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Criteria for completing a local risk assessment

Primary care and outpatient settings

This risk assessment is based on NHSEI's Primary care and outpatient tool, we gratefully acknowledge their work and permission to modify for use in Wales.

September 2024, Version 2a

Purpose

To support health boards/trusts practices and employers to undertake a local site risk assessment in the context of managing seasonal respiratory viral infections focussing on influenza, SARS- CoV-2 and respiratory syncytial virus (RSV) and any other acute respiratory illness (ARI) based on measures as prioritised in the hierarchy of controls.

This includes:

- A set of risk mitigation measures prioritised in the order: elimination, substitution, engineering, administrative controls, and PPE (including respiratory protective equipment [RPE]).
- Risk assessments must be carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents: this can be the employer, or a person specifically appointed to complete the risk assessment. Communication should take place with employees during this process and on completion of the risk assessment.

The completed risk assessment can be used to populate local risk management systems.

Organisation/practice name	Date of initial assessment	Assessor's name and Job title	Date of review

What are the hazards?	Who might be harmed and how?	Standard required	What further action do you need to take to control risks?
<p>Contracting or spreading seasonal respiratory viral infections:</p> <p>SARs-CoV-2</p> <p>Influenza</p> <p>RSV</p> <p>(and any ARI)</p>	<ul style="list-style-type: none"> • Patients • Staff • Contractors • Visitors 	<p>Variables that impact this risk assessment are:</p> <ul style="list-style-type: none"> • Community prevalence of seasonal respiratory viral infections. • New strains and variants of concern (VOC). • Surveillance of HCAI admissions. • Vaccine uptake in eligible groups. <p>Monitor:</p> <ul style="list-style-type: none"> • Organisational operational capacity, for example: <ul style="list-style-type: none"> ○ Staffing issues ○ Number of face to face contacts ○ Ability to separate/isolate patients including in waiting areas ○ Number of accompanying visitors ○ Cleaning resource 	

What are the hazards?	Who might be harmed and how?	Standard required	What further action do you need to take to control risks?
Contracting or spreading seasonal respiratory viral infections SARs-CoV-2 Influenza RSV (and any ARI)	<ul style="list-style-type: none"> • Patients • Staff • Contractors 	<p>Elimination (physically remove the hazard).</p> <p>Redesign the activity such that the risk of encountering the infection is removed or eliminated.</p> <p>Key mitigations – check systems are in place to ensure:</p> <ul style="list-style-type: none"> • where treatment/consultation is not urgent, consider postponing and rescheduling this until resolution of symptoms and end of any isolation period – providing this does not impact negatively on patient outcomes – or consider virtual alternatives to support diagnosis and treatment such as e-consults or telemedicine. • patients who are known or suspected to be positive with a respiratory pathogen, including SARs-CoV-2 Influenza and RSV and whose treatment cannot be deferred should receive care from services who are able to operate in a way which minimises the risk of spread of the virus to other patients. 	

What are the hazards?	Who might be harmed and how?	Standard required	What further action do you need to take to control risks?
		<p>Patients:</p> <p>Screening, triaging, segregation and testing (as per national guidance Patient testing framework for autumn/winter 2023 (WHC/2023/037) GOV.WALES) is in place for respiratory agents e.g., SARs-CoV-2/RSV/influenza relevant to the setting. This must be undertaken to enable early recognition and to clinically assess patients prior to face-to-face attendance/procedures to identify whether:</p> <ul style="list-style-type: none"> • Patient is fully vaccinated (where appropriate). • Patient has no respiratory symptoms. 	

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		<p>Staff:</p> <p>Check systems are in place to ensure that:</p> <p>Fully vaccinated staff (where appropriate) and students who are identified as a contact of a positive COVID-19 case will no longer be expected to isolate and will be expected to return to work. A4 Branded Word- Infection prevention and Control measures for Acute respiratory Infection for Health and Social Care Settings</p> <ul style="list-style-type: none"> ○ ensure staff working in all clinical areas: ○ are encouraged to be fully vaccinated against key respiratory infections (including COVID-19 and Flu) as advised by public health/occupational health. ○ are asymptomatic. ○ That staff are compliant with the necessary PPE and up to date with IPC training and guidance. ○ Follow their local policy and separate/isolate patients in designated areas. <p>Contractors:</p> <ul style="list-style-type: none"> ● Are asymptomatic when on site. ● Are not to enter an area with infected patients without assessing the risk 	

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Contracting or spreading seasonal respiratory viral infections SARs-CoV-2 Influenza RSV (and any ARI)	<ul style="list-style-type: none"> • Patients • Staff • Contractors 	<p>Substitution (replace the hazard)</p> <p>Replace the hazard with one that reduces the risk.</p> <p>Key mitigations:</p> <p>This is not possible for healthcare to achieve as treatment needs to be carried out, so emphasis needs to be on the mitigating risks on other controls.</p> <p>However, some services may still consider the use of implementing virtual consultations (telephone or video) and offering these where appropriate to patients with a suspected or confirmed respiratory infection.</p> <p>Consider virtual staff or visitor consultation/ meetings where appropriate,</p> <p>Delay non-essential contractor work in areas that have infections</p>	

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Contracting or spreading seasonal respiratory viral infections SARs-CoV-2 Influenza RSV (and any ARI)	<ul style="list-style-type: none"> • Patients • Staff • Contractors 	<p>Engineering (control, mitigate or isolate people from the hazard).</p> <p>Design measures that help control or mitigate risks, such as ventilation, barriers, and screens.</p> <p>Priority should be given to measures that provide collective protection rather than those that just protect individuals or a small group of people.</p> <p>Key mitigations:</p> <ul style="list-style-type: none"> • Ensure adequate ventilation systems are in place, i.e. mechanical/or natural national recommendations for minimum air changes are met as defined for the care area. Ventilation and air conditioning during the coronavirus (COVID-19) pandemic (hse.gov.uk) This should be carried out in conjunction with organisational estates teams/specialist advice from ventilation group and/or authorised engineer on how best to achieve the recommended number of air changes as appropriate. See: Health Technical Memorandum 03-01 Part A (nhs.wales) Health Technical Memorandum 03-01 Part B (nhs.wales) • Identify areas (clinical and non-clinical) which are poorly ventilated or where existing ventilation systems are inadequate. Taking into account size and number of people in the room. • Dilute air with natural ventilation by opening windows and doors where appropriate. 	

		Where a clinical space has very low air changes and it is not practical to increase dilution effectively then consider alternative evidenced based technologies with appropriate professional advice/facilities team where available.	
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Contracting or spreading seasonal respiratory viral infections SARs-CoV-2 Influenza RSV (and any ARI)	<ul style="list-style-type: none"> • Patients • Staff • Contractors 	<p>Administrative controls (change the way people work).</p> <p>Administrative controls are implemented at an organisational level (e.g. the design and use of appropriate processes, systems and engineering controls, and provision and use of suitable work equipment and material) to help prevent the introduction of infection; and to control and limit the transmission of infection in healthcare.</p> <p>Key mitigations – check systems in place to ensure that:</p> <ul style="list-style-type: none"> • there is provision of appropriate infection control education for staff, patients, visitors and contractors. • the provision of additional hand hygiene stations (including alcohol-based hand rub) and signage – to ensure good hygiene practices in staff, patients, and visitors especially at entry and exit points. • screening, triaging and where appropriate testing as per national guidance is undertaken to enable early recognition of seasonal respiratory viral infections - SARs-CoV-2, influenza, and RSV and any ARI.. • for patients who are known or suspected to be positive with a respiratory pathogen and treatment cannot be deferred, care should be provided with services able to operate in a way which minimises the risk of spread of the virus to other patients/individuals. • provide safe spaces for staff break areas and changing facilities. 	

		<ul style="list-style-type: none">• ensure regular cleaning regimes are followed and compliance is monitored including shared equipment inline with cleanliness policy	
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Contracting or spreading seasonal respiratory viral infections SARs-CoV-2 Influenza RSV (and any ARI)	<ul style="list-style-type: none"> • Patients • Staff • Contractors 	<p>Person protective equipment (PPE)/respiratory protective equipment (RPE) (Protect the worker with personal protective clothing)</p> <p>Employers are under a legal obligation – under the control of COSHH regulations, to adequately control the risk of exposure to hazardous substances where exposure cannot be prevented.</p> <p>PPE must be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP and TBPs.</p> <p>PPE is considered to be the least effective measure of the hierarchy of controls. PPE should be considered in addition to all previous mitigation measures higher up in the hierarchy of controls.</p> <p>Key mitigations: Systems in place to ensure that:</p> <ul style="list-style-type: none"> • there is adequate supply and availability of PPE – including RPE – to protect staff, as indicated by PPE guidance. • all staff required to wear RPE for example FFP3 mask or reusable respirators have been fit-tested (this is a legal requirement). • face masks/coverings should be worn by staff and patients in all healthcare facilities as per IPC guidance. • all clinically facing staff (and including those entering a high risk area) are trained in putting on, removing, and disposing of and PPE required. • for reusable PPE there are adequate facilities and protocols for decontamination (cleaning, disinfection etc). The PPE is stored safely and is in good working order. 	
<p>If transmission remains following this risk assessment, it may be necessary to consider universal masking and/or the extended use of RPE (FFP3) for patient care in specific situations e.g. increasing community prevalence and/or VOC</p>			

References and Useful information

[A4 Branded Word](#) – Infection prevention and Control measures for Acute respiratory Infection for Health and Social Care Settings

[NIPCM - Public Health Wales \(nhs.wales\)](#)

[Patient testing framework for autumn/winter 2023 \(WHC/2023/037\) | GOV.WALES](#)

[Advice for health and care staff on respiratory viruses including COVID-19: guidance | GOV.WALES](#)

[Introduction of RSV vaccination programme 2024 \(WHC/2024/032\) \[HTML\] | GOV.WALES](#)

[The national influenza immunisation programme 2024 to 2025 \(WHC/2024/028\) \[HTML\] | GOV.WALES](#)

[Winter respiratory framework 2024 to 2025 \(gov.wales\)](#)

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