

## **OMAGH CHIROPRACTIC CLINIC RISK ASSESSMENT COVID-19 INFECTION RISK**

### **Rationale for Risk Factors**

COVID-19-19 transmission risk mainly arises from:

Contact

Contaminated surfaces

Droplet spread

e.g. coughs and sneezes

### **Who might be harmed?**

Risk assessment for COVID-19 infection risk is to avoid harm to Staff (Employed and Self Employed), Patients, Cleaners, Contractors and any other visitor

### **How might they be harmed?**

Risk assessment for COVID-19 infection risk is to reduce the potential for an individual coming into contact with COVID-19 virus

B	STAFF EDUCATION				
	MITIGATING ACTIONS TO TAKE	RISK FACTOR MITIGATED	RESPONSIBLE PERSON	ACTIONED BY WHEN?	DATE COMPLETED
	<p>Communication: All staff have read and are educated about COVID 19 as per "Corona virus resource centre information". All staff have regular communication reminded them to follow all policies and procedures including cleaning of equipment and of hands.</p>	X	Dermot Gillan	28/05/2020	28/05/2020
	<p>Training: All members of staff have read this risk assessment, including all related policies and procedures about minimising the risk of COVID 19 spread. They have provided written confirmation saying so.</p> <p>Travel to and from work: All staff will be travelling alone by car, and not using public transport.</p> <p>PPE: All Chiropractors and massage therapists will use single use aprons and gloves. They may use single-session masks and visors (at their and the patients discretion). All staff have read procedures about putting on and taking off PPE. All single use PPE is disposed of between patients and new PPE put on ready for the next patient. Used PPE is disposed of in clinical waste bins and collected by a clinical waste company.</p> <p>Hygiene procedures. All staff will wash hands or use hand sanitiser between patients. All staff will get changed into clean work clothes when they arrive to work. Wear short sleeves, no ties. They will regularly spray and clean any surfaces that are in contact with members of the public. Soft fabric surfaces (chairs and bench covers) will not be used. Single use gloves and aprons are being used. Single session masks and visors may be used if deemed necessary. There are no changing facilities.</p>	X	"	"	"

	Information displayed: There are posters upon entry to the building warning not to enter further if they have displayed any symptoms of COVID 19. There are posters advising patients to wait in their car, until 5 minutes before their appointment. There are hand washing posters in the bathroom. There are posters for practitioners about donning and doffing PPE correctly				
<b>C</b>	<b>HR CONSIDERATIONS</b>				
	<b>MITIGATING ACTIONS TO TAKE</b>	<b>RISK FACTOR MITIGATED</b>	<b>RESPONSIBLE PERSON</b>	<b>ACTIONED BY WHEN?</b>	<b>DATE COMPLETED</b>
			Dermot Gillan	28/05/2020	28/05/2020
	Staff return to work criteria: All staff have read the clinic policy on what to do if they suspect they have COVID 19. All staff have read the clinic policy about returning to work after contracting COVID 19. In both instances they will follow strict rules and guidelines as stated by Public Health England titled "Guidance: COVID-19: management of exposed healthcare workers and patients in healthcare settings"				
	Mental Health: It is acknowledged that this is a vulnerable time for many people's mental health. All members of staff who are struggling will be supported and directed to the appropriate resources for help.				
<b>D</b>	<b>GENERAL CLEANING PRINCIPALS</b>				
	<b>MITIGATING ACTIONS TO TAKE</b>	<b>RISK FACTOR MITIGATED</b>	<b>RESPONSIBLE PERSON</b>	<b>ACTIONED BY WHEN?</b>	<b>DATE COMPLETED</b>
	Cleaning Policies and Surface Sanitising: Staff will clean all reusable clinical equipment and clinical surfaces between patients using disposable cloths/paper towels and a fresh solution of general purpose detergent, or wipes/sprays with at least 70% isopropyl alcohol. Disposable cloths/sprays will go into clinical waste after cleaning. At the end of their shift, staff will do a deep clean of all used surfaces of the entire clinic. The clinic will be ventilated by opening the front and back doors. Clinical waste bins are being used.		Dermot Gillan	28/05/2020	28/05/2020

	Review Materials used in clinic: No fabric chairs or bench coverings will be used for the foreseeable future. All soft toys and children area have been removed.				
	Hand hygiene: All staff will follow hand washing advice as set out by Public Health Association. Hand washing posters are present in the bathrooms. Gloves will be worn for patient contact and changed for each patient.				
	Respiratory and cough hygiene – ‘Catch it, bin it, kill it’ Tissues will be easily accessible, foot operated clinical waste bins and hand hygiene facilities available.				
<b>E</b>	<b>PATIENT, STAFF AND VISITORS ENTRANCE TO THE CLINIC</b>				
	<b>MITIGATING ACTIONS TO TAKE</b>	<b>RISK FACTOR MITIGATED</b>	<b>RESPONSIBLE PERSON</b>	<b>ACTIONED BY WHEN?</b>	<b>DATE COMPLETED</b>
	Patient Triage: Patients will be screened over the phone at the time of booking to a) ensure they have no COVID 19 symptoms in the past 14 days, b) they are not in a high risk category of COVID 19 complications c) they deem themselves in urgent need of treatment. The phone administrator and the practitioner both have the right to refuse face to face treatment if they deem the risk of COVID 19 to the patient or practitioner is too high.		Dermot Gillan	28/05/2020	28/05/2020
	Screening and Classification: See above				
	Payment: Patients will be encouraged to pay for their appointment using contactless where possible (limit is now 45 pounds).				
	Reduce Footfall: There will be one Chiropractor on site. Patients waiting for their appointment will wait outside or in their car until 5 minutes before their appointment. Patients will not be allowed to bring family or spouses inside the clinic (unless the patient is a child)  Timetable: The first hour of a morning and afternoon shift will be reserved for patients who are deemed at more vulnerable/ higher risk of COVID 19 complications. This is deemed the safest times of the day as they have followed a deep clean at the end of the previous shifts.				
	Patient Education: Information about the measures we have taken to mitigate risk and our updated policies and procedures will be on the website and on appointment criteria for all to read should they wish.				

	Hand hygiene: Hand sanitiser will be placed in each treatment room, near the entrance and exit of the building and patients will be encouraged to use it.				
<b>F</b>	<b>RECEPTION AREA</b>				
	<b>MITIGATING ACTIONS TO TAKE</b>	<b>RISK FACTOR MITIGATED</b>	<b>RESPONSIBLE PERSON</b>	<b>ACTIONED BY WHEN?</b>	<b>DATE COMPLETED</b>
	Reduced Footfall: Appointment times will be spaced appropriately to allow for no patient to patient interaction too minimal patient to patient interaction (which if occurs will be within social distancing guidelines).				
	Patient Education: Public Health Association posters are being displayed as appropriate around the clinic.				
	Physical changes: There will be no toys, pamphlets nor magazines in the clinic. There will be no refreshments or food for patients. There will be no linen hand towels, just disposable paper towels which must go into clinical waste.				
	Hand hygiene: Hand washing posters are displayed near sinks. Hand sanitisers are available.				
<b>G</b>	<b>WASHROOMS</b>				
	<b>MITIGATING ACTIONS TO TAKE</b>	<b>RISK FACTOR MITIGATED</b>	<b>RESPONSIBLE PERSON</b>	<b>ACTIONED BY WHEN?</b>	<b>DATE COMPLETED</b>
	Enhanced Cleaning policies: No linen hand towels to be used to dry hands, just paper towels. Patients will not be encouraged to use the bathrooms. If they do, it will be cleaned by the practitioner afterwards using disposable cloths/paper towels and a fresh solution of general purpose detergent, or wipes/sprays with at least 70% isopropyl alcohol. Disposable cloths/sprays will go into clinical waste after cleaning. Bathroom bins will be emptied at the end of each shift.		Dermot Gillan	28/05/2020	28/05/2020
	User Education: Public Health association posters displayed in bathrooms.				
<b>H</b>	<b>STAFF ROOMS</b>				
	<b>MITIGATING ACTIONS TO TAKE</b>	<b>RISK FACTOR MITIGATED</b>	<b>RESPONSIBLE PERSON</b>	<b>ACTIONED BY WHEN?</b>	<b>DATE COMPLETED</b>

	<p>Reduced Footfall: we will encourage one staff member to be allowed in staff room at a time.</p> <p>Cleaning Policy: No linen hand towels to be used to dry hands, just paper towels. Staff room surfaces cleaned at the end of shift using disposable cloths/paper towels and a fresh solution of general purpose detergent, or wipes/sprays with at least 70% isopropyl alcohol. Disposable cloths/sprays will go into clinical waste after cleaning. Bins must be emptied at the end of each shift and put in clinical waste bin. No cups, mugs, bowls or cutlery will be supplied, they must be brought from home</p>		Dermot Gillan	28/05/2020	28/05/2020
I	<b>THE TREATMENT ROOM</b>				
	<b>MITIGATING ACTIONS TO TAKE</b>	<b>RISK FACTOR MITIGATED</b>	<b>RESPONSIBLE PERSON</b>	<b>ACTIONED BY WHEN?</b>	<b>DATE COMPLETED</b>
	<p>Physical changes: No linen towels to be used during treatments, just paper roll. Patients will not get changed before or after treatment. Unessential clinical equipment will be stored away to keep surfaces free of clutter and minimise cleaning. Multi-use equipment (machines, activator massage bottles, boxes) must be cleaned after every patient using disposable cloths/paper towels and a fresh solution of general purpose detergent, or wipes/ sprays with at least 70% isopropyl alcohol. Disposable cloths/sprays will go into clinical waste after cleaning. Separate clinical waste bins are being used. Door handles will be cleaned using the same above methods. There will be no fabric chairs nor bench covers. Benches will be thoroughly cleaned between patients using the same cleaning methods as above.</p>		Dermot Gillan	28/05/2020	28/05/2020
	<p>Personal Protective Equipment for staff and patients: As per British Chiropractic PPE guidelines, fresh gloves and fresh aprons will be put on for every patient and disposed of immediately after. Masks are available at the practitioner's discretion (eg when seeing "at risk" groups or if they deem themselves to be "at risk"). Masks will be offered to each patient on entry to the building should they wish to use it. Used PPE must be disposed of as clinical waste immediately after use.</p> <p>Use and training: Staff have received adequate training about putting on and taking off PPE.</p> <p>Storage: PPE will be stored close to where it's needed for intended use. Expiry dates will be adhered to.</p>		Dermot Gillan	28/05/2020	28/05/2020
	<p>Work Clothing: Practitioner will be encouraged to change into work clothes when they arrive at work and change again before they leave. Must wear short sleeves.</p>		Dermot Gillan	28/05/2020	28/05/2020
	<p>Staff Education:Public Health association posters displayed around the clinic</p>				

	Cleaning Protocols: Staff will clean all reusable clinical equipment and clinical surfaces between patients using disposable cloths/paper towels and a fresh solution of general purpose detergent, or wipes/sprays with at least 70% isopropyl alcohol. Disposable cloths/sprays will go into clinical waste after cleaning. Bins will be emptied and put in clinical waste at the end of the shift. Door handles will be cleaned using the same above methods.				
<b>J</b>	<b>CLINICAL CONSIDERATIONS</b>				
	<b>MITIGATING ACTIONS TO TAKE</b>	<b>RISK FACTOR MITIGATED</b>	<b>RESPONSIBLE PERSON</b>	<b>ACTIONED BY WHEN?</b>	<b>DATE COMPLETED</b>
	Manual Technique Selection: Practitioner must use their judgement when choosing what technique to use. They will consider the risk with supine treatments and consider the use of masks. They may consider that massage is not effective with gloves on, including the fact that the patient will not get changed. They will sanitise all equipment after each patient encounter (massage bottles, activator, machinery, boxes)		Dermot Gillan	28/05/2020	28/05/2020
	Paediatrics: Only urgent appointments will be seen face to face. Staff will take into consideration the ability of the patient to control coughing and use of masks and visors as extra precaution				
	Geriatrics: Staff will consider risk of complications of COVID 19 with these patients and if at all possible avoid face to face treatment, offering phone advice instead. Staff will inform patients of such risks before booking face to face treatment and only urgent case will be seen. Face to face appointments will be offered during the first hour of the AM or PM shift for geriatric patients as this is deemed the least risk of coming into contact with COVID 19 following the deep clean of the clinic from the shift before. Masks will be worn to protect the patient further.				
	Intra-oral Techniques: Staff will use mask and second pair of gloves.				
	Consent: All staff will confirm that the patient does not have COVID 19 symptoms prior to treatment, and that the patient understands the risk of face to face appointments.				

K	POST TREATMENT				
	MITIGATING ACTIONS TO TAKE	RISK FACTOR MITIGATED	RESPONSIBLE PERSON	ACTIONED BY WHEN?	DATE COMPLETED
	Payment: Should a patient require another appointment, staff can book this with the patient present. Otherwise the patient can book via the phone when at home. The patient will be encouraged to leave after treatment and not linger in the clinic.		Dermot Gillan	28/05/2020	28/05/2020
	Hand hygiene: patients will be encouraged to use hand sanitiser as they exit the building.				
	Patient Education: Public Health Association posters are displayed around clinic. There are further posters displaying information about new polices and procedures.				



A GENERAL RISKS LEVELS BEFORE MITIGATIONS					
	RISKS FACTORS TO CONSIDER	LEVEL OF RISK PRIOR TO PRECAUTIONARY/MITIGATING ACTION TAKEN			
		VERY LOW	LOW	MEDIUM	HIGH
1	Patient / Public facing interaction				X
2	Ability to maintain social distancing at work				X
3	Number of different people sharing the workplace				X
4	Travel to and from work		X		
5	Workplace entry and exit			X	
6	Availability and use of PPE				X
7	Ability to Maintain hand/other hygiene			X	
8	Workplace environment cleanliness/control			X	
9	Ability to avoid symptomatic people				X

L GENERAL RISK LEVELS AFTER MITIGATIONS					
	RISKS FACTORS TO CONSIDER	LEVEL OF RISK AFTER PRECAUTIONARY/MITIGATING ACTION TAKEN			
		VERY LOW	LOW	MEDIUM	HIGH
1	Patient / Public facing interaction		X		
2	Ability to maintain social distancing at work			X	
3	Number of different people sharing the workplace		X		
4	Travel to and from work		X		
5	Workplace entry and exit		X		

6	Availability and use of PPE		X		
7	Ability to Maintain hand/other hygiene		X		
8	Workplace environment cleanliness/control		X		
9	Ability to avoid symptomatic people		X		