working amongst your workers.  Engaging with workers through existing communication routes and worker representatives to explain and agree any changes in working arrangements.  Developing communication and training materials for workers prior to returning to site, especially around new procedures for arrival at work. | Internal communication channels and cascading of messages through line managers should be carried out regularly to reassure and support employees in a fast-changing situation.  Ongoing engagement with workers, (including through trades unions or employee representative groups) to monitor and understand any unforeseen impacts of changes to working environments.  Using simple, clear messaging to explain guidelines using images and clear language, with consideration of groups for which English may not be their first language.  Communicating approaches and operational procedures to households to help their adoption before work commences. | *All*  *Variety of communication mediums in place include email, calls, virtual meetings and face to face where necessary.* |
| **Work Related Travel** | Staff | Minimising non-essential travel – consider remote options first.  To maintain social distancing wherever possible, including on arrival and departure and to ensure handwashing upon arrival. | Ensure Pre-arranged meeting locations are agreed.  Consider travelling to sites alone using your own transport, check the insurance cover before using personal vehicle for business use.  If workers have no option but to travel together, the following should be encouraged:   Journeys should be with the same individuals and limited in the number of people travelling per vehicle   Maintaining good ventilation, for example keeping windows open and passengers facing away from one another to reduce risk of transmission   Vehicles regularly cleaned using gloves and standard cleaning products, with emphasis on handles and other areas where passengers may touch surfaces   Where possible, employers or agencies should match workers to households local to them to minimise use of public transport system. | *Some*  *Only essential staff travel permitted; relating to key workers.*  *Skeleton work force to co-ordinate essential work tasks/collections etc.* |

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| **Appendix**  **Definitions** | |
| |  | | --- | | **Common Areas** | | The term ‘common area’ refers to areas and amenities which are provided for the common use of more than one person including canteens, reception areas, meeting rooms, areas of worship, toilets, gardens, fire escapes, kitchens, fitness facilities, store rooms, laundry facilities. |
| **Clinically extremely vulnerable** | Clinically extremely vulnerable people will have received a letter telling them they are in this group, or will have been told by their GP. Guidance on who is in this group can be found here:  <https://www.gov.uk/government/publications/guidance-on-shielding-andprotecting-extremely-vulnerable-persons-from-covid-19/guidance-onshielding-and-protecting-extremely-vulnerable-persons-from-covid-19> |
| **Clinically vulnerable people** | Clinically vulnerable people include those aged 70 or over and those with some underlying health conditions, all members of this group are listed in the ‘clinically vulnerable’ section here:  <https://www.gov.uk/government/publications/full-guidance-on-staying-athome-and-away-from-others/full-guidance-on-staying-at-home-and-awayfrom-others> |

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| **Date:** | May 2020 | | | |  |  |  |  |  | |  | |  |  | |  | |  |  |
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| **Assessors Name:** | |  | | | **Position:** | | **Team Manager** |  | | | | **Review Date:** | | | Ongoing – as per government guidance updates | | | | |
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| **Directorate:** | |  | | | **Service:** | | **Family Service** |  | | **Team:** | | **DATS / I&P / CIC / FOSTERING / 0-25** | | | **Date:** | | **28/05/2020** | | |
|  |  |  |  | |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Description of assessment** | | |  | Coronavirus (COVID-19) | | | | | | | | | | | | | | | |
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| **Location Details** | | |  | **Statutory home visits to families and children / Barnet & out of borough / placements** | | | | | | | | | | | | | | | |

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| **Subject/Risk** | **Who may be affected (highlight anyone at special risk)** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Social Distancing | All staff, front line practitioners, family members, children & young people.  Those in vulnerable category should be exempt. | 3 | 3 | 9 |  | * Calling ahead to ascertain health of family and child / risk of infection / any symptoms. Are family members working (if so , where) or self isolating? Concerns raised to be discussed with Team Manager for further risk assessment * Encourage families to meet in an open space e.g. gardens / doorstep / schools if safe to do so. * Wash hands before and after / use hand sanitiser. * Do not share any equipment with others. * Use of Pool cars as opposed to public transport. * Use of personal vehicle. | * PPE Kit * Hand sanitisers * Visits to take place in a park / garden / via a video call to show the home. * Checking ahead with placements if they have their own policies. * Further risk assessments if children need to be collected in a car. Consider leaving windows open if safe to do so. They may not be following social distancing measures so masks to be used during the drive. | * AHOS/HOS/ Team Managers | Prior to each and every visit | 3 | 3 | 9 |  |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
|  | **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Contaminated Equipment | All staff & colleagues if returning to office, Families | 3 | 3 | 9 |  | * Staff to carry their own kit * Use of antiseptic wipes * Disposable kit where appropriate | * Individual IT kit (e.g. mice, keyboards, phone, pens) * Access to PPE KIT, gloves | Team Managers / Support Managers | daily | 3 | 3 | 9 |  |
| Contaminated Surfaces | All staff, families, children | 3 | 3 | 9 |  | * Portable antiseptic wipes * No hot desk * Regular cleaning at intervals throughout the day | * Regular supply of wipes and sanitisers to be available and in supply for all frontline staff | Facilities | daily | 3 | 3 | 9 |  |
| Protection of vulnerable staff | Vulnerable staff to continue to work from home / remotely. | 1 | 1 | 1 |  | * This cohort of Staff to be encouraged not to go into the office or visit families. * Health needs of teams to be ascertained by Team Managers (e.g. asthmatic/diabetic. See definition of vulnerable category) | * Support from Team Manager / possible temporary redeployment * Non vulnerable duty workers to support vulnerable workers / swapping of tasks. | Team Managers | daily | 1 | 1 | 1 |  |
| Interaction with Public/other Agencies | All staff  Multi agency colleagues  Families & children | 1 | 1 | 1 |  | * As much as possible via the use of technology / skype / mobile phones * Most agencies are working remotely so this is being conducted via phone calls / skype / teams | * Staff in this cohort to have their own work mobile and suitable laptop * Training on use of Skype / Team / use of mobile phones (i.e whatsapp video calls) | Team Managers / support Managers | Upon starting | 1 | 1 | 1 |  |

**Guidance Notes**

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| **SEVERITY** | **5** | **5** | **10** | **15** | **20** | **25** |
| **3** | **3** | **6** | **9** | **12** | **15** |
| **1** | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** |
| **LIKELIHOOD** | | | | | |

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| **LIKELIHOOD – RISK OF EXPOSURE** | |
| **5** | **Almost Certain – Very High Risk** |
| **4** | **Probable – High Risk** |
| **3** | **50/50 – Medium Risk** |
| **2** | **Improbable – Low Risk** |
| **1** | **Almost impossible – Low Risk** |

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| **SEVERITY/OUTCOME – INFECTED** | |
| **5** | **High Risk Group** |
| **3** | **Infected** |
| **1** | **No Infection** |

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| **1–4 LOW** | **5&6 MEDIUM** | **10–9 HIGH** | **16–25 VERY HIGH** |
| **Continue with existing control, however monitor for changes. Implement any additional control measures required** | **Requires attention to reduce the rating as well as regular ongoing monitoring.**  **Implement any additional control measures required, within the timescales given in the risk assessment.** | **Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment** | **Stop immediately – the risk is too high.**  **Take immediate action to reduce the risk to the lowest level possible.** |

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| **Additional comments:**   1. This risk assessment needs to be discussed with the Trade Unions 2. All control measures must be effectively communicated to staff |