

KMCAT (adult team) Risk Assessment for Direct Patient Contact (Phase 1)

Direct patient contact (including contact with their family/carers) should currently only be considered for urgent/essential service delivery; where the essential goals of the referral/episode of care for priority patients cannot be addressed by remote means.

Section 1 – Applicability

Is this patient considered a priority? Yes No

Tick which reason for priority applies:

Progressive condition with evidence of rapid deterioration impacting on communication or physical access to communication aids.	
Requires a repair/replacement as specialised communication aid has ceased to be functional/ is significantly unreliable, and is needed to meet their communication needs.	
Patient is exhibiting significant psychological behaviour/behaviour which challenges as a consequence of their inability to communicate without communication aids.	

What are the essential goals of the referral/episode of care you need to address?

Have you explored/exhausted remote-working options? Yes No

Please outline what remote options you have considered/tried:

Has the patient given their consent for this intervention? Yes No

If you have ticked yes for all of the above and direct patient contact cannot be avoided, then please complete the section 2 and discuss/agree your proposed intervention with your line manager.

Section 2 – Risk assessment and management strategies

If direct patient contact is required, please outline the risk management strategies to be employed to reduce the risk of COVID-19 infection for both the patient/family/carers and KMCAT staff. C= Consequence L= Likelihood T = Total

Ref	Activity/Hazard	Pre-management Risk Score			Notes and Management (delete / edit as needed) Solutions included in this column are suggestions only and should be used as a guide	Post-management Risk Score		
		C	L	T		C	L	T
1	If client is using NIV (BIPAP/CPAP) and/or Suction (both AGPs)				Establish when this is in use: Yes <input type="checkbox"/> No <input type="checkbox"/> At night only; there is no change to standard PPE requirements (allow at least 1 hour post NIV/suction use) Yes <input type="checkbox"/> No <input type="checkbox"/> If at times during the day, ensure any visits are carried out when not in use, e.g. in the morning if used in the pm (allow at least 1 hour post NIV/suction use) Yes <input type="checkbox"/> No <input type="checkbox"/> If NIV is in use at all times, or it is possible that the patient may require NIV or suctioning during a visit, then KMCAT staff will need to use appropriate PPE for aerosol generating procedures.			
2	Direct contact requires patient/family/carers to travel				Unnecessary travel should be avoided and guidance is for high-risk and extremely high-risk individuals to remain at home. Staff to travel to patient. Follow infection control guidance.			
3	Delivery or collection of equipment				Carry out contactless handover Carry out safe collection Wear PPE and follow infection control guidance Place equipment in 72 hour hold before decontaminating where possible			

4	Setup/reconfiguration of equipment and/or mounting			<p>Carry out contact less handover and then provide remote support for setup/reconfiguration</p> <p>Check whether patient/family/carers have symptoms of COVID-19 prior to visiting</p> <p>If anyone in the house or care home has symptoms of CoVID-19, DO NOT ENTER</p> <p>Undertake as much setup/configuration as possible without the patient present</p> <p>Wear PPE and follow infection control guidance</p> <p>Use wipes to clean equipment before asking others to touch it</p> <p>Limit numbers of people to be present and maintain social distancing; ask patient/family/carers to wear face-mask/covering where this can be tolerated</p> <p>Utilise family/carers and instruct them to support setup, whilst maintaining social distancing</p>			
5	Face to face contact for assessment/intervention			<p>Check whether patient/family/carers have symptoms of COVID-19 prior to visiting</p> <p>If anyone in the house or care home has symptoms of CoVID-19, DO NOT ENTER</p> <p>Undertake as much of the assessment/intervention as possible remotely and/or without the patient present</p> <p>Wear PPE and follow infection control guidance</p> <p>Limit numbers of people to be present and maintain social distancing; ask patient/family/carers to wear face-mask/covering where this can be tolerated</p> <p>Utilise family/carers and instruct them to support Ax/intervention, whilst maintaining social distancing</p>			
6	Other (please specify)						

Agreement

This plan was discussed with and agreed by

Staff Role Signature Date

Line Manager Role Signature Date

Definitions

Remote means – post; AccuRX; telephone; email

Contactless handover – item is placed on ground, KM CAT staff steps back, client / rep steps forward; no signing forms

Safe collection – item is placed on ground, client/rep steps back; KM CAT staff (wearing PPE) puts item straight into orange bag

Risk Quantification

Risk = Consequence x likelihood

QUALITATIVE MEASURES OF CONSEQUENCE

LEVEL	DESCRIPTOR	DESCRIPTION
1	Negligible	No/ minimal interventions or treatment required; no time off.
2	Low	Minor injury/illness. First-aid treatment required. Minimal time off
3	Moderate	Moderate injury/illness. Medical treatment required. Moderate time off – reportable incident. Moderate environmental implications. Affecting 3-15 people.
4	Significant	Major injury/long term incapacity. High environmental implications. Significant time off - 14 days & above. Affecting 16-50 people.
5	Extreme	Fatalities. Multiple permanent injuries/ irreversible health effects. Affecting 50+ people

QUALITATIVE MEASURES OF LIKELIHOOD

LEVEL	DESCRIPTOR	DESCRIPTION
1	Rare	The event will probably never happen/recur.
2	Unlikely	The event could possibly happen/recur at some time.
3	Possible	The event might happen or recur occasionally.
4	Likely	The event will probably happen/recur but is not a persisting issue.
5	Almost certain	The event is expected to happen/recur, possibly frequently.

QUALITATIVE RISK ASSESSMENT MATRIX – LEVEL OF RISK

Consequence Impact		Negligible	Low	Moderate	Significant	Extreme
		1	2	3	4	5
Likelihood						
Rare	1	1 (VL)	2(VL)	3(VL)	4(L)	5(L)
Unlikely	2	2(VL)	4(L)	6(L)	8(M)	10(M)
Possible	3	3(VL)	6(L)	9(M)	12(M)	15(H)
Likely	4	4(L)	8(M)	12(M)	16(H)	20(E)
Almost certain	5	5(L)	10(M)	15(H)	20(E)	25(E)

E	Extreme Risk - Immediate action required
H	High Risk - Senior management attention required
M	Moderate Risk - management responsibility must be specified
L	Low Risk - manage by routine procedures
VL	Very Low Risk - no action required