# CLINIC RISK ASSESSMENT

# *Coronavirus*

**Guidance**:

* You may already have completed a risk assessment. If so, perhaps this form offers some extra thoughts. Use it in any way you wish.
* Risk assessments do NOT have to be complicated. The purpose is to ensure you have thought through the dangers and done something to mitigate risk. Complicated forms tend to be produced by consultants who have to justify their fee (think back to GDPR!). The HSE example form is very simple (www.bit.ly/HSE-Risk)
* Unless you have 5 or more employees, you do NOT have to have a written risk assessment. Nevertheless, it's recommended that you do.
* This form is just a suggested way to carry out your assessment. You should not simply copy it without thinking it through - you need to ensure that it covers risks particular to your own practice. Add bits, delete bits as you see fit. Or, if it's really exactly what you need, use it as it is.
* The "Actioned" column can be used as check boxes, or you could enter a date when the control measure was implemented.

## CORONAVIRUS RISK ASSESSMENT

## Clinic name:       Assessment carried out by:

## Date assessment was carried out:       Date of next review:

| Identification of Those at Risk | Risk Areas |
| --- | --- |
| Practitioner(s)  Receptionist(s)  Patient(s)  Cleaner(s)  Workmen (plumbers, electricians...)  Other: | Contact surfaces:  Gate latch  Doorbell  Door handles  Credit card machine  Chairs  Banisters  Shared crockery  Cooking equipment (microwave, kettle, cutlery)  Plinth  Tables and desks  People (patients, staff, practitioners...)  Clinic equipment (sphygs, stethoscopes etc)  Airborne virus particles (normal exhalation of breath) |
| ***Note: Treatment techniques do not increase the risk of airborne contamination*** | |

| All Staff (Practitioners and Receptionists) | |  |
| --- | --- | --- |
| **Risks** | **Risk Control** | **Actioned** |
| Practitioners and receptionists are likely to encounter each other in the reception room, communal passageways and in other communal areas (eg lunch room)  They are also likely to use communal facilities such as toilets. | 1. Practitioners and receptionists must wear Type II R masks when in any communal areas |  |
| 2. 2m separation to be maintained |  |
| 3. Staff instructed to sanitise flush handles and taps after use |  |
| 4. Paper hand towels to be used in toilets |  |
| 5. Reminder notices visible in all communal areas |  |
| 6. Hand gel available in all communal areas/soap in toilets |  |
|  |  |

| Patients | |  |
| --- | --- | --- |
| **Risks** | **Risk Control** | **Actioned** |
| Patients could be infected  Patients might pass others on entry/exit to clinic  More than one patient in waiting room  Patients might touch contaminated surfaces (contact points)  Close contact with practitioners during treatment | 1. Pre-screen patients to minimise infection risk |  |
| 2. Practitioners to ensure no crossing in communal passageways |  |
| 3. Waiting room seats 2m apart |  |
| 4. Paper hand towels to be used in toilets |  |
| 5. Reminder notices visible in all communal areas |  |
| 6. Hand gel available prior to/after touching gate latch/door handle/doorbell |  |
| 7. Receptionist to sanitise card machine after use (or fees taken through online system) |  |
| 8. Receptionists to insist on mask-wearing and distancing |  |
| 9. Reminder emails to include need for adequate control measures |  |
| 10. Practitioners to wear Type II R masks |  |
| 11. Practitioners to wipe down all treatment room contact points with soapy water |  |
| 12. Last staff member to leave "fogs" premises/own treatment room at end of day |  |
| 13. Windows to be opened slightly between patients to improve air circulation |  |
| 14. Adjust appointment start times to minimise crossover |  |
| 15. Separate entry/exit routes |  |

| Practitioners | | |  |
| --- | --- | --- | --- |
| **Risks** | **Risk Control** | **Actioned** | |
| Meet patients in reception area  Close contact treatment  Shared facilities in kitchen/rest area | 1. Patients to wear Type II R masks (provided, or required) |  | |
| 2. Practitioners to sanitise hands before and after treatments |  | |
| 3. All crockery to be washed in soap/placed in dishwasher |  | |
| 4. Contact points in shared facilities to be wiped down after use (taps, kettle, etc) |  | |
| 5. Wipes (alcohol- or soap-based) to be provided |  | |
| 6. PPE in accordance with current guidance to be worn during treatments |  | |
| 7. Separate entry/exit routes |  | |

| Receptionists | | |  |
| --- | --- | --- | --- |
| **Risks** | **Risk Control** | **Actioned** | |
| Encounter patients in reception area | 1. Perspex screens in place |  | |
| 2. Receptionists to wear Type II R masks in presence of patients |  | |
|  |  | |

| Cleaner(s) | | |  |
| --- | --- | --- | --- |
| **Risks** | **Risk Control** | **Actioned** | |
| Encounter staff or patients  Contact with contaminated surfaces | 1. Ensure cleaners do not enter building when in use |  | |
| 2. Cleaners to wear gloves and masks |  | |
| 3. All contact surfaces to be wiped down with soapy water |  | |

| Contractors/Workmen | | |  |
| --- | --- | --- | --- |
| **Risks** | **Risk Control** | **Actioned** | |
| Encounter staff or patients  Contact with contaminated surfaces | 1. Ensure contractors do not enter building when in use unless essential |  | |
| 2. Contractors to wear gloves and masks |  | |
| 3. Contractors only to move through/work in unoccupied areas |  | |