

COVID-19 SECURE STRATEGY:

Unlike the general commercial sector (shops, restaurants etc) for which the government is publishing guidance on reopening shortly, there is already guidance on the operation of healthcare establishments which has been published for primary, outpatient and community care in the form of [COVID-19; infection prevention and control guidance](#) from PHE and the respective regulations from the other countries of the union. This guidance provides the basis for the operation of services in both the NHS and independent sector alike.

It is important to remember that those operating independent health providers have a duty both to their staff and patients. The principle legal responsibilities arise under the Health and Safety at Work etc Act 1974. Employers must protect “*so far as is reasonably practicable*” the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temps, casual workers, the self-employed, clients, visitors and the general public. Note that this obligation is not absolute, but failure to act in a reasonable manner would render an employer liable under the Act and its associated regulations.

It is vital that every healthcare provider carries out an individual risk assessment to define the individual risks associated with their premises. Essentially the advice is “*Follow the guidance, but do an individual risk assessment for your particular setting and where in doubt modify the guidance to suit your situation*”.

Outline framework of points to be considered in a COVID-19 SECURE risk assessment:

1. Exclusion of vulnerable/high risk and shielded employees and patients.
2. Exclusion of employees and patients suffering from COVID symptoms or with members of the household
3. Plan for reduction in footfall – increased appointment times, social distancing in the premises
4. Triage – remote initial assessment/consultation prior to appointments, patient consent (including specific COVID-19 risks), assessment for symptoms of COVID and ref to NHS111 if concerned
5. Patient confirmation immediately before the appointment that they have no symptoms/household symptoms
6. Arrangements for reception and waiting area – Risk assessments and HSAWA 1974, COSHH etc:

- staff education/training (social distancing, PPE, etc)
- posters – waiting areas, toilets, consulting rooms, staff rooms
- staff/patient screening – questioning and consider IR temperature checking on arrival
- consider not having patients waiting in the waiting room
- consider requirements for patients travelling from abroad (quarantine, travel restrictions etc)
- physical barriers for staff
- social distancing for staff and patients, limiting staff present
- hand sanitiser available at all entrances and exits with posters encouraging use
- appropriate PPE for staff and patients
- floor markings where appropriate

- changing facilities for staff
 - payment procedures – minimising contact
7. Consultation – doctor PPE, ensuring no AGPs are carried out with full appropriate PPE.
 8. Specification of which procedures will be carried out.
 9. Cleaning of premises (commercial cleaning products, alcohol, UVC at 254nm & ozone)
 10. Arrangements for laundering of uniforms/scrubs (bagging, temperature 60deg, etc).
 11. Policies in place for dealing with employees or patients who present with COVID-19 symptoms.
 12. Insurance – you must discuss the process with your insurers to ensure that cover is in place, adequate and appropriate, remembering that liability could arise under 4 headings: a) medical malpractice – a patient could sue you in relation to an act or omission, b) employers liability – an employee could sue you for injury sustained at work or could resign and sue for constructive dismissal should they feel unsafe in the working environment c) a member of the public sues you in relation to your activities d) criminal liability for an unlawful act leading to prosecution by the police.

General advice on COVID-19 is also applicable to healthcare settings – accessible [HERE](#) and poster [DOWNLOAD](#)

PPE:

Looking at the [guidance](#) it would seem that the PPE suggested for none aerosol generating procedures (AGPs) would be scrubs, aprons, gloves and eye protection and mask. There may be some variation with the mask in terms of the FRSM and FFP2 mask and depending upon their risk assessment, employers may wish to upgrade to the FFP2 rather than a FRSM. The guidance seems to suggest that an FFP3 is only applicable in dealing with known or suspected cases or for AGPs.

It has been suggested that patients should also wear face masks and this should form part of your individual risk assessment, although obviously for some treatments eg dentistry, this would preclude all treatments so would be impracticable, lower face treatments this may be a factor in upgrading to the FFP2/3 rather than the FRSM and using a full face shield. Again, an individual risk assessment is required.

All staff must be trained to ensure that they know how to don and doff appropriate PPE. A training video can be found [HERE](#) and posters for [donning](#) and [doffing](#) are also available.

Another issue is to ensure that PPE fits adequately and this is as important as choosing the correct level of PPE. A training video is available [HERE](#).