

# Claypath and University Medical Group

## COVID-19 safe workplace /risk assessment template

### FINAL DOCUMENT

#### General Principles

1. **Ongoing consultation** – practice staff fully involved at all stages of pandemic re work place risk assessments via virtual meetings and sharing of information.
2. **Staff training** – all staff to undertake Infection Control training and Bluestream COVID-19 training.
3. **Individual risk assessments** – individual risk assessments carried out for all doctors in line with BMA advice and for all other staff. Risk assessments to consider a range of factors that may put doctors and health care workers at greater risk from COVID-19, or have a greater impact of the disease. Factors relevant to an assessment of COVID-19 risk include age, ethnicity, biological sex, disability, health conditions, and pregnancy. If a member of staff feels they are “at risk” or are unsure of their risk level, please contact their line manager
4. **Maintain safe place of work** – workplace risk assessments undertaken and kept under review.  
*[NB: Practice risk assessments have been undertaken since March, 2020, in daily meetings attended by all available staff.]*
5. **Home working** – all staff roles assessed as to whether they can be undertaken from home.
  - (i) Administrative/reception team work – small minority of work able to be undertaken from home; staff need to be at work to operate telephone system and also to have access to patient records, and other confidential information.
  - (ii) Secretarial team – vast majority of work needs to be undertaken in practice due to confidentiality of letters, etc. Secretarial function also supports other members of practice multi-disciplinary team which would not be able to provided from home.
  - (iii) Clinical staff – vast majority of clinical staff work does require them to work from the practice; although number of patients being seen face to face is small it shares the risk amongst staff where clinical contact is necessary. There may be circumstances, however where it is possible for clinical staff to undertake a small amount of their work at home where necessary e.g. isolating because of a sick family member, etc.
  - iv) All staff welcome to request home working if they feel that their full role can safely be achieved at home – practice happy to discuss.

- 6. Effective social distancing** - The main route of virus transmission is through droplets exhaled or coughed by an infected person. A key element in reducing the transmission of COVID-19 is social distancing i.e. staff/patients to maintain a distance from each other of 2m wherever possible. Social distancing effectively puts people at a safe range from anyone coughing.

Practice social distancing measures put in place in all areas used by staff/patients/visitors i.e. in clinical rooms, offices, workstations, reception, waiting areas, etc. Measures include layout changes, social distancing and hand washing notices, directional signage, floor markings, etc. Maximum occupancy limits specified for key areas e.g. staff kitchen, staff room, staff/patient/visitor toilets, etc.

- 7. Reduce need to move around practice** – practice to encourage staff use of e-mail and telephone communication, as well as “virtual meetings” to reduce the need for staff to move around the practice.

For those required to move around the building (staff/patients/visitors) as many doors as possible to be left open to avoid contamination (respecting fire safety).

UHC/CMC sites kept separate where possible for resilience if one site becomes heavily infected.

- 8. Provision of PPE** – infection control PPE provided for clinical staff to wear when seeing patients, in line with professional clinical guidance e.g. gloves, masks, aprons, visors, and for all practice staff as determined by practice risk assessments e.g. face coverings/masks
- 9. Face coverings** – all patients have been advised to wear a face covering when entering each surgery through information on practice website, notices on practice entrance doors, and messages by MJOG. Patients/visitors who present without a face covering to be given a mask and asked to wear a face covering next time they visit the surgery.

Practice staff to wear masks when walking around the surgery and in any communal areas e.g. going to make a cup of coffee, walking along the corridors through patient waiting areas, etc. Face masks to be worn at staff discretion at workstations.

Practice “Covid secure” non-clinical areas identified (e.g. where there is strict social distancing, no sharing of work stations, regular wiping of surfaces, etc.) where face coverings don’t need to be worn but are available for staff to wear if they wish.

**10. Provision of hand sanitiser** – to encourage optimal hand hygiene hand sanitiser available throughout surgery sites for patients/visitors and staff use e.g. at surgery entrances, in communal areas including beside lift, in consultation rooms, offices, etc.

**11. Cleaning** – practice cleaning procedures revised and regularly reviewed allowing for frequent surface decontamination. All magazines/pictures/curtains removed from communal areas.

**12. Patient triage** – Practice clinicians have adopted telephone triage for ALL patients. Patients required to attend the surgery are triaged as “hot” or “cold” patients and directed to appropriate “hot/respiratory” or “cold” entrance at each site in order to minimise risk to other patients and all staff. “Hot/respiratory” patients advised to remain in their car or identified practice car park and to telephone reception on arrival to be collected by a clinician at the time of their appointment. “Cold” patients advised to enter “cold” entrance and then directed to appropriate waiting area.

## **COVID-19 workplace safety/risk assessments**

A standard template has been used to identify the control measures to be put in place to protect practice staff, patients and visitors from the risk of COVID-19. *These specific COVID-19 workplace assessments are in addition to the practice’s regular standard health and safety assessments.*

The following areas have been risk assessed:

1. Front door/back door access points (CMC/UHC)
2. Reception front desk (CMC/UHC)
3. Patient waiting areas (CMC/UHC)
4. Stairs and corridor areas (CMC/UHC)
5. Reception back office(CMC)
6. Clinical rooms (CMC/UHC)
7. Secretarial office (CMC)

8. Medicals office (UHC)
9. Staff Rest room (CMC/UHC)
10. Staff Kitchen (CMC/UHC)
11. Patients/Visitors and Staff toilets (CMC/UHC)
12. Meeting rooms (CMC/UHC)
13. Lifts (CMC/UHC)

1. Practice area: Front door/back door access points (CMC/UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Patients/visitors entering surgery and not respecting social distancing.</p> <p>Patients/visitors not wearing face coverings.</p> <p>Patients/visitors contaminating entrance doors, etc.</p>	<p>Contamination/infection (airborne and on surfaces)</p>	<ul style="list-style-type: none"> <li>• Notices on practice website, practice entrance doors and throughout the surgery re patients/visitors wearing face coverings;</li> <li>• Admin to inform patients/visitors when booking appointments and entering building to wear face coverings;</li> <li>• Patients/visitors without a face covering to be given a mask to wear and told to wear a face covering at next visit;</li> <li>• All staff in public view to wear face masks to drill home message (not required if behind Perspex screen);</li> <li>• Hand sanitiser at front/back door access points;</li> <li>• Restriction on number of patients/visitors allowed in surgery.</li> <li>• Patients attending UHC “hot/ respiratory” clinics directed to back door to telephone reception to report arrival and to wait in car to be collected by a member of the practice team;</li> <li>• Patients attending UHC “cold” clinics to go to front door and reception desk and follow directional signs to consulting rooms and then outside (one-way system in place).</li> </ul>	<ul style="list-style-type: none"> <li>• Need for automatic entrance doors as infection control measure as soon as possible.</li> </ul>

2. Practice area: Reception front desk (CMC/UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Patients/visitors entering surgery and not respecting social distancing.</p> <p>Patients/visitors not wearing face coverings.</p> <p>Patients/visitors contaminating reception desk, etc.</p>	<p>Contamination/infection (airborne and on surfaces)</p>	<ul style="list-style-type: none"> <li>• Perspex screen installed at reception desk – face masks may also be worn by reception staff if wished;</li> <li>• Chairs installed in front of reception to prevent people approaching too close (tape to be put around chairs as a barrier to prevent people walking around in front of chairs);</li> <li>• Admin to tell patients/visitors to wear face coverings when entering building;</li> <li>• Notices re social distancing/hand washing.</li> <li>• Hand sanitiser on reception desk.</li> <li>• Patients/visitors without a face covering to be given a mask and told to wear face covering at next visit.</li> <li>• Limitation on number of patients/visitors allowed queuing at reception desk.</li> <li>• Markers on flooring re social distancing.</li> </ul>	

3. Practice area: Patient waiting areas (CMC/UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Patients/visitors not respecting social distancing.</p> <p>Patients/visitors contaminating surfaces e.g. seating, sides of seating, window ledges, etc.</p>	<p>Contamination/infection (airborne and on surfaces)</p>	<ul style="list-style-type: none"> <li>• Social distancing notices – patients/visitors to be asked to respect social distancing and sit 2m apart.</li> <li>• Markers on flooring re social distancing.</li> <li>• Hand sanitiser available.</li> <li>• Restriction on number of patients/visitors at any one time in waiting areas.</li> <li>• Patients/visitors to wear face coverings throughout visit to surgery</li> <li>• Magazines/curtains removed from waiting areas.</li> </ul>	

4. Practice area: Stairs and corridor areas (CMC/UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Patients/visitors not respecting social distancing.</p> <p>Patients/visitors contaminating surfaces e.g. doors, handrails, etc.</p>	<p>Heavily used areas more likely to present infection transmission risk – airborne and on surfaces.</p>	<ul style="list-style-type: none"> <li>• One way system in place where practical i.e. at UHC but not CMC.</li> <li>• For areas where one way system not practical (involves multiple opening of doors/contaminating surfaces etc.) – staff to be mindful when anyone approaching to go back in room, and wait until they can pass each other safely, etc.</li> <li>• All staff to wear face masks in corridors/stairways and social distancing.</li> <li>• Stair handrails to be opportunistically cleaned by staff throughout day.</li> </ul>	



5. Practice area: Reception back office (CMC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Social distancing cannot be adhered due to multiple members of staff in room at same time;</p> <p>Staff workstations not 2m apart;</p> <p>Staff using more than one workstation;</p> <p>Risk of whole office infected and service disrupted.</p>	<p>Contamination/infection (airborne and on surfaces)</p>	<ul style="list-style-type: none"> <li>• All information/forms/scripts, etc., to be left for Admin Team at reception desk in main waiting room.</li> <li>• Limitation on who other than staff working in room can enter reception back office e.g. Deputy Manager.</li> <li>• Hand sanitiser available and wipes for telephones, etc.</li> <li>• Perspex screen installed between workstations &lt;2m apart.</li> <li>• Masks to be worn in back office at staff's discretion.</li> <li>• Weekly swab testing of all staff.</li> </ul>	

6. Practice area: Clinical rooms (CMC/UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Patients not respecting social distancing.</p> <p>Patients contaminating surfaces e.g. doors, handrails, etc.</p>	<p>Contamination/infection (airborne and on surfaces)</p>	<ul style="list-style-type: none"> <li>• Each clinician working in own “bubble”.</li> <li>• Each clinician responsible for following Public Health Education guidance on PPE for clinical care, including regular hand washing.</li> <li>• Each clinician responsible for regular decontamination of hard services, in addition to daily cleaning.</li> <li>• Hand sanitiser available in each room.</li> <li>• Notices re social distancing/hand washing in each room.</li> <li>• Patients attend consultation unaccompanied where possible.</li> <li>• Extra vigilance of cleaning staff especially on hard surfaces.</li> <li>• Additional cleaning staff hired during pandemic.</li> </ul>	

7. Practice area: Secretarial office (CMC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Social distancing not adhered due to multiple members of staff entering room;</p> <p>Two staff working too close together (less than 2m) and using shared telephone.</p> <p>Risk of whole office infected and disruption to service.</p>	<p>Contamination/infection (airborne and on surfaces)</p>	<ul style="list-style-type: none"> <li>• “Secretarial bubble” created</li> <li>• Restriction on members of staff entering office e.g. clinicians only to enter room after 5pm when staff have left to sign letters, etc.</li> <li>• Filing/action tray on top of filing cabinet beside secretarial office entrance door to be used for anything urgent that clinicians want secretaries to attend to, so that they don’t need to come into the office.</li> <li>• Perspex screens put between desks less than 2m apart.</li> <li>• 2<sup>nd</sup> telephone and telephone point ordered so two staff not sharing phone (installation 1<sup>st</sup> July, 2020).</li> <li>• Hand sanitiser available.</li> <li>• All staff offered masks – can wear in office at their discretion.</li> <li>• Notices – social distancing/hand washing.</li> <li>• Each member of secretarial office responsible for regular decontamination of hard services, in addition to daily cleaning undertaken by domestic staff.</li> <li>• Weekly swab testing of all staff.</li> </ul>	

8. Practice area: Medicals office (UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Two staff working too close together (less than 2m) and using shared telephone.</p> <p>Social distancing not adhered due to multiple members of staff entering small office.</p>	<p>Contamination/infection (airborne and on surfaces)</p> <p>Risk of cross contamination between Medicals staff</p> <p>Risk of Medicals staff being isolated at the same time.</p>	<ul style="list-style-type: none"> <li>• “Medicals bubble” created.</li> <li>• Perspex screen installed.</li> <li>• Staff discretion as to whether wear masks in office.</li> <li>• 2<sup>nd</sup> telephone and telephone point ordered so not sharing phone (installation 1<sup>st</sup> July, 2020)</li> <li>• Laminator moved to Staff Room.</li> <li>• Staff to develop system for clinicians to review//check medical records without entering Medicals office i.e. trays to be placed in each consultation room with tasks for action from “Medicals team” for collection by “Medicals team” at the end of each day when clinicians have left.</li> <li>• Hand sanitiser in room.</li> <li>• Printer shared – to be regularly cleaned by staff.</li> <li>• Weekly swab testing of all staff.</li> </ul>	<p>Issue re staff coming to collect post from duckets?</p>

9. Practice area: Staff Rest room (CMC/UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Social distancing not adhered due to multiple occupancy in room;</p> <p>Staff contaminating surfaces e.g. chairs, tables, etc.</p> <p>Staff eating in contaminated/infected room.</p>	<p>Contamination/infection (airborne and on surfaces.</p> <p>Risk of multiple practice staff being isolated at same time.</p>	<ul style="list-style-type: none"> <li>• Limit number of staff using Staff Room at any one time:               <ul style="list-style-type: none"> <li>- UHC - 4 staff</li> <li>- CMC - 9 staff</li> </ul> </li> <li>• Hand sanitiser available.</li> <li>• Staff using the room to decontaminate hard surfaces opportunistically.</li> <li>• Open windows.</li> <li>• Use Conference room/eat outside/use own room.</li> <li>• Weekly swab testing of all staff.</li> </ul>	

10. Practice area: Staff Kitchen (CMC/UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
<p>Social distancing not adhered due to multiple members of staff in kitchen at same time.</p>	<p>Heavily used areas more likely to present infection transmission risk.</p> <p>Contamination/infection (airborne and on surfaces).</p> <p>Risk of multiple practice staff being isolated at same time.</p>	<ul style="list-style-type: none"> <li>• Limit on number of staff using kitchen at any one time.</li> <li>• Staff advised to bring cold food where possible to reduce microwave use.</li> <li>• Staff encouraged to bring own individual flasks for drinks.</li> <li>• Staff to regularly decontaminate kitchen touch points e.g. kettle, fridge door, cupboard handles, etc.</li> </ul>	

**11. Practice area: Patients/Visitors and Staff toilets (CMC/UHC)**

<b>Hazards identified</b>	<b>Risk to practice staff/patients caused by hazards</b>	<b>Control measures put in place</b>	<b>Further actions required</b>
<p>Multiple occupancy – lack of social distancing.</p> <p>Hand hygiene.</p> <p>Inadequate supplies of soap/ paper towels.</p> <p>Contamination of surfaces e.g. taps, door handles, etc.</p>	<p>Contamination/infection (airborne and on surfaces)</p>	<ul style="list-style-type: none"> <li>• Maximum occupancy limit to ensure social distancing maintained.</li> <li>• Regular replenishment of soap/paper towels.</li> <li>• Hand sanitiser available.</li> <li>• Staff to clean surfaces opportunistically in addition to regular cleaning by domestics.</li> </ul>	

**12. Practice area: Meeting rooms (CMC/UHC)**

<b>Hazards identified</b>	<b>Risk to practice staff/patients caused by hazards</b>	<b>Control measures put in place</b>	<b>Further actions required</b>
<p>Multiple occupancy making social distancing difficult.</p> <p>Contamination of surfaces e.g. meeting table and chairs, flipchart and pens, etc.</p>	<p>Contamination/infection (airborne and on surfaces)</p>	<ul style="list-style-type: none"> <li>• Cancel non-essential meetings;</li> <li>• Hold essential meetings remotely wherever possible;</li> <li>• Hold essential meetings in well ventilated rooms with appropriate distancing in place – limit numbers to essential attendees only plus use video conferencing, etc.</li> <li>• Hold meetings outdoors.</li> <li>• Provide hand sanitiser at meetings</li> <li>• Cancel non-essential training/recruitment practices</li> <li>• Carry out essential training/recruitment by using online e-learning</li> <li>• Air conditioning not to be used.</li> </ul>	



### 13. Practice area: Lifts (CMC/UHC)

Hazards identified	Risk to practice staff/patients caused by hazards	Control measures put in place	Further actions required
Multiple occupancy – lack of social distancing.  Contamination of surfaces e.g. lift touch points, doors, etc.	Contamination/infection (airborne and on surfaces)	<ul style="list-style-type: none"><li>• Limit lift occupancy – prioritise disabled use where necessary.</li><li>• Where possible, disabled/poor mobility patients/visitors to be seen in downstairs consulting rooms at CMC to avoid need to use lift (ideally one of nurse rooms as easy to clean).</li><li>• Regular/ad hoc cleaning of touch points in lift by practice staff.</li></ul>	

/GPB/GP

7<sup>th</sup> July, 2020

[END]