

**Considerations for general practice areas/risk assessment COVID-19**

# Considerations for general practice areas/risk assessment COVID-19

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| **Task specific risk assessment ref:** | General Dental Practice Areas | **Date of assessment:** |  |
| **Activity:** | Covid-19 assessment for: | **Assessor:****Signed:****Approved by:****Signed:** |  |
| **Reason for reassessment:** | To review changes made since original assessment |
| **Location:** |  | **Review date:** | On completion of each outstanding control measures; thereafter following a health and safety incident, changes in legislation, government advice, location or personnel or task change |
| **Overview of ppe requirements:**(subject to location and activity being carried out) |   | **Overall assessment of risk is:** | Medium |

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| **Hazard with No Control Measures****Employed** | **Occurrence** | **Severity** | **Risk Assess Index** | **Hazard with Control Measures** **Employed** | **Occurrence** | **Severity** | **Risk Assess Index** | **Additional Comments** |
| Those with underlying health conditions or existing health problems. | 4 | 5 | 20 | Where possible utilise remote working. Current Government guidance to be followed. Discuss with person who is categorised as “at risk” based on Government guidelines.Those with underlying health issues have been encouraged to raise any concerns to review the possibility of working from home wherever practicable.  | 2 | 5 | 10 |  |
| Cross contamination from hard surfaces in general areas.  | 4 | 4 | 16 | * All persons are advised to wash hands regularly for at least 20 seconds.
* Increased cleaning of hard surfaces using medical grade disinfectant at various touch points such as door handles and all other communal areas/surfaces.
* Introduce sanitising gel dispensers with at least 60% alcohol content in all areas of the practice and in particular at entrance and exit points.
* Encourage staff to pull doors with clean/fresh tissue or to wear gloves if doors cannot be left open.
* Encourage staff to use badge not finger(s) to access door release mechanism(s). If not, staff to wear gloves
* Dispose of used tissues/ paper towels/gloves in hazardous waste bins.
* Do not share office equipment phones etc. If not possible, gloves must be worn and all equipment cleaned in between each use with disinfectant
* All signage on doors giving hygiene guidance to be laminated and regularly changed to encourage staff to read.
 | 2 | 4 | 8 | Viruses survive outside body on metal/ plastic/ hard surfaces longer than porous surfaces (up to 5 x longer). COVID-19 can be up to 72hours |
| Infection from/ to visitors/patients etc. | 4 | 4 | 16 |  * Use fixed Perspex screens
* Discourage physical contact such as a handshake between persons
* Meetings to be remote/conducted online where possible. If this is not possible, they should be as short as possible and made by appointment only. Visitors/contractors must call when arriving onsite
* Consider social distancing space when talking to people – should be around 2 metres. Ensure signs are clearly displayed at eye level on each floor as well on the floor to highlight standing distances required
* Antibacterial dispensers available at entrances/exits – participants instructed to use.

  | 2 | 4 | 8 |  |
| Attending training courses on site or at other venues. | 3 | 4 | 12 | * Rearrange non-essential routine training.
* Essential training to be completed remotely/online. If this is not possible social distancing and control of the Trainer/contractor must always be managed
 | 2 | 4 | 8 | Refer to General Dental Council for latest CPD advice |
| Attending internal meetings. | 3 | 4 | 12 | * Rearrange non-essential meetings.
* Where possible, meet remotely/online.
* If online is not available, use the largest rooms where possible to ensure maximum personal spacing.
* Prioritise use of Teams, Zoom or skype to conduct all meetings where possible.
 | 2 | 4 | 8 | If possible, reduce numbers in essential meetings to key stakeholders only.  |
| Hot desking. | 3 | 4 | 12 | * Hot desking to be eliminated and where practicable substitute for remote working.
* If remote working is not possible, ensure workstations are cleaned using antibacterial wipes at the end of use-Ensure checklists are evident
 | 2 | 4 | 8 |  |
| Staff members showing flu/ cold like symptoms.Members of family sick or self-isolating at home. | 4 | 5 | 20 | * Staff must refrain from attending the practice.
* Regular temperature checks to be undertaken and confirmed before returning to practice
* Staff to remain at home to work where possible and advise the practice if exhibiting symptoms to enable their work area to be if necessary deep cleaned.
 | 2 | 5 | 10 | Refer to latest Government advice  |
| Transport to and from places of work (commuting). | 4 | 4 | 16 | * Attempt to travel in least crowded areas of transport if remote working is not possible
* Avoid public transport routes and travel alone by car or by bike.
* If public transport must be used, where a mask or face covering at all times and face away from other members of the public. Use/carry hand sanitiser. Observe social distancing where possible
* Wash hands immediately on arriving at the practice and at home
* Do not wear clinical/practice uniform to travel to and from work. Ensure that all uniforms are left at the practice to be laundered daily.
 | 2 | 4 | 8 | Continually use antibacterial hand gel. |
| Handling documentation. | 3 | 4 | 12 | * Be careful not to sneeze/ cough over any documentation.
* Minimise the handling of documents or leave for 72hours where possible before opening
* Wipe down with antibacterial wipes if any significant risk of contamination and wash hands immediately after opening
 | 2 | 4 | 8 | Follow respiratory and hand hygiene |
| Handling of beverages/ foods in the practice  | 3 | 4 | 12 | * Staff to wash hands thoroughly
* Wipe down drink cans/ food packages.
* Include vending machine (if applicable)
* Bring pre-packed lunches
* Do not share food
* Minimise staff contact and observe social distancing
* Do not share cups/plates/cutlery etc
 | 2 | 4 | 8 |   |
| Leaving the practice for lunch. | 2 | 4 | 8 | * Avoid going out to lunch where possible and particularly crowded areas.
* Remove uniforms before leaving the practice
* Assess standards of takeaway food hygiene.
* Observe personal spacing in queues
* Wash hands on re-entering the practice and before eating
 | 1 | 4 | 4 | Do not drink directly from cans or other food containers.  |
| Disposal of waste (tissues, gloves etc.) by cleaners. | 3 | 4 | 12 | * Treat all used paper towels/handwipes as contaminated waste.
* Sanitary waste is already segregated and collected by approved provider.
* Cleaners to wear disposable gloves/PPE identified via further COVID-19 risk assessment.
 | 2 | 4 | 8 |  |
| Obtaining up to date information from reliable and approved sources to avoid misinformation/rumours. | 5 | 2 | 10 | * Only use NHS, WHO, HSE and local government or approved COVID-19 medical sources.
* Organisation to hold regular management control (COVID-19) meetings at least twice weekly and pass on timely information to staff.
 | 5 | 2 | 10 | Refer to Government latest advice, NHS and WHO etc. |
| Miss-information from unauthorised sources i.e. social media. | 5 | 2 | 10 | * Advise staff not to seek or use information from hearsay sources (social media).
* Advise staff not spread rumours and keep all information factual.
* Immediately suppress incorrect information.
 | 5 | 2 | 10 | Ensure regular information is relayed to staff  |
| Attending meetings at other sites. | 3 | 4 | 12 | * Postpone non-essential meetings.
* Ask those organising meetings to provide remotely/online via platforms such as Teams, Zoom or Skype.
 | 2 | 4 | 8 |  |
| Non-resident contractors visiting and working on site. | 3 | 4 | 12 | * Postpone non-essential works.
* Schedule essential works for quieter periods or out of hours of if possible.
* Contractors working on site to only carry out duties that have been pre-approved by management.
* Contractors only selected from pre-approved register.
 | 2 | 4 | 8 |  |

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| **Point Value** **Parameter** | **1** | **2** | **3** | **4** | **5** |
|  **Severity** | No First aid required | Minor Injury | Significant Injury or Illness | Severe Injury | Fatality |
| **Likelihood** | Extremely Unlikely | Unlikely | Possible | Probable | Highly Likely |

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| **Risk Score** | **Risk Ranking** | **Action Required** |
| 1-6 | Low Risk | No additional controls are required. Consideration may be given to more cost-effective solutions or improvement that imposes no additional cost burden. Monitoring is required to ensure that the controls are maintained |
| 7-11 | Medium Risk | Efforts should be made to reduce risk, but the costs of prevention should be carefully measured and limited. Risk reduction measures should be implemented. Where a moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures |
| 12-16 | High Risk | Action required possibly move to lower risk group |
| 17+ | Very High risk | Work should not be started until the risk has been reduced. Considerable resources may need to be allocated to reduce the risk. Where the risk involves work in progress, urgent action will need to be taken |

**Further information available via:**

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes?fbclid=IwAR1fNSpN3ucTPn4-jzOOXZGSugXzDnKRHOfG6AaVadKl4JqPAMx-_1anw3M>