

Covid-19 Return to Face to Face Risk Assessment V.1.0 Greenwich and Moorgate



Clinic Name	PelviCare	Review	31/08/2020	Reason for Assessment	Covid-19 – Return to Face to Face Practice
Assessor Name	Magdalena Wisniewska			Date of Assessment	12/07/2020
Person(s) at Risk	Patients, Visitors, Chaperons, Practitioner, Management Team				

Likelihood of Risk – Frequency Risk Score (F)		Potential Consequence – Severity Risk Score (S)	
1	Rare	1	Negligible
2	Unlikely	2	Minor
3	Possible	3	Moderate
4	Likely	4	Major
5	Almost Certain	5	Catastrophic

Risk Rating (R) = F x S

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Consequences	Catastrophic 5	5	10	15	20	25
	Major 4	4	8	12	16	20
	Moderate 3	3	6	9	12	15
	Minor 2	2	4	6	8	10
	Negligible 1	1	2	3	4	5

Tolerability of Risk Post-Control/Mitigation

Risk Rating (R)	Action to be taken
15 - 25	Do not continue with activity; attempt further mitigation with controls
6 - 14	Take action to improve and reassess after additional controls; consider criticality of activity if no further mitigation possible
1 - 5	No further action required; ensure controls are maintained; reassess as necessary in the event of change

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Risk No	Hazard(s)	Risk / Harm Potential	Without Controls			Control measures in place	After Controls		
			F	S	R		F	S	R
1	Clinically, extremely vulnerable patients	Patients/staff at greater risk of significant health issues if Covid-19 is contracted	4	4	16	Clinically, extremely vulnerable Patients will be refused F2F at point of screening/appointment request and telehealth will be offered.	1	3	3
2	Staff and patients travelling to and from clinic	Exposure to the disease is increased if this distance is not maintained.	3	3	9	Practitioner must travel to work in non-uniform, avoid public transport and the use of a shared vehicle. Patients must also travel to the clinic avoiding public transport and sharing vehicles. Both patient and practitioner must wear a mask if they need to use public transport, and must maintain social distancing.	2	2	4
3	Staff returning to work	Risk to personal health due to reduced social distancing; risk to patients if symptomatic; potential risk to pandemic controls	3	3	9	Practitioner must ensure that they are free of Covid-19 symptoms, and must maintain daily temperature readings before coming to work. If a practitioner without PPE comes into contact with anyone with someone displaying symptoms of COVID-19, they must notify all patients at risk and self-isolate for 7 days. If the practitioner comes into contact with a patient, who later develops symptoms of COVID-19, they do not have to self-isolate. This is because practitioners will be wearing full PPE.	2	2	4
4	Clinic site attributes – Greenwich	Location, facilities, space/capacity, communal areas, shared occupancy with other businesses	4	4	16	Closure of waiting areas – we will ensure a 15-minute gap between patients is implemented, to avoid patient crossover. The door to the building will be kept closed - no walk-ins. The pilates/yoga studio on the 2nd floor will be open, with limited capacity. On the first floor, 2 treatment rooms will be in use (1:1 sessions) The toilet for patients is located on first floor. For practitioners, this is on second floor.	1	2	2

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5	Clinic site attributes - Moorgate	Location, facilities, space/capacity, communal areas, shared occupancy with other businesses	4	4	16	A 15-minute gap between patients will be implemented to avoid patient crossover. Reception/waiting area open. Door to the building open. Closed after 6pm.	2	2	4
6	Access and egress - Greenwich	Shared occupancy or facilities, appointment timing, increased risk of social distancing failures, control of symptomatic visitors	4	3	12	Door will be closed to avoid walk-ins. Patients will need to call via the intercom, no earlier than 5 minutes before appointment, in order to enter the building. A one-way system cannot be adopted. Only 1 patient will be in the treatment room at one time. Appointments have a 15-minute gap for cleaning and to ensure the patient has left safely.	2	2	4
7	Access and egress - Moorgate	Shared occupancy or facilities, appointment timing, increased risk of social distancing failures, control of symptomatic visitors	4	3	12	Door open. Patient must come no earlier than 5 minutes before appointment, and can use the waiting area to be called in. A one-way system cannot be adopted. Only 1 patient in the treatment room at one time. Appointments have a 15-minute gap between each, to give time for cleaning and to ensure the patient has left safely.	2	2	4
8	Clinic space/capacity	Over-occupation of premises, increased risk of spreading or contracting of Covid-19	4	4	16	Chairs to be positioned 2 meters away from practitioner at the computer. Chairs will be plastic, wipe-down only. No screens will be in place. Masks, aprons and goggles will be used by the practitioner, and masks by the patients.	2	2	2

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9	Staff culture	Non-compliance with procedures; employee tiredness; reduced risk perception leading to shortcuts in safety procedures	2	4	8	Practitioner is briefed and is aware of the safety procedures in place, including those relating to PPE. Cleaning procedure checklist in the treatment room will be provided.	2	2	4
10	Workstations/computers/tablets	Surface contamination transfer of Covid-19 virus	4	4	16	Surfaces: desk, chairs, treatment table, pillow cover, door handles must be cleaned with antibacterial wipes/ disinfectant spray after every patient appointment. Ensure that every part of the item is cleaned thoroughly.	1	2	4
11	Personal belongings	Risk of cross infection from contaminated items in shared storage areas, lockers	3	4	12	The practitioner must bring a wipe-clean bag only. No fabric bags will be used on site. The patients' bags will have designated place in the treatment room, which will be cleaned between each appointment.	1	2	2
12	High traffic areas -Greenwich	Surface transfer throughout the premises, especially waiting/communal areas; doors, toilets; staff-rooms.	4	4	16	High traffic areas, such as waiting rooms and reception, will remain closed. The toilet will be cleaned after each patient use. Cleaning of handrails, door handles and intercom in the high traffic areas will be completed after each patient appointment.	1	2	2
13	High traffic areas - Moorgate	Surface transfer throughout the premises, especially waiting/communal areas; doors, toilets; staff-rooms.	4	4	16	High traffic areas, such as waiting rooms and reception, will remain open. The toilet will be cleaned regularly by a professional cleaner. Cleaning of handrails, door handles and the lift (within the high traffic areas) will be completed regularly by a professional cleaner.	2	2	4

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14	Infection Prevention and Control (IPC) - Greenwich	Risk of contamination of surfaces and equipment	5	5	25	All surfaces to be de-contaminated with antibacterial wipes/ disinfectant spray after each appointment. All high traffic and key contact areas of the building must also be de-contaminated after each appointment. Windows /door will be open where possible to ensure adequate ventilation.	1	3	3
15	Infection Prevention and Control (IPC) - Moorgate	Risk of contamination of surfaces and equipment	5	5	25	All surfaces to be de-contaminated with antibacterial wipes/ disinfectant spray after each appointment. All high traffic and key contact areas of the building will be cleaned regularly by professional cleaner. The door will be open during break to ensure adequate ventilation.	2	2	4
16	Stress and wellbeing	Mental health wellbeing, feelings of isolation, concerns over pandemic	3	3	9	Stress and poor wellbeing may lead to the disregard to PPE and self-care of the practitioner. If the signs of stress are seen, practitioners will be directed to the services of a mental health nurse for support.	2	1	2
17	Clinical uniform	Risk of cross infection despite the use of PPE	4	4	16	All uniforms must be cleaned at 60 degrees, following guidance on the washing label. Uniform must not be worn to and from the clinic. Aprons must be worn for each appointment, and disposed of after each use.	2	2	4
18	Toilets - Greenwich	Risk of infection from contaminated surface, reduced social distancing	5	5	25	Toilets are available to patients on the first floor, separate from the practitioners' facilities on the second floor. The practitioner will wipe all surfaces after each patient use.	2	2	4
19	Toilets - Moorgate	Risk of infection from contaminated surface, reduced social distancing	5	5	25	Toilets are available to patients on each floor. A professional cleaner will be cleaning the toilets regularly.	2	2	4

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20	First aid/basic life support in emergency circumstances	Risk of cross infection	2	5	10	Any medical emergency must follow standard protocol with a 999 call being made if required. For basic first aid, the practitioner will aid the patient to assist himself and provide resources from the first aid kit. The practitioner must treat within their skill grade of life support and commence CPR compression, only if they feel comfortable and are wearing PPE to at least L2. Ventilations and further ALS measures should only begin when assistance has arrived, and then wearing PPE L3. At this time, if not wearing PPE L3, (AGP PPE) retreat to a safe distance of 2 meters.	1	2	2
21	Emergency procedures	Social distancing procedures	1	3	3	In the event of an emergency evacuation, practitioners must provide the patient with clear instructions and prioritise safety during incidents. For example, in an incident of fire, people do not have to stay 2 meters apart, as this would be unsafe.	1	3	3
22	Deliveries	Maintaining social distancing and integrity of access/egress and escape routes	1	4	4	No deliveries of parcels will take place. Post must be placed through the letter box and the practitioner/receptionist must remove this from the floor and leave in reception for management to deal with.	1	2	2
23	Occupational hazards	Skin exposure, dermatitis additional use of hand sanitisers, washing	3	2	6	Practitioner will be provided with hand cream.	1	1	1

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24	Personal Protective Equipment - PPE	Risk of cross infection	3	4	12	PPE to be used during appointment by the practitioner. To include: gloves, apron, and mask. Gloves and apron to be disposed of after each patient use and mask changed when needed. Patients are required to wear a disposable mask during the appointment, provided by the clinic. PPE to be disposed of immediately after each patient and as per 'clinical waste' protocol. Practitioners trained in the donning and doffing of PPE.	1	2	2
25	Hand Hygiene - Patients	Risk of cross infection	1	4	4	Hand sanitizer placed at the entrance/exit of the clinic, as well as in the treatment room and the bathroom. Patients need to either wash their hands or sanitise with hand sanitiser, after entering, and before exiting the building.	1	2	2
26	Hand Hygiene - Practitioner	Risk of cross infection	1	4	4	Practitioner will wash hands for 20 seconds with water and soap and will dry them with disposable paper towels. Hand sanitiser will be in use during the appointment, before treating the patient.	1	2	2
27	Patient Triage (F2F vs Telehealth)	Patients/staff at greater risk of significant health issues if Covid-19 is contracted	3	4	12	Appointments face-to-face will only be offered in line with The Chartered Society of Physiotherapy (CSP) and Public Health England (PHE) advice. Telehealth appointments will remain an option for all patients.	1	1	1
28	Informed Consent and Screening for Covid-19 Symptoms	Patients/staff at greater risk of significant health issues if Covid-19 is contracted	3	4	12	Practitioners must document that they informed the patient of any risk associated with attending the clinic. Patient needs to sign informed consent as confirmation of understanding all associated risks. Patients will be screened for Covid-19 symptoms, before every appointment at the clinic.	1	1	1