COVID-19 Risk Management plan



Name:		D.O.B.		
Title: Management of Suspected COVID19 Symptoms – Patient Isolation				
Plan created by:		Date:		
Risk Issue:				
The NHS reports th	e main symptoms of COVID19 are:			
U 1	perature – 37.8 or above. tinuous cough – this means coughing a lot for more tha 24 hours	n an hour, or 3 or more coughing		
<i>'Patient A'</i> presente List Presentation:	ed with the following symptoms at <i>(Time)</i> on <i>(Date)</i> .			
•	e of symptoms <i>(Patient A)</i> has been isolated with suspe must be adhered to.	ected COVID19 and therefore the		
Patient A's Isolation	n period will be From <i>(date)</i> to (date) (note: Current isola	ation is 7 days from onset of symptoms)		

Action Plan	Signature / Role
Patient A to be isolated in bedroom	
• Family to be informed of onset of symptoms and reassured that <i>Patient A</i> will be supported monitored closely.	
• Bedroom door to be clearly labelled with 'PPE' sign that is recognisable to ALL staff.	
A body fluid spillage kit should be available to clean any spills within the room	
• All staff to be made aware that <i>Patient A</i> is being isolated and staff identified who will be assisting <i>Patient A</i> on each shift (recommended 2 staff, to support with hygiene, repositioning where required, personal care where required and support the maintenance of his nutrition and hydration needs).	
All paperwork to be completed for Patient A is kept in the isolation room.	
 PERSONAL PROTECTIVE EQUIPMENT (PPE) PPE Store created within isolation room. 	
Care workers should use personal protective equipment for activities that bring them into close	
 personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. Aprons, gloves and fluid repellent surgical masks should be used in these situations. 	
If there is a risk of splashing then eye protection will minimise risk.	
New personal protective equipment must be used for each episode of care.	
 Yellow bag for disposal of PPE and Red bag for laundry inside the persons room. Staff aware to remove all PPE used and dispose of in Yellow bag within room. 	
 Staff to remove PPE Gloves and apron within room and wash hands with soap and water for over 20 seconds 	
 Staff to wear a glove to open door, remove glove and again immediately wash hands. (Please make an assessment of your service to see how you can reduce infection- perhaps a small yellow bag/bin outside of door) 	

• Staff are to wear PPE whe	n disposing of double bagged waste after 72hrs	
	powls and cutlery is available to support all nutrition. This is	
disposed of within the roc	om into clinical waste.	
•		
AUNDRY		
	which we want he want in the weat here	
	y this must be placed in the red bag. , this is double bagged. This is then placed in the bathroom	
-	r 72 hours before being taken to be washed.	
	th the date and time of sealing.	
-	hine on a SLUICE WASH if possible and on its own.	
•	•	
 The machine wost be cle available. 	early labelled with <i>PATIENT A</i> initials if multiple machines are	
available.		
ATIENT OBSERVATIONS:		
Observations to be taken	and recorded.	
• If there is a presence of <u>te</u>	emperature above 38.7 the following must be completed:	
- Administer prescribe	d Paracetamol for temperature control	
	pring Document two-hourly:	
complete the world	ang bocunche two nouny.	
ressure Care and Thrombosis Risk		
	ent A may be at increased risk of Pressure areas and/or	
creased risk of developing a DVI	ſ/PE.	
• Staff to continue to monit	or common processo and document any concerns on	
the appropriate body mag	or common pressure areas and document any concerns on	
	J. ure relieving equipment is sourced and used when required.	
	ncourage regular movement of limbs and repositioning.	
	warmth to the touch, discolouration of skin, leg cramps)	
- Swennig, pain, reuness, v	warmen to the touch, discolouration of skin, leg (fallips)	
Seek medical advice if con	ncerned.	
• All staff to be aware that a	any questions/ concerns can be raised at any time with a	
senior manager.	· · · · · · · · · · · · · · · · · · ·	

COVID-19 Risk Management plan Name:

Staff Read and Sign-I have read and understood the procedures that must be followed to protect others and myself from the risk of infection

Staff Name	Signature	<u>Date</u>

Covid Observation record

NAME:

Date	Time	Observations- ACVPU (alert, confusion, voice, pain, unresponsive)	Temperature	Staff signature

Handover Record

NAME:

Date	Time	Temp	New continuous cough?	Actions taken (including repeat results/ medical advice etc)	Is this patient in isolation at time of handover?	Signed by both staff on Handover

ISOLATION IN PROGRESS SUSPECTED CASE OF COVID-19

ALL PPE MUST BE WORN AT ALL TIMES WHEN IN THIS ROOM (GLOVES, MASK, APRON)

ONLY ALLOCATED STAFF ARE ALLOWED TO ENTER

NO ITEMS ARE ALLOWED TO LEAVE THIS ROOM UNLESS DOUBLE BAGGED

STAFF ARE TO WASH HANDS BEFORE LEAVING ROOM AND BEFORE TAKING ON OTHER TASKS ON THE PREMISES