

Covid-19 Risk Assessment for Mount Cook Adventure Centre

The technical name of the virus that causes COVID-19 is severe acute respiratory syndrome coronavirus 2, abbreviated as **SARS-CoV-2**

Staff are understandably feeling anxious about the potential risk to their health of carrying out their usual work activities during or immediately after the Covid-19 pandemic.

Whilst the Covid-19 virus can cause serious illness, especially for vulnerable adults with underlying health conditions evidence suggests that for the majority (particularly children and young people) they will experience a mild to moderate illness.

Whilst this is a complex and changing situation, there is enough known about the epidemiology of Covid-19 to provide a risk based approach to support staff in their roles.

The assessment below has been developed based on the following principles:

- That we will act together to ensure the safety and reassurance of all staff, children & young people.
- PPE will be recommended according to evidence of **efficacy and assessment of clinical risk**.
- All efforts will be made to secure a reliable and adequate supply of suitable PPE.
- If supplies were to be threatened, distribution would be prioritised according to clinical risk and 'mission criticality'.
- PPE does not negate the need for social distancing and hand and respiratory hygiene.
- Having entered a period of sustained, community transmission, all staff and clients are approached as potentially carrying Covid-19.

The national guidance has now provided, Local COVID alert levels which set out information for local authorities, residents and workers about what to do and how to manage the outbreak in their area. Local COVID alert levels are sometimes called 'tiers' or known as a 'local lockdown'.

There are currently three alert levels. Tier 1, Tier 2 & Tier 3 which equate to, Medium, High & Very High. Full details of what this entails can be found at; <https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae#what-local-covid-alert-levels-mean>

Core principles for when you are engaging with people remain.

- SPACE: Respect physical distance try and maintain 2 metres (6ft) away from other people at all times.
- HANDS: Wash and sanitise your hands frequently.
- FACE: Avoid touching your face and wear a face covering when in communal indoor areas.

Potential Hazard	Risk	Who might be harmed?	Minimum control measures to reduce risks to an acceptable level
Covid-19	Staff not having appropriate knowledge on virus, transmission and risk leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public	<p>All staff to keep themselves updated and follow the latest <u>Government</u> and national Public Health England/NHS guidelines via https://www.gov.uk/coronavirus https://www.nhs.uk/conditions/coronavirus-covid-19/</p> <p>Anyone in a vulnerable group (se appendix 3) needs to follow the shielding protocols and should not come to work.</p>
Covid-19	Contagious people coming into the centre leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public	<p>To help ensure that the risk of virus spread is as low as possible, the centre to tell staff and potential visitors, including customers and contractors, not to enter the centre if they are displaying any symptoms of coronavirus (COVID-19) or if they should be self-isolating.</p> <p>Anyone showing the symptoms (new continuous cough and/or a high temperature) should not come to work and should follow the relevant government protocols at home and before coming back to work, this will last at least 10 days.</p> <p>Anyone living in a household where someone is showing symptoms should stay at home for 14 days. If they then become ill, then they must continue to isolate for 7 days from when they first showed their own symptoms.</p> <p>Staff only to come to the centre if they are unable to do their work from home.</p> <p>Site work to be undertaken to be initially prioritised based on its importance to the centre being able to assist with potential critical functions during the covid-19 outbreak. Occasional work onsite may be required to enable for the continued proper administration of the organisation.</p>
Injury during travel and whilst onsite.	Increased pressure on an already stretched NHS	Employee, visitors, agency staff	<p>Staff living on site, or nearest to the site, to be called upon first to carry out work on site.</p> <p>Higher risk tasks to be avoided where possible e.g. work at height.</p>

Transmission of Covid-19 via arrival at setting	Increased transmission of virus on arrival at centre	Employee, visitors, agency staff, member of the public	<ul style="list-style-type: none"> • Staff and guests to be encouraged to consider how they arrive at the centre, and reduce any unnecessary travel on coaches, buses or public transport. Walking, cycling and individual use of cars to be encouraged. • Signage to encourage people to remain in their vehicle on arrival and call reception to be collected rather than wander around the site. • Handwashing on arrival to be encouraged. • Full briefing to guests upon arrival of Centres current procedural control measures.
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<p>Inadequate implementation of social distancing at the centre</p>	<p>People being unable to adhere to social distancing therefore increasing the transmission and spread of Covid-19</p>	<p>Employee, visitors, agency staff, member of the public</p>	<p>Visiting group sizes to be kept as small as possible and only activities that allow for social distancing to be undertaken. Ideally all groups will be sole usage however on rare occasions where mixing. Groups to have their own base room separate to other groups. Limit room sharing occupancy as much as possible and in agreement with the school/group co-ordinator.</p> <p>Visiting group lunch times, break times, and movement around the site to be staggered to reduce gatherings</p> <p>Everyone to be encouraged to follow the <u>social distancing guidelines</u></p> <p>Work to be undertaken in different areas where possible. Eg spread around the site.</p> <p>Ideally staff to work in areas that haven't been used recently by others.</p> <p>Unnecessary sharing of offices to be avoided and ideally staff to avoid using computers that have been used by others in the previous 72 hours.</p> <p>When indoor seating in the same space is necessary, seating to be arranged 2m apart. Good ventilation required when sharing internal spaces.</p> <p>Separated toilets to be used where possible. Groups to utilise their room toilets where possible.</p> <p>Unnecessary staff gatherings to be avoided.</p> <p>Staff and visiting group leaders to be aware of key national guidance for <u>school/education settings</u>.</p>
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<p>Poor hand & respiratory hygiene</p>	<p>Poor hand & respiratory hygiene leading to increased transmission of covid-19</p>	<p>Employee, visitors, agency staff, member of the public</p>	<p>Follow Hand Washing protocol at appendix 1 below https://www.who.int/gpsc/clean_hands_protection/en/</p> <p>Soap and water, and regular handwashing for at least 20 seconds, is the best way of staying safe. Handwashing with soap employs mechanical action that loosens bacteria and viruses from the skin, rinsing them into the drain. Drying hands afterwards makes the skin less hospitable to the virus. Hand sanitiser can be effective if soap is not available, or the situation makes using soap less feasible (for example, when outside), but using hand sanitiser provides none of the virus-destroying friction that rubbing your hands together and rinsing with water provides.</p> <p>Staff and visitors should be reminded to wash their hands for 20 seconds more frequently than normal, including on arrival at the setting, before and after eating, and after sneezing or coughing.</p> <p>Staff should supervise young children to ensure they wash their hands for 20 seconds with soap and water (or hand sanitiser if soap is not available or feasible in the particular situation)</p> <p>Coughs and sneezes to be caught in tissues. Bins for tissues should be emptied throughout the day.</p> <p>Some children and young people with special educational needs and disabilities may require additional support in following public health advice, or may find frequent handwashing distressing. Visiting staff should know where this is likely to be the case, and how they can best support individual children and young people.</p>
<p>Surfaces contaminated with Covid-19</p>	<p>Increased transmission of covid-19 via surface – face contact</p>	<p>Employee, visitors, agency staff, member of the public</p>	<p>Regular points of contact such as door handles, push plates, code pads and WC levers should be cleaned regularly unless it is already known (with certainty) that the building has not been in use for 48hrs.</p> <p>It should be assumed this is not the case unless there is knowledge to the contrary.</p>
<p>Intimate care and minimising the risk of Covid-19</p>	<p>Intimate care procedures leading to increased</p>	<p>Employee, visitors, agency staff,</p>	<p>The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks. These droplets are too heavy to hang in the air. They quickly fall on floors or surfaces. The advice for schools,</p>

	transmission of covid-19	member of the public	<p>colleges and childcare settings is to follow steps on <u>social distancing, handwashing and other hygiene measures</u>, and <u>cleaning</u> of surfaces.</p> <p>If you are not providing intimate care to someone, PPE is not needed.</p> <p>Some children, and young people with special educational needs, may be unable to follow social distancing guidelines, or require personal care support. In these circumstances, staff need to increase their level of self-protection, such as minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing. School staff should continue to use the PPE that they have always used (such as an apron and gloves) when undertaking more intimate care with pupils.</p> <p>South Yorkshire Local Authorities have collectively agreed a Covid-19 PPE position statement which clearly defines when PPE will be recommended according to evidence of efficacy and assessment of clinical risk.</p> <table border="1" data-bbox="909 730 2018 1402"> <thead> <tr> <th></th> <th>Category</th> <th>PPE Requirements</th> <th>Educational Setting</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Staff client interaction where distance of 2m can be maintained throughout</td> <td>Close adherence to hand (i) and respiratory hygiene protocols (ii). No additional PPE required beyond what would usually be worn for any given task</td> <td>The majority of school and childcare settings will fall into this category. For example Class Teacher and Classroom assistants working within a classroom environment where social distancing can be adhered to.</td> </tr> <tr> <td>2</td> <td>Staff client interaction where momentary (iii) physical contact is required or cannot maintain 2m distance.</td> <td>Close adherence to hand and respiratory hygiene protocols. Surgical facemask to be worn by member of staff. Sessional (iv) use is adequate in these circumstances.</td> <td>In some childcare and school settings where intimate care is required it may be necessary to wear a surgical facemask when undertaking certain tasks (e.g. administration of medication where it cannot be self medicated, or When administering first aid,</td> </tr> </tbody> </table>		Category	PPE Requirements	Educational Setting	1	Staff client interaction where distance of 2m can be maintained throughout	Close adherence to hand (i) and respiratory hygiene protocols (ii). No additional PPE required beyond what would usually be worn for any given task	The majority of school and childcare settings will fall into this category. For example Class Teacher and Classroom assistants working within a classroom environment where social distancing can be adhered to.	2	Staff client interaction where momentary (iii) physical contact is required or cannot maintain 2m distance.	Close adherence to hand and respiratory hygiene protocols. Surgical facemask to be worn by member of staff. Sessional (iv) use is adequate in these circumstances.	In some childcare and school settings where intimate care is required it may be necessary to wear a surgical facemask when undertaking certain tasks (e.g. administration of medication where it cannot be self medicated, or When administering first aid,
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					self-administration is not possible e.g. child places their own plaster on a cut / laceration	
			3	Prolonged/intimate (v) physical contact is required between member of staff and client.	Close adherence to hand and respiratory hygiene protocols. PPE required - Disposable gloves, disposable apron, sessional surgical facemask (include eye protection if client is coughing or sneezing). Donning and doffing according to standard protocols (vi) and disposing of clinical waste appropriately(vii).	Anyone who is symptomatic should not be in a childcare or school setting. However if required to undertake intimate care with a child or young person then category 3 PPE will apply e.g. If a child requires intimate care when administering first aid as a result of serious injury. If that child were coughing or spitting, this should include eye protection.
			4	Any scenario in the household of a 'shielded' (viii) person. Close adherence to hand and respiratory hygiene protocols	PPE required - Disposable gloves and plastic apron in addition to single use (ix) surgical facemask.	Not applicable
			5	Specialist Specialist scenarios e.g. Aerosol generating procedures, hospital inpatients, home births, phlebotomy in non-compliant patients etc.	Specialist PPE requirements	Not applicable
<p>NB: This summary relates to PHE's COVID-19: infection prevention and control, last updated 6th April Review above table alongside appendix 2</p> <p>In circumstances where staff feel PPE is appropriate following the principles above careful judgement should be used to consider likely risk and also any impact of behaviour the child/young person may demonstrate as a result of PPE being worn. The wearing of PPE unless carefully removed in itself can add increased risk therefore it is expected that PPE in educational settings will only be required for momentary use and not for long period of time.</p>						

<p>When essential travel in a vehicle is required</p>	<p>Sharing a vehicle where social distancing is not possible leading to increased transmission of covid-19</p>	<p>Employees, clients and accompanying staff</p>	<p>When having to travel for business related please only travel when this is essential.</p> <p>When using a private vehicle to make a journey that is essential, cars should only be shared by members of the same household. Those who normally share a car with people who are not members of their own household for a journey that is essential, e.g. getting to work, should consider alternatives such as walking, cycling and public transport where you maintain a distance of 2 metres from others.</p> <p>Where using a car is essential involving two or more people, it is recommended that two or more cars are used rather than staff travelling together in the same vehicle.</p> <p>Staff where possible should use their own vehicle</p> <p>Staff should only share a vehicle as an absolute last resort.</p> <p>If you have to share the vehicle with another staff member – remember to wipe down the car after the visit has taken place e/g steering wheel, handbrake, door handles etc with an antibacterial wipe (dispose of the wipes by double bagging) and open windows.</p>
<p>Increased lone working</p>	<p>Becoming injured when help is not at hand</p>	<p>Employees and contractors</p>	<p>Many social distancing measures result in an increase in lone working, something that is usually minimised.</p> <p>If you are lone working it is important to follow lone working guidance and ensure a buddy system is implemented and you are in regular contact re your whereabouts.</p>

<p>Managing risk of an individual displays symptoms</p>	<p>Proximity to a person displaying covid-19 symptoms leading to increased transmission of covid-19</p>	<p>Employee, pupils, agency staff, member of the public</p>	<p>https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19</p> <p>If someone becomes unwell and starts to display symptoms and starts to display with a new, continuous cough or a high temperature in an education setting they must be sent home and advised to follow the <u>staying at home guidance</u>.</p> <p>If an affected person is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door. If they are a child, depending on the age of the child appropriate adult supervision may be required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.</p> <p>If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>Public Health England together with NHS England and the Department of Health and Social Care (DHSC), has agreed to prioritise testing for those most at risk of severe illness from the virus. Those in hospital care for pneumonia or acute respiratory illness will be the priority.</p> <p>Wider testing is being rolled out, and priority lists will be set for this. If critical workers, including education and childcare staff, are tested, this may not be for all staff, but rather for staff with symptoms, in order to enable them to go back to work if they test negative. Across the Local Resilience Forum plans are being developed for key worker testing Information on the roll out of this service will be shared with settings as soon as possible.</p>
<p>Deliveries and Maintenance on school sites</p>	<p>Increased number of people onsite leading to increased transmission of covid-19</p>		<p>Only essential repairs and maintenance work should be carried out</p> <p>Deliveries that need to be handled immediately should be sanitized eg with wipes before taking them inside the premises</p> <p>Keep deliveries to a minimum with important items only.</p>

Acceptance of vulnerable clients onsite (such as homeless) who may have further risks associated with them	Increased level of Guests who may have unknown illnesses physical & mental which may be a hazard. Eg communicable diseases, mental instability, violent traits. Negative impact on wellbeing	Employees, visiting staff, visitors. Members of the public.	Moderated practice for Mt Cook Staff, (see Appendix 4). Utilise external agencies for face to face service delivery. Heightened level of awareness. External agency inducted in Mt Cook procedures.
Potential Hazard	Risk	Who might be harmed?	Minimum control measures to reduce risks to an acceptable level
Re-opening to residential groups from 17 th May	Resurgence in transmission of C-19 cases	Guests, Staff, members of wider public associated with centre staff & guests	Ensure, Mt Cook common sense protocols are followed by all staff and guests. Do not allow complacency, to creep in. SPACE, HANDS, FACE Update staff on control measures prior to residential resuming.
Wider exposure to individuals from variety of geographic areas	Higher risk areas travelling to centre and unwittingly carry virus.	Guests, Staff, members of wider public associated with centre staff & guests	Follow C-19 protocols to minimize, risk. Staff vaccinated against C-19 asap. Occasional spot checks on staff via C-19 self-test kits to monitor for C-19 resurgence. Use of “shogi” screens to physically separate the building into “Bubble” localities so that guests do not accidentally wander into wrong area.

Transmission of Covid-19 via individual interactions	Whilst on-site & undertaking activities increased chance of transmission between clients & staff	Guests, Staff & wider public if offsite.	<ul style="list-style-type: none"> • Bubbles should be formed from existing school bubbles such that residential visit bubbles only have pupils from a single existing bubble • Form bubbles no larger than circa 30 children - where possible aim to establish smaller bubbles only teachers and members of the school workforce already part of the established school bubble should accompany pupils on the visit as they are already part of the existing school bubble - they do not count towards the bubble size • Parents, carers or volunteers should not accompany the group to maintain the integrity of the bubble
Bubble integrity disrupted	increased chance of transmission between clients & staff	Guests, Staff & wider public if offsite	<ul style="list-style-type: none"> • the integrity of the school bubble will be maintained throughout (including during recreational times) Provide schools/guests with clear guidance on maintaining their bubble integrity • Do not 'top up' or mix the bubbles at any time during the visit • Maintain the integrity of large bubbles via designated areas around the site for each identified bubble • The integrity of the bubbles will be maintained and bubble mixing prevented if more than one bubble is going on the trip. Discuss with each school/guest agreed protocols. • Maintain the bubble throughout the visit and ensure that bubbles do not mix with other school groups or bubbles or other guests • If someone develops symptoms whilst on site, then immediately follow protocols on isolation & collection. Follow up with guest/school to obtain result of test to confirm if symptoms confirm a case. Consult with PHE over required actions.
Lack of Ventilation	The risk of transmission is greater in spaces that are poorly ventilated.	Guests & Staff	<ul style="list-style-type: none"> • Open doors, windows and air vents where possible, to improve natural ventilation. Regular venting of building especially during cleaning periods. • Ensure mechanical ventilation using fans and ducts (particularly bedrooms) is fully working. • Brief guests to leave windows open in bedrooms at all times • Keep public toilet, shower and changing facilities well-ventilated at all times. • Ventilation will not reduce the risk of droplet or surface transmission, so other control measures such as cleaning and social distancing must be maintained.

Increased levels of proximity during residential	The risk of transmission is greater if working in close proximity for sustained periods	Guests & staff	<ul style="list-style-type: none"> • Ensure that people make every reasonable effort to comply with social distancing guidelines by maintaining 2 metres distance from others (or where 2m is not possible, at least 1m with additional control measures, such as wearing face coverings). • During activities, staff to direct clients to face away from them when doing safety checks. Staff to wear face coverings when in proximity to guests.
Increased risk to adults from C-19	The Covid-19 virus can cause serious illness, especially for vulnerable adults with underlying health conditions.	Visiting staff	<ul style="list-style-type: none"> • Where at all possible, visiting staff to be provided with single occupancy rooms or offered alternative such as tented accommodation.
Transmission of disease via shared equipment	Inadvertently spreading the disease between bubbles or groups.	Guests, staff	<ul style="list-style-type: none"> • Equipment assigned to Bubbles and where possible quarantined for minimum 48Hrs between re-allocation. • If not possible to meet quarantine time period, then sanitise/wash equipment in line with manufacturers guidance. • Equipment that comes into close contact with faces/mouths e.g. helmet straps/coats to be cleaned/sanitised/quarantined between cross usage.
Relaxing of National Measures from 19th July 2021	Resurgence in transmission of C-19 cases	Guests, Staff, members of wider public associated with centre staff & guests	<ul style="list-style-type: none"> • Ensure, Mt Cook common sense protocols are followed by all staff and guests. Do not allow complacency, to creep in. SPACE, HANDS, FACE • Direct staff to continue to follow control measures already in place prior to 19th July • Liaise with visiting “Non-Bubble” groups over agreed procedures and protocols. • Stress importance of following good practice. • Test staff twice a week to monitor for any cases. • Follow Mt Cook Policy on Covid-19 outbreak scenarios to control any cases
Mt Cook Internal H&S review meeting 4 th Oct	Slippage in protocols resulting in C-19 cases	Staff, Guests, wider family members.	<ul style="list-style-type: none"> • Remind staff of ongoing protocols, Hands, Face, Space • Continue twice weekly testing of staff • Ask staff to space out especially at meal break times • Continue regular building venting and cleaning of communal touch points

January 2022 national update on relaxation	Slippage in protocols resulting in C-19 cases	Staff, Guests, wider family members	<ul style="list-style-type: none"> • Allow staff to work in office from Jan 24th • Continue twice weekly testing • Continue mask wearing inside with clients & outside if in close proximity • As new staff start check and encourage booster vaccinations • Continue regular hygiene encouragement to groups
Potential Hazard	Risk	Who might be harmed?	Minimum control measures to reduce risks to an acceptable level
National relaxation of Covid measures from February 24th 2022	Removal of protocols resulting in C-19 cases	Staff, Guests, wider family members especially those with vulnerable underlying conditions.	<ul style="list-style-type: none"> • Continue LFT testing for staff twice a week to identify any cases as early as possible • Any staff testing positive to remain off work for 5 days or until achieve two consecutive clear days • Mask/visor wearing for staff serving food • Continue encouraging good hygiene. Regular hand washing & sanitizing • Continue regular venting of the building
MT Cook H&S meeting 15th March 2022	Increased levels of positive cases circulating from staff & guests	Staff, Guests, wider family members especially those with vulnerable underlying conditions.	<ul style="list-style-type: none"> • Continue LFT testing for staff twice a week to identify any cases as early as possible • Any staff testing positive to remain off work for 10 days or until achieve two consecutive clear days • Mask/visor wearing for staff serving food • Continue mask wearing inside with clients & outside if in close proximity • Continue encouraging good hygiene. Regular hand washing & sanitizing • Continue regular venting of the building
April 4th Update following national changes on April 1st 2022	Cancellation of free LFT for the general public resulting in more exposure to Covid variations	Staff, Guests, wider family members especially those with vulnerable underlying conditions.	<ul style="list-style-type: none"> • Continue LFT testing for staff twice a week to identify any cases as early as possible • Any staff testing positive to remain off work for 5 days. Staff feeling well can return on Day 6 but continue masking at all times when with colleagues. • Mask/visor wearing for staff serving food • Continue mask wearing inside with clients & outside if in close proximity • Continue encouraging good hygiene. Regular hand washing & sanitizing • Continue regular venting of the building

1st May Update	Covid still present but public behaviour normal resulting in continued spread.	As above	<ul style="list-style-type: none"> • Reduce testing to once a week to maximise use of kits against case identity • Any staff testing positive to remain off work for 5 days. • Mask wearing by personal choice • Continue good hygiene and respecting personal space
1st June Update	Covid still present but infection rates dropping.	As above	<ul style="list-style-type: none"> • Finish mandatory once a week testing • Test staff in advance of any known vulnerable groups arrival or if requested by any group. • Mask wearing by personal choice • Continue good hygiene, respecting personal space and venting regularly • Record staff vaccine status to maximise protection to any vulnerable guests
28th July Update	Covid rates increasing but hospitalisation cases and severity decreasing. The government has removed remaining domestic restrictions in England. There are still steps we can take to reduce the risk of catching and spreading COVID-19	As above	<ul style="list-style-type: none"> • Test staff in advance of any known vulnerable groups arrival or if requested by any group. • Mask wearing by personal choice unless working with vulnerable groups where we may mandate wearing masks in certain circumstances • Continue good hygiene, respecting personal space and venting regularly • No longer compulsory for all staff to isolate for 5 days if they test positive • If a staff member tests positive then they should contact their line manager to discuss and establish how ill they feel, the potential risk to their colleagues and guests. The line manager will then agree whether the staff member can work from home, whether they can return safely to work or whether they should remain off until the staff member feels better and or when it will not unnecessarily risk infection of colleagues or guests.

Mount Cook Adventure Centre Response Rationale to COVID-19

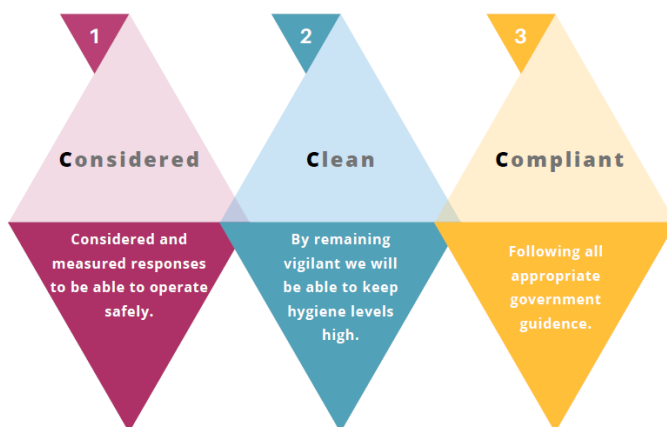
We have a clear rationale to operate safely which is published on our [website](#).

The Three C's Our Mount Cook Approach



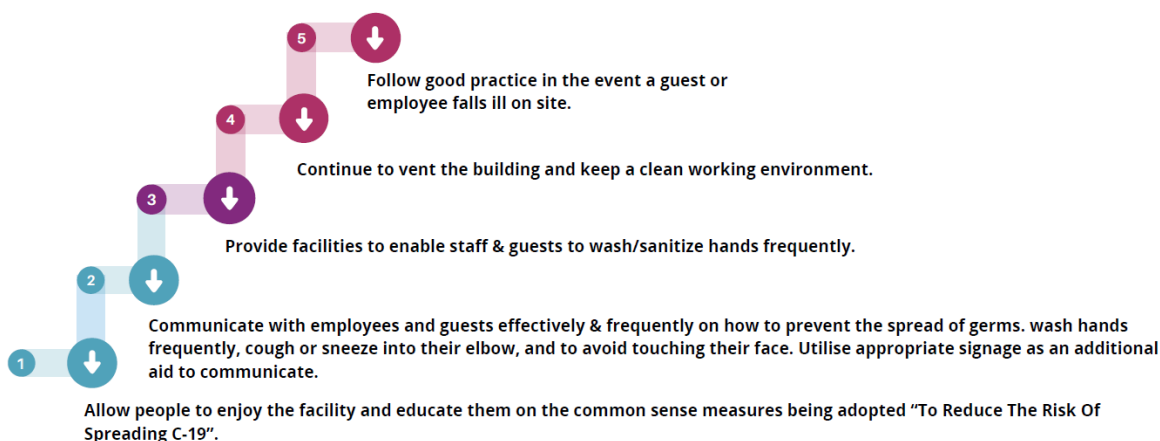
As the peak of the COVID-19 pandemic passes, restrictions will gradually be removed to allow more people to return to their workplaces and begin to pursue leisure activities. When we return, it's vital that we continue to take care of our staff and customers, protect our organisation, and reduce the risk of spreading the infection.

We will achieve this through a three step approach:



Actions

Supporting our operating principles



Follow Good Personal Hygiene



Core operating principle 1

Good personal hygiene is one of the most effective ways to reduce transmission of coronavirus.

Provide signage emphasising the importance of adhering to good personal hygiene principles ie. regular handwashing and good cough and sneeze etiquette. Minimising face-touching (mouth, nose, eyes) should be encouraged.

Provide access to facilities to enable regular handwashing with soap and water.

Emphasise the importance of thorough handwashing technique using signage.

Provide hand sanitiser where not possible to access soap and water, prioritising activity areas.

Respect Physical Distancing



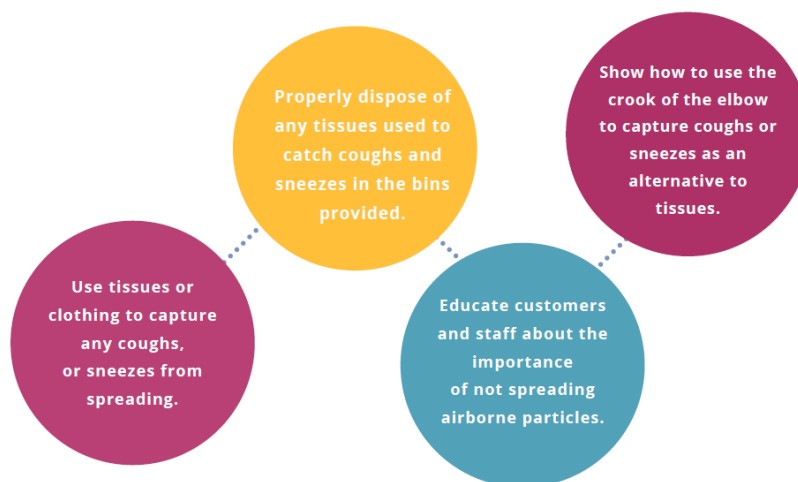
Core operating principle 2

Aim to achieve social or physical distancing where possible throughout the centre to avoid 'close contact' of people as far as is reasonably practicable. Close contact is defined as being within less than 2m/6ft of another person for more than 15 minutes.

It is acceptable for people to be in close contact for periods of less than 15 minutes (such as passing on the stairs) but they should minimize the time as far as practicable and observe good hygiene practices.

Catch Coughs and Sneezes ✓

Core operating principle 3



Face coverings where needed

Face coverings are optional in communal areas if it makes you or group more comfortable. Masks are not required outdoors, in own rooms or when sat at your assigned tables during mealtimes.



Staff testing

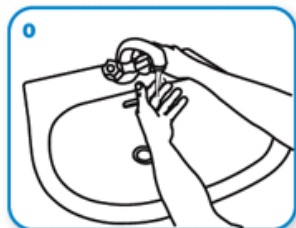
Staff are tested if requested by vulnerable visiting guests.

Appendix 1: Clean hands protect against infection (WHO protocol)

Protect yourself

- Clean your hands regularly.
- Wash your hands with soap and water, and dry them thoroughly.
- Use alcohol-based handrub if you don't have immediate access to soap and water.

How do I wash my hands properly? Washing your hands properly takes about as long as singing "Happy Birthday" twice, using the images below:



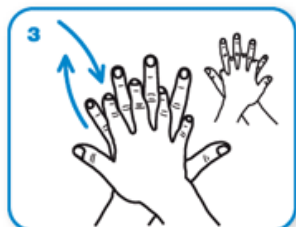
Wet hands with water



apply enough soap to cover all hand surfaces.



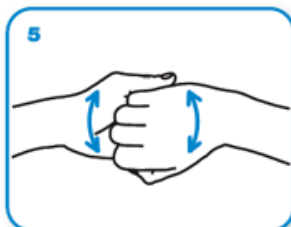
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



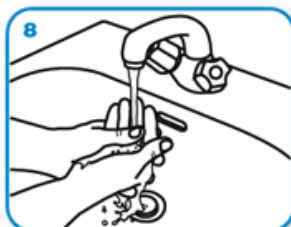
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



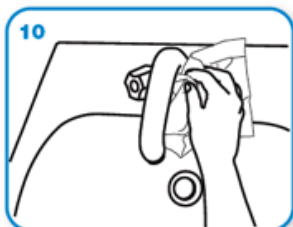
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Appendix 2

i.	Handwashing Protocol	Attached at appendix 1 above https://www.who.int/gpsc/clean_hands_protection/en/
ii	Respiratory hygiene protocol	This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately. https://www.who.int/emergencies/diseases/novel-coronavirus2019/advice-for-public
iii	Momentary contact	Relates to ad hoc interventions that may create proximity to bodily fluid – e.g. a driver putting a seatbelt onto a client.
iv	Sessional use	Surgical facemask can be used multiple times and need not be disposed of until wet, damaged or uncomfortable. https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control/covid-19-personal-protective-equipmentppe#section-6
v	Intimate care	Is defined as a role which is personally supporting the client to bathe, wash, feed etc. where there may be close proximity to bodily fluids.
vi	Donning and doffing	Refers to the correct method by which PPE should be put on and taken off. https://www.gov.uk/government/publications/covid-19-personalprotective-equipment-use-for-non-aerosol-generating-procedures https://www.youtube.com/watch?v=-GncQ_ed-9w
vii	Disposal of PPE	PPE should be bagged and disposed of in a lidded bin followed by close adherence to hand washing protocol.
viii	Shielded person	Definition at appendix 3.
ix	Single use	Refers to disposal of PPE after each client interaction.
x	PHE Covid-19 IPC	https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304cf38d248abba&utm_medium=email&utm_campaign=govuknotifications&utm_content=immediate

Appendix 3

People falling into this **extremely vulnerable group** include:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer □ people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

NB: Patients should have received notification directly from the government and or their GP practice about whether they fall into this group and how to reduce their risk.

Appendix 4

Moderated Operating Procedures when dealing with vulnerable guests such as homeless.

1. Client group specific induction training for Mt Cook staff.
2. Awareness raising over heightened risk of communicable diseases such as Hepatitis B.
3. Recommend staff seek inoculation for such diseases as Hep B.
4. Staff must wear appropriate PPE when cleaning, catering & in public areas.
5. Awareness raising of client group and potential mental health issues and subsequent heightened risk of verbal or physical abuse.
6. Work in pairs or in easy communication of other staff members.
7. Do not expose self to risk unnecessarily, always put personal safety first.
8. Be aware of client group dynamics within building. Call upon colleagues or DCM staff to be present to undertake duties if required.
9. Work in pairs if at all possible especially when undertaking room cleaning duties.
10. Be aware of heightened potential of accidental contact with syringes, needles or prohibited substances.
11. Be aware of risk of potential contact with guest bodily fluids through, bleed outs.
12. Always wear PPE in first aid scenarios.
13. Follow appropriate government advice as detailed above with regard to procedures.
14. Do not allow guest access into building other than front door and only with DCM confirmation.
15. Report any suspicious activity to DCM
16. Report all abuse verbal or physical.
17. Make CEO & Centre manager aware of any concerns over operating practice as and when they arise.
18. Removal from centre of all unnecessary items to reduce chance of damage & to reduce common contact points.
19. Staff split into shift teams where possible to minimize disruption through c-19 internal spread if confirmed case.
20. All guest details to be recorded by DCM for attendance at meals.
21. Mt Cook staff to minimize contact with guests at all times.
22. Cleaning of communal areas to be undertaken a minimum of three times a day. Special focus on common touch points, door handles, counter tops etc.
23. Guest rooms to be cleaned once a week (bedding only).
24. Rooms to be thoroughly cleaned on changeovers, (Voids).
25. Any bodily fluid spills to be cleaned by professional cleaning company.
26. Personal safety first at all times.