

Risk assessment: Darwin Medical Practice
Date of risk assessment: May 2020 **Updated** 25.06.20 following primary care guidance

What are the hazards?	Who might be harmed and how?	What are we already doing?	Do we need to do anything else to control this risk?	Action by who?	Action by when?	Done
Risk of infection – cross contamination in the workplace	Staff and visitors pick up and spread germs from surfaces, contact	<ul style="list-style-type: none"> • Usual infection control measures in place • Regular hand washing and surface cleaning. • Provision of hand gel for use by patients and staff • Provision of non latex gloves for staff handling post or documents • Anti-bacterial materials available at workstations and shared areas • Avoid touching face • Avoid open coughing and sneezing. Cover your mouth and nose with disposable tissues or sneeze into the crook of your elbow • Handwashing facilities available in most rooms • Leaving doors open to minimise contact with door handles • Home working when possible • Reasonable distancing – 2 m apart 	<p>Remind staff</p> <p>Encourage staff to adhere to 2m rule</p> <p>Ask staff to minimise moving around rooms</p> <p>An increase cleaning regime of all hand touch points to be sanitised 2/3 times per day including:</p> <ul style="list-style-type: none"> • Desks • Chair armrests • Computer keyboards • Door handles and push plates • Security keypads • Toilets (WCs, flush handles, taps, WHBs) • Health ed room tables and chairs • Kitchen work surfaces, door handles, microwaves, kettles <p>Monitor PPE supplies, reporting levels to CCG Hub</p> <p>Laminated posters to remind staff of handwashing</p>	All staff, managers to remind	From now on	Ongoing

- Provision of PPE for clinical team F2F with patients as set out in <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
 - Screen at reception desk and visors for reception team
 - Reducing number of people each person has contact with
 - Video meetings where possible
 - Reduced number of staff in each office
 - Reduced reception team to ensure social distancing
 - Minimise F2F contact with the public; telephone/video consultations where possible
 - Hot and cold clinics to separate covid and other patients
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- Darwin Medical
Practice hot and cold
- Seating in waiting area to be spaced to accommodate 2m distancing
 - Seating to be wiped with Anti bac during the day

techniques and safe PPE



Personal protective equipment and heat: risk of heat stress**Summary**

Wearing personal protective equipment (PPE) in warm/hot environments increases the risk of heat stress. This occurs when the body is unable to cool itself enough to maintain a healthy temperature. Heat stress can cause heat exhaustion and lead to heat stroke if the person is unable to cool down.

Measures to control the temperature of clinical environments and enable staff to make behavioural adaptations to stay cool and well hydrated should be made. Staff may require more frequent breaks and the frequency of PPE changes may increase, with a resulting increase in demand.

Action

Plan now for the summer:

- Assess the risk of overheating in your workplace and consider appropriate control measures to implement.
- Consider collective control measures first (eg remove or reduce the sources of heat where possible).
- Consult the [Heatwave Plan for England](#).
- Sign up to receive [PHE/Met Office heat-health alerts](#) so that you know when high temperatures are forecast

Ensure that staff are aware of the risk of heat stress when wearing PPE and know how to reduce their risk:

- Satisfy yourself that there is a cascade in place to ensure that frontline staff receive the alerts.

Staff working in warm/hot conditions should follow the advice:

- Take regular breaks, find somewhere cool if you can.
- Make sure you are hydrated (checking your urine is an easy way of keeping an eye on your hydration levels – dark or strong-smelling urine is a sign that you should drink more fluids).
- Be aware of the signs and symptoms of heat stress and dehydration (thirst, dry mouth, dark or strong-smelling urine, urinating infrequently or in small amounts, inability to concentrate, muscle cramps/fatigue). Don't wait until you start to feel unwell before you take a break.
- Use a buddy system with your team to look out for the signs of heat stress (eg confusion, looking pale or clammy, fast breathing) in each other.
- Between shifts, try to stay cool as this will give your body a chance to recover.

Carry out individual risk assessments to assess risks and measures to be put in place for the individual

[Other documents here](#)

Managers to alert staff to extraordinary hot weather conditions

All staff, managers to remind

Managers

All staff, managers to remind

From now on

Ongoing

Wellbeing

All staff, anxiety regarding virus for self and family members.
Stress caused by change to usual ways of working
Affected by bereavement of family members, friends and patients

Staff or household members of staff contracting virus

Staff with underlying health conditions/risk groups

Risk of heat stress/staff wearing PPE

			<p>Staff to take regular breaks, find somewhere cool if possible</p> <p>Staff permitted not to wear uniform and to wear cooler items of clothing</p> <p>Staff to ensure to keep hydrated</p> <p>Be aware of the signs and symptoms of heat stress and dehydration</p> <p>Ensure that PPE supplies are sufficient to cover a likely increase in demand for certain PPE items during warmer months due to staff changing equipment more frequently</p> <p>Managers register with Met office email alerts</p>			
Home Life	<p>Staff, family members, general public</p> <p>Risk of cross infection between home and work environment</p>	<p>Family members should recognise the increased risk due to persons at work and practice:</p> <ul style="list-style-type: none"> • Regular hand washing • Sanitising contact surfaces at home including bathrooms, food preparation surfaces • Coughing and sneezing protection actions • Home isolation where practicable <p>Avoid contact with vulnerable groups:</p>		All staff	From now on	Ongoing

		<ul style="list-style-type: none"> • Cancer patients • Organ transplant patients • People with certain genetic diseases • People with serious respiratory conditions such as cystic fibrosis and severe chronic bronchitis • People receiving certain drug treatments which suppress the immune system • Pregnant women • People with heart disease 				
New legislation	Staff, patients, visitors	Awareness of expected protection to employees both in and out of the workplace		Partners & Manager	From now on	Ongoing
Travel to and from Work	Staff		<p>Staff discouraged from using public transport. Where this is unfeasible, staff are advised to wear cloth type face masks when social distancing cannot be maintained</p> <p>Staff should carry alcohol gel dispenser and use regularly if travelling via public transport and touching surfaces</p> <p>Darwin to consider supplying cloth face masks to those staff members travelling to work via public transport</p> <p>Where staff travel to work in a car to be advised not share</p>	All staff, managers to remind	From now on	Ongoing

			<p>travel with work colleagues or people outside household</p> <p>Staff should ensure hand contact surfaces of their vehicles are clean using an anti-bacterial spray and paper towels e.g. door handles & steering wheel</p> <p>Staff to enter and exit the building in single file, allowing safe distance between colleagues</p>			
External Building	Staff, patients, general public, visitors	<p>Signage to notify patients and visitors not to access premise unless pre-arrange appointment or visit</p> <p>Signage also to advise of not entering premise if experience covid symptoms</p> <p>Contact phone numbers listed on external signage</p>		All staff	From now on	Ongoing
Shared areas	Staff	<p>Clean hands frequently each day by washing with soap and water for a minimum of 20 seconds</p> <p>Maintain social distance from other people to a normal distance of 2 metres</p>	<p>Staff to be advised not share crockery and /or utensils and wash with hot water and detergent after use and dry with paper towel</p> <p>Restrict moving between kitchen/refreshment areas</p> <p>Refreshment points: Facilities in office spaces (HD phone room, front office, and admin room SC, reception) to be used by</p>	All staff Managers	From now on	Ongoing

			<p>staff working in those rooms only.</p> <p>Health ed (HD) kitchen (SC & CT) to be used, by all other staff. Wash hands before making refreshments to reduce contamination.</p> <p>Wash crockery and cutlery after use, do not leave for others to clean. Consider using own crockery and cutlery.</p> <p>Remove communal biscuit tin.</p> <p>Minimise movement around the building – use of telephones/instant messaging to contact colleagues</p> <p>Post tray relocated to main reception for easy access.</p> <p>Use of phones/screen message to be used to contact colleagues rather than moving unnecessarily around premises.</p> <p>When moving around building use doorways as passing points where possible.</p> <p>Where possible staff should try to circulate around the building in a clockwise direction (HD), anti-clockwise (SC) with the exception of 4pm to 6pm</p>			
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			<p>when a 'Hot' clinic will be taking place.</p> <p>Open windows where possible</p>			
Home visits	Clinical team, patients, family members	<ul style="list-style-type: none"> • No work should be carried out in a household which is isolating because one or more family members has symptoms or where an individual has been advised to shield - unless it is to remedy a direct risk to the safety of the household. • Doctors to telephone/video to assess requirement for home visit • Grab bag provided for clinicians with PPE equipment, wipes and hand sanitiser • PPE equipment to be worn during visit. Once outside property to remove PPE and place safely into clinical waste bag provided in grab bag and disposed of in patients' household waste facilities • Avoid contact with objects and surfaces • Avoid contact with other members of the household • Maintain social distance as far as possible • Communicating with household prior to arrival, and on arrival, to ensure the household understands the social distancing and hygiene measures that should be followed. • Home visits to be undertaken 		Clinical team Clinical services manager	From now on	Ongoing

	Care homes, clinicians, residents, care home staff risk of cross contamination	<p>by one clinician only and travel should be in own vehicle alone.</p> <ul style="list-style-type: none">• Where possible telephone/video appointments/ward rounds• If F2F required follow home visiting guidance		Clinical team Clinical services manager		
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