

## Self- assessment tool for NCL GP practices supporting Implementation of Hierarchy of Controls

This self-assessment tool is intended to support and provide a framework for GP practices in NCL to continue delivering high quality primary care services during COVID-19, in a way that is safe for patients and professionals. It allows practices to evidence the layers of IPC measures in place within their organisations and may also highlight areas of increased risk so appropriate mitigations can be implemented.

This is based on the NHSEi framework [C1490-i-every-action-counts-criteria-for-completing-a-local-risk-assessment-primary-community-outpatient.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/media/1262/c1490-i-every-action-counts-criteria-for-completing-a-local-risk-assessment-primary-community-outpatient.pdf) which practices may also wish to refer to.

Measures referenced within this document specifically focus on mitigating the risk of patients, staff and contractors from contracting or spreading SARsCoV-2 and other seasonal respiratory viral infections such as influenza and RSV.

RAG Rating Key	
	Unacceptable risk must be rectified as soon as possible
	Moderate risk should be rectified in the near future
	No risk

- If any Red risks are identified in your assessment, a further IPC review is required. Please send to [ncl.covid-19enquiries@nhs.net](mailto:ncl.covid-19enquiries@nhs.net)
- If any amber risks, please consider how you may rectify these as soon as possible. For further advice you can contact [nelcsu.ipcteam@nhs.net](mailto:nelcsu.ipcteam@nhs.net)
- RPE will be considered where red risks cannot be effectively mitigated using other standard IPC measures following a review by your local IPC team.

**Elimination (physically remove the hazard) Redesign the activity such that the risk is removed or eliminated**

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.

Mitigation	Met? Y/N	Considerations/ links	RAG Rating
Screening, triaging and testing, where available, is in place for SARs-CoV-2 and other respiratory agents relevant to the setting, eg 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: <ul style="list-style-type: none"> <li>• patient is fully vaccinated</li> <li>• patient has no respiratory symptoms / symptoms of COVID-19</li> <li>• patient has not been advised to self-isolate by NHS Test and Trace</li> </ul>		Consider practice policy on screening prior to booking a F2F appointment. Practices may have adopted clinician-first triage system or utilise trained care navigators who are confident in ensuring appropriate screening has taken place.	If the answer is No this is a Green risk
For patients where treatment is not urgent, consider delaying this until resolution of symptoms – providing this does not impact negatively on patient outcomes – or consider virtual alternatives to support diagnosis and treatment.		Utilise telephone/ video consultations where suitable and the remote pulse oximetry pathway for those with COVID-19.	If the answer is No this is a Green risk
Do you follow the NHSE guidance on staff testing regimes and risk mitigations when returning to work after being advised they are a contact of someone with COVID-19?		<a href="#">C1500-letter-updated-uk-hsa-guidance-nhs-staff-student-volunteer-self-isolation-return-to-work-following-covid.pdf (england.nhs.uk)</a>	If the answer is No this is an Amber risk
Do you follow the NHSE guidance on testing regimes and risk mitigation strategies for staff returning to work after completing isolation with COVID-19?		<a href="#">COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK (www.gov.uk)</a>	If the answer is No this is an Amber risk
Do you have a robust process in place to support and monitor compliance with Lateral Flow Device testing for all staff? Is there a local practice SOP?			If the answer is No, this is an Amber risk
Are all staff working who work in clinical areas, fully vaccinated against respiratory infections (including COVID-19) as advised by public health/occupational health?		COVID-19 vaccination is strongly recommended for all staff working in patient facing roles. Influenza vaccination is recommended.	If the answer is No this is a Red risk
Do you ensure all staff attending work are well and asymptomatic?		Maintain a low threshold for advising staff isolate and test	If the answer is No this is a Red risk

**Substitution - Replace the hazard with one that reduces the risk**

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.

Mitigation	Met? Y/N	Considerations/ links	Comments
Do you use virtual consultations (telephone or video) and offer these where appropriate to patients with a suspected or confirmed respiratory infection?			<b>If the answer is no this is a green risk</b>

**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.**

Mitigation	Met? Y/N	Considerations/ links	
Are adequate ventilation systems are in place, i.e. mechanical/or natural ensuring national recommendations for minimum air changes are met as defined for the care area?		Consider the use of CO2 monitor as a proxy measure of ventilation- satisfactory levels are <800ppm at maximum occupation. Recommended air changes in clinical rooms 10 each hour.	<b>If the answer is No this is a Red risk</b>
Have you Identified areas (clinical and non-clinical) which are poorly ventilated or where existing ventilation systems are inadequate?		Consider avoiding/ minimising F2F consultations within these areas particularly for patients with respiratory symptoms.	<b>If the answer is Yes this is an Amber risk</b>
Do you routinely dilute air with natural ventilation by opening windows and doors where appropriate?		Opening windows for a few minutes each hour will improve air exchange when outside temperatures do not allow constant air flow.	<b>If the answer is No this is an Amber risk</b>
Where using screens/partitions in reception/waiting areas have you ensured air flow is not affected and cleaning schedules are in place?			<b>If the answer if No this is an Amber risk</b>
Are waiting areas laid out to support social distancing and easy frequent decontamination i.e. clutter free and wipe clean with defined maximum occupancy?		Current guidance advises social distancing of 1m+ increasing to 2m where patients with respiratory symptoms are cared for. Space markers support patients to distance appropriately.	<b>If the answer is No this is an Amber risk</b>

Are clinical rooms large enough to facilitate social distancing, clutter free and easy to decontaminate with access to appropriate ventilation?			If the answer is No this is a Red risk
Are non-clinical work-spaces following national guidance and 'COVID-secure' with social distancing/ use of screens or barriers and adequate ventilation.		Staff should be advised to wear appropriate face masks when not in an office working alone.	If the answer is No this is an Amber risk

<b>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.</b>			
<b>Mitigation</b>	<b>Met? Y/N</b>	<b>Considerations/ links</b>	
Are you screening, triaging and testing are undertaken, where available, to enable early recognition of SARs-CoV-2 and other infectious agents (e.g. influenza, RSV)?			If the answer is No this is a Red risk
Are you maintaining separation in space and/or time 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?			If the answer is No this is an Amber risk
For patients who are known or suspected to be positive with a respiratory pathogen including SARS-CoV-2 where treatment cannot be deferred, can this be provided in a way that which minimises the risk of spread of the virus to other patients/individuals?		Consider use of a separate waiting area/ waiting in a private vehicle/ outside where able prior to appointment. Such patients should not be re-screened or re-triaged at the door. Practices may make use of an isolation room if they wish; or protected hour-long midday time slots for those with similar symptoms.	If the answer is No this is a Red risk
Is there is provision of appropriate infection control education for staff, patients, and visitors?		Staff training available via weekly webinars <a href="https://www.eventbrite.co.uk/x/ipc-training-for-community-care-settings-tickets-107534510616">https://www.eventbrite.co.uk/x/ipc-training-for-community-care-settings-tickets-107534510616</a> Patient education/ waiting area resources: <a href="https://www.england.nhs.uk/coronavirus/every-action-counts/">Coronavirus » Every action counts (england.nhs.uk)</a>	If the answer is No this is an Amber risk

Is there provision of additional hand hygiene stations (alcohol-based hand rub) and signage – to ensure good hygiene practices in staff, patients and visitors?			If the answer is No this is an Amber risk
Can you provide safe spaces for staff break areas/changing facilities?		Staggered breaks/ reminders of IPC measures in communal areas can mitigate practice outbreaks.	If the answer is No this is an Amber risk
Does the practice ensure regular cleaning regimes are followed and compliance is monitored including shared equipment?		Consider touch point cleaning of high frequency areas.	If the answer is No this is an Amber risk
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.		Current guidance advises social distancing of 1m+ increasing to 2m where patients with respiratory symptoms are cared for. Patients with respiratory symptoms should be supported to wear a Type IIR mask. In times of high prevalence consider offering Type IIR masks to all patients attending practices	If the answer is No this is an Amber risk

<b>Person protective equipment (PPE)/respiratory protective equipment (RPE) (Protect the worker with personal protective clothing)</b>			
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.			
Mitigations	Met? Y/N	Considerations/ links	
Is there is adequate supply and availability of PPE to protect staff, patients and visitors as indicated by PPE guidance?		Accessed via NHS portal Review maximum order limits and consider need for more than this. <a href="#">PPE portal: how to order COVID-19 personal protective equipment (PPE) - GOV.UK (www.gov.uk)</a>	If the answer is No this is a Red risk
Face masks/coverings should be worn by staff and patients in all healthcare facilities as per government guidelines.			If the answer is No this is an Amber risk
Are all staff (clinical and non-clinical) are trained in donning and doffing of PPE?		NEL CSU can support this training <a href="https://www.eventbrite.co.uk/x/ipc-">https://www.eventbrite.co.uk/x/ipc-</a>	If the answer is No this is an Amber risk

		<a href="#">training-for-community-care-settings-tickets-107534510616</a>	
Respirator masks must only be used for aerosol generating procedures. Practices must identify the aerosol generating procedures they undertake. Has the use of respirator masks in the practice been risk assessed? Are all staff who are required to wear respirator masks been Fit tested?		It is a legal requirement for those using FFP2/3 masks to be FIT tested <a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/uk-ipc-cell-consensus-statement-in-response-to-the-emergence-of-the-omicron-variant-of-sars-cov-2">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/uk-ipc-cell-consensus-statement-in-response-to-the-emergence-of-the-omicron-variant-of-sars-cov-2</a>	If the answer is No this is a Red risk
Are there visual reminders are displayed communicating the importance of wearing face masks, compliance with hand hygiene and maintaining physical distance for patients, staff and visitors?			If the answer is No this is an Amber risk

If you have any other concerns regarding IPC measures specific to your organisation not covered elsewhere in the risk assessment, please outline them here.

Through rigorous application of the hierarchy of controls most primary care facilities can be confident that they can safely manage the care needs of their population whilst minimising the risk of transmission of seasonal respiratory infections to patients, staff and visitors. If transmission risk remains significant following this risk assessment, it may be necessary to consider the extended use of Respiratory Protective Equipment (FFP3) for patient care in specific situations when seeing patients with suspected or confirmed respiratory infections. A further assessment of IPC measures in place at your practice can be arranged with support provided to minimise ongoing risk.

## Appendix: Reference documents

### Infection Control:

[Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/infection-prevention-and-control-for-seasonal-respiratory-infections-in-health-and-care-settings-including-sars-cov-2-for-winter-2021-to-2022)

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/uk-ipc-cell-consensus-statement-in-response-to-the-emergence-of-the-omicron-variant-of-sars-cov-2>



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<https://www.england.nhs.uk/coronavirus/publication/updated-uk-health-security-agency-guidance-on-nhs-staff-student-and-volunteer-self-isolation-and-return-to-work-following-covid-19-contact/>

[C1490-i-every-action-counts-criteria-for-completing-a-local-risk-assessment-primary-community-outpatient.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/publication/c1490-i-every-action-counts-criteria-for-completing-a-local-risk-assessment-primary-community-outpatient.pdf)

[C1500-letter-updated-uk-hsa-guidance-nhs-staff-student-volunteer-self-isolation-return-to-work-following-covid.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/publication/c1500-letter-updated-uk-hsa-guidance-nhs-staff-student-volunteer-self-isolation-return-to-work-following-covid-19-contact/)

[COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-management-of-staff-and-exposed-patients-or-residents-in-health-and-social-care-settings)

### Testing

<https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing/antibody-testing-to-check-if-youve-had-coronavirus/>

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing/get-tested-for-coronavirus/>

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing/regular-rapid-coronavirus-tests-if-you-do-not-have-symptoms/>

### Remote working

[NCL remote-working user guides](#)

[Remote working using Windows virtual desktops](#)