Criteria for completing a local risk assessment

Primary care and outpatient settings

This risk assessment is based on NHS England and NHS Improvement's (NHSEI) primary care and outpatient settings risk assessment tool, we gratefully acknowledge their work and permission to modify for use in Wales

21 April 2022, Version 1

Purpose:

To support Health Boards, Practices and employers to undertake a local site risk assessment of their primary care or outpatient settings in the context of managing and preventing seasonal respiratory viral infections of those patients and staff attending the site or department. The focus is on influenza, SARS- CoV-2 and respiratory syncytial virus (RSV), based on the 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?

Contracting or spreading SARs-CoV-2 and other seasonal respiratory viral infections:
Influenza
RSV
	• Patients
	• Staff
	• Contractors
	• Visitors
		Variables that impact this risk assessment are:
		• Community prevalence of infections
		• New variants of concern (VOC)
		• Surveillance of HCAI admissions
		Monitor:
		• Organisational operational capacity, for example:
		  ○ Staffing issues
		  ○ Number of face-to-face contacts.
		  ○ Ability to separate/isolate patients including in waiting areas
		  ○ Number of accompanying visitors	

Contracting or spreading SARs-CoV-2 and other seasonal respiratory viral infections: **Influenza** **RSV**	• Patients • Staff • Contractors • Visitors	**Elimination** (physically remove the hazard) **Redesign the activity such that the risk is removed or eliminated** **Key mitigations** – check systems are in place to ensure that: • 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 COVID-19, 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. See examples of care pathway in IPC guidance here. Consider scheduled appointments with dedicated time slots and examination rooms. **Patients:** Virtual screening, triaging and where appropriate testing is in place for SARs-CoV-2 and other respiratory agents relevant to the setting, e.g. RSV/influenza. This must be undertaken to enable early recognition and to clinically assess patients prior to face to face attendance/procedures to identify whether: • patient is fully vaccinated for COVID-19, Influenza and other respiratory infection • patient has no respiratory symptoms linked to case definition - see COVID 19 case definition here • Ensure accompanying visitors are asymptomatic.	

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		Staff Fully vaccinated staff 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. • See guidance on COVID-19 contacts: guidance for health and social care staff here. • Follow appropriate variant of concern (VOC)-specific guidance for self-isolation. • Testing should be carried out for all healthcare workers as per policy guidelines here. **Ensure staff working in all clinical areas:** • Are encouraged to be fully vaccinated against key respiratory infections (COVID-19, flu) as advised by public health/occupational health • Are asymptomatic • Are compliant with the necessary PPE and up to date with IPC training and guidance **Ensure contractors:** • Are asymptomatic when on site • Are not contacts of a confirmed case of a respiratory virus	
Contracting or spreading SARs-CoV-2 and other seasonal respiratory viral infections: **Influenza** **RSV**	• Patients • Staff • Contractors • Visitors	**Substitution** (replace the hazard) **Replace the hazard with one that reduces the risk** **Key mitigations:** 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. However, some services may still consider the use of virtual consultations (telephone or video) and offering these where appropriate to patients with a suspected or confirmed respiratory infection.	

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Contracting or spreading SARs-CoV-2 and other seasonal respiratory viral infections: **Influenza** **RSV**	• Patients • Staff • Contractors • Visitors	**Engineering** (Control, mitigate or isolate people from the hazard) **Design measures that help control or mitigate risks, such as ventilation, barriers, and screens.** **Priority should be given to measures that provide collective protection rather than those that just protect individuals or a small group of people.** **Key mitigations:** • Ensure adequate ventilation systems are in place, i.e. which meet the national recommendations for minimum air changes by natural and/or mechanical means, as defined for the care area. This should be carried out in conjunction with organisational estates teams or 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. ○ If considering screens/partitions in reception/waiting areas to ensure air flow is not affected and cleaning schedules are in place, consult with appropriate professional advice/facilities teams where available. ○ Ensure clearly directed patient flow through the clinic or medical centre (signage) ○ Where a clinical space has very low air changes and it is not practical to increase dilution effectively then consider alternative technologies with appropriate professional advice/facilities team where available.	

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Contracting or spreading SARs-CoV-2 and other seasonal respiratory viral infections: **Influenza** **RSV**	• Patients • Staff • Contractors • Visitors	**Administrative controls** (Change the way people work) **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 materials) to help prevent the introduction of infection and to control and limit the transmission of infection in healthcare.** **Key mitigations** – check systems are in place to ensure that: • Screening, triaging, and where appropriate, testing are undertaken to enable early recognition of SARs-CoV-2 and other infectious agents (e.g. influenza, RSV) • Separation in space and/or time is maintained between patients with or without suspected respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid cross-over of infectious and non-infectious patients • For patients who are known or suspected to be positive with a respiratory pathogen including SARS-CoV-2 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 • There is provision of appropriate infection control education for staff, patients, and visitors • The provision of additional hand hygiene stations (alcohol-based hand rub) and signage – to ensure good hygiene practices in staff, patients and visitors especially at entry and exit points • Provide safe spaces for staff break areas/changing facilities • Ensure regular cleaning regimes are followed and compliance is monitored including shared equipment Staff and patients should comply with current public health measures including masks/face coverings and physical distancing measures and limiting the number of visitors as appropriate. Masks should be made available.	

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Contracting or spreading SARs-CoV-2 and other seasonal respiratory viral infections: **Influenza** **RSV**	• Patients • Staff • Contractors	**Person protective equipment (PPE)/respiratory protective equipment (RPE)** (Protect the worker with personal protective clothing) **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.** **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. **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.** **Key mitigations:** Systems in place to ensure that: • There is adequate supply and availability of PPE – including RPE – to protect staff, as indicated by PPE guidance • All staff required to wear an FFP3 mask 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 government guidelines • All staff (clinical and non-clinical) are trained in putting on, removing and disposing of PPE • Visual reminders are displayed communicating the importance of wearing face masks, compliance with hand hygiene and maintaining physical distance.	
If transmission remains following this risk assessment, it may be necessary to consider the extended use of RPE (FFP3) for patient care in specific situations			

References and Useful information:

- COVID-19: infection prevention and control (IPC) - GOV.UK (www.gov.uk)
- NIPCM - Public Health Wales (nhs.wales)https://gov.wales/health-professionals-coronavirus
- Operational guidance for healthcare services to assist with preparations for autumn / winter 2021/22 Welsh Government
- Information for Health and Social Care - Public Health Wales (nhs.wales)

- https://www.england.nhs.uk/coronavirus/publication/infection-prevention-and-control-supporting-documentation/