



Coronavirus - Spinecentral Risk Assessment

Version 4.0 15/8/2020

Hazards

Cleaning and hygiene.

Possible harm

Inadequate cleaning and hygiene standards pose a risk of spreading infection by way of cross-contamination from surfaces contaminated with the coronavirus.

Existing control measures

Cleaning regimes have significantly increased and the frequency of cleaning of hard surfaces (floors, chairs, reception desk, for handles, building equipment buttons, switches etc.).

Suitable disinfectant cleaning products are used by the contracted cleaning staff.

Sufficient hot water, liquid soap, disposable towels and hand sanitiser dispensers are provided throughout the buildings.

Employees are required to report anything contaminated or spilt that requires cleaning.

Appointments will need spacing further apart (15-20 minutes currently for routine care) to allow more time for cleaning of surgeries and to slow the flow of people to allow for social distancing in waiting rooms.

The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron (if one is available).

Open the window while cleaning is taking place.

Front and back door and windows to remain open during practice hours.

HEPA air filters are to be installed into both treatment rooms.

Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed or combined with a chlorine-based product such as sodium hypochlorite (often referred to as household bleach).

Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids. The toilets are to be only made available in emergencies.

Place all waste that has been in contact with the person, including used tissues, and masks if used, in a plastic rubbish bag and tie when full. See 'disposing of PPE and cleaning waste' below.

Cleaners should remove aprons and gloves and discard into a waste bag and then clean their hands.

Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.

There is no need to clean carpets (if present) unless there has been a spillage.

Treatments rooms.

Possible harm

Potential risk or transfer of virus on account of close contact with other persons.

Existing control measures

Employees instructed to follow government advice and maintain social distancing where possible.

Employees told to avoid physical contact with patients and visitors, such as handshakes, hugs etc. and to give a polite explanation of this policy if required.

Only one patient is allowed in the treatment room at a time.

Hand sanitiser is provided within the room for use by employees and patients.

First aid provision.

Possible harm

Lack of first aid provision leading to injury, further injury or prolonged pain.

Existing control measures

Trained emergency first aid at work and first aid at work employees.

All first aiders provided with face guards to reduce risk of cross-contamination.

Additional first aid equipment provided in first aid boxes to reduce risk to first aiders. Disposable masks provided.

The first aid kit has been checked and updated so that all products are within their use-by date.

Further actions - ensure all staff have their first aid training CPD up to date. Arrange for online training if it has expired.

Reception and Hallway Areas

Possible harm

Risk of cross contamination from equipment, surfaces etc. that may have been touched or otherwise contaminated by coronavirus and create a risk to health.

Existing control measures

Employees are required to ensure that coats, scarfs and other outdoor items are stored separately (where applicable) within coat cupboards avoiding contact with other people's personal items.

Toilet facilities will be out of use to clients to allow for social distancing.

Employees are instructed to ensure that the toilet seat is in the closed position before flushing to prevent aerosols becoming airborne and contaminating the facilities with potential pathogens.

Employees made aware that where welfare facilities are used during the working day, they must have an awareness of surfaces (toilets, sinks, door handles, soap, and soap dispensers, etc. and objects which are visibly contaminated with body fluids must not be touched, but reported to a manager.

Employees and patients instructed to clean their hands after using the toilet, by washing their hands with soap and water for at least 20 seconds.

Supplies of soap and sanitising agents are provided and regularly topped-up at all hand washing stations. NHS, Public Health and hand washing advice posters displayed.

Toilets and communal areas, along with workspaces, are cleaned more frequently than before and the cleaning routine is to a higher specification.

Waiting room and communal areas adjusted to allow social distancing, marked on chairs and flooring. If staff in reception and communal areas are unable to maintain social distancing with the public, they should wear a fluid-resistant surgical mask for a session.

All unnecessary items (e.g. magazines, toys, tv remote) removed from the waiting area.

Performing treatments.

Possible harm

Potential risk of transfer of virus through cross contamination.

Existing control measures

All treatments are carried out using PHE/GCC/NHS England recommended PPE measures as follows:

The relevant care pathway for some chiropractic patients may be LOW risk: Any care facility where:

a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date

OR

b) individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test. The PPE requirements are set out in Section 7.2 - as follows:

- FPII face covering, gloves and plastic apron.

The relevant care pathway for most chiropractic patients is likely to be MEDIUM risk: Any care facility where:

a) triaged/clinically assessed individuals are asymptomatic and are waiting for a SARS-CoV-2 (COVID-19) test result with no known recent COVID-19 contact

OR

b) testing is not required or feasible on asymptomatic individuals and infectious status is unknown. The PPE requirements are set out in Section 9.2 - as follows:

- FPII face covering, eye/face protection visor, gloves and plastic apron.

Further actions - Ensure that each practitioner is equipped with a full reusable face visor/shield and is trained in how to don/doff/maintain it hygienically. Ensure that stock levels of all PPE are sufficient enough to not run out. Richard Gliddon is appointed the manager of PPE stock.

Food and drink preparation areas.

Possible harm

Potential risk or transfer of virus through cross contamination.

Existing control measures

Employees instructed to ensure that good hygiene standards must be maintained when food or drinks are being prepared. Ensure that when spills of food or liquids occur they must to ensure that the work surfaces are left in a clean and sanitised condition.

Use your own drinking mugs, cups and glasses to prevent cross contamination.

Do not to touch food and keep hands out of waste bins or receptacles as they may contain contaminated products, food or tissues.

Wash your hands thoroughly for 20 seconds before and after using these facilities.

Put uneaten food products in a clean, sanitised, sealed wrapper, bag or container, if they are to be stored in the communal refrigerator.

Thoroughly wash crockery and cutlery after each use before putting them away.

Single use paper tissues rolls are provided and to be disposed of correctly in waste bins provided.

Employees to make their own hot or cold drinks during the working day.

Employees encouraged to bring in their own prepared food and drink for lunch breaks.

Emergency evacuations.

Possible harm

Inhalation of smoke or exposure to fire leading to injury or fatality.

Existing control measures

All employees are to wash or sanitise their hands at the earliest opportunity.

PEEPs (personal emergency evacuation plans) are in place for those employees who require assistance during an emergency evacuation from the premises.

In an emergency, for example, an accident or fire, employees do not have to stay socially distant as it would be unsafe to do so.

Employees are to follow the emergency evacuation procedures for their relevant location.

Further actions - install three NEST fire alarms throughout the centre.

Personal hygiene.

Possible harm

Poor personal hygiene standards pose a risk of passing or contracting the infection.

Existing control measures

The importance of good personal hygiene has been explained to all employees. Particularly the need for regular thorough hand washing and the avoidance of touching eyes, nose or mouth, if their hands are not clean.

As the alcohol based hand sanitiser falls under a COSHH item. Employees who use this to disinfect their hands are not to touch their face until the sanitiser dries out due to irritation risk if the goes into eyes.

If alcohol gel comes into contact with eyes then employees are to (remove glasses or contact lenses if worn) and rinse eyes with water for several minutes, then seek first aid assistance.

If eye irritation persists then employees to seek medical advice or assistance.

Employees with a diagnosed skin condition are advised not to use the alcohol hand sanitiser as this may exacerbate their condition, but to use soap and water for 20 seconds.

Employees to avoid inhaling the vapours from the alcohol hand sanitiser as this may cause dizziness or drowsiness. Alcohol gel hand sanitiser spillages are to be cleaned up immediately with water and area dried off.

Free standing hand sanitisers will be in place at access points.

Employee instructed that disposable tissues, should be used when coughing and or sneezing. Used tissues to be bagged and put into a bin or pocketed and taken home for safe disposal.

Employees instructed that any potentially contaminated clothing should be removed and placed in a suitable plastic bag or container.

Employees and patients instructed to clean their hands frequently, using alcohol-based hand sanitisers or to wash their hands with soap and water for at least 20 seconds. Soap and hand gels are provided. Remove and wash scrubs at the end of the day.

Employed staff.

Possible harm

Staff who are not fully aware and understanding of the procedures and arrangements we have put in place to work within government guidelines on essential working, could compromise our arrangements and jeopardise the health of others.

Existing control measures

Employees can raise a concerns with their line manager (Richard Gliddon)

Health and safety communications available to all employees.

Phased return into the practice to allow for uninterrupted operations to the business, reduce pressure on practice and allow for social distancing.

Only a percentage of staff to return to the practice, allowing for social distancing and reduce risk for contact or spread of virus.

Plans and procedures have been shared and co-ordinated with our landlord on our owned or managed premises.

Communication warning posters displayed throughout all premises.

Every member of staff has been fully briefed to ensure that that they are aware of the hazards and risks and understand the rules and procedures we have put in place.

Specific procedures and measures to reduce the risk of spreading Coronavirus have been prepared. These are based on NHS, Public Health and Government guidance and instruction. They are updated daily to reflect any changes in the official advice and guidance.

Staff with symptoms of COVID-19, or who live with someone with symptoms, should stay at home as per government advice.

If staff become unwell with symptoms of COVID-19 while at work, they should stop work immediately and go home,

Decontamination of practice to be carried out.

As few staff as possible will be allocated to see patients, particularly those shielded, to minimise contacts without compromising the safe delivery of care.

Further actions: All staff members (CAs and practitioners will be given online training in infection control, as well as in donning, doffing and disposing of PPE safely). This will be reviewed on a monthly basis on team meetings to ensure standards are being maintained. In particular, staff members need to be aware that the wearing of disposable gloves and the use of hand sanitiser does not replace the need to do regular thorough hand washing with soap and water.

Cold / infections.

Possible harm

There is a risk that any cold and or infection could be consistent with COVID-19 symptoms and there is a risk that accidental cross infection could be transmitted to other persons.

Existing control measures

Where symptoms of a cold / infection starts at work employees are required to notify their management team immediately.

Decisions to refrain from working will be made accordingly where there is a potential risk.

Employees who are currently self-isolating due to having tested positive for COVID 19, experiencing symptoms or have a family member who have tested positive or have symptoms are not to return to work and inform their line manager.

Employees are advised to isolate in accordance with government guidelines.

Vulnerable employees and patients.

Possible harm

Vulnerable employees or patients with existing health conditions are at a higher risk of contracting COVID19, which may have a significant increased adverse effect on their health and wellbeing.

Existing control measures

In accordance with government guidelines employees who are in the vulnerable and high risk categories are where possible to continue to work from home.

Employees with family members in high risk categories have been instructed to inform their management team.

Decisions on home working in accordance with government guidelines are taken on a case by case basis.

Those employees who fall within the extremely vulnerable category (Shielded) in accordance with government are to continue to work from home.

Employees who are high risk vulnerable (but not extremely clinically vulnerable) that cannot work from home, then management should offer the option of the safest available on-site role, enabling them to stay socially distant from others.

Any shielded patients are separated from other patient groups - by separate appointment times or location [detail how this is performed].

All patients to answer COVID-19 screening questions prior to on-site visit to establish required protection levels.

Vulnerable patients where possible to be scheduled in the morning only, allowing maximum time for air clearance / ventilation overnight.

Smoking shelters.

Possible harm

Inhalation of second hand tobacco smoke and or vapours from e-cigarettes may result in adverse coronavirus health effects.

Existing control measures

Employees and patients are advised to avoid inhaling second hand tobacco smoke and vapour emitted from cigarettes and e-cigarettes from other persons. Although there is no evidence of transmission this is a precautionary measure.

No smoking or vaping allowed on site.

Workstations, IT and telephony equipment.

Possible harm

Direct contact with potentially cross contaminated workstations, IT or telephony equipment may cause adverse coronavirus health effects.

Existing control measures

Employees are advised to ensure that their workstations, IT and telephony equipment, such as keyboards, screens, phones and headsets are cleaned and sanitised on a regular basis throughout the working day. Suitable wipes and cleaners that do not damage equipment.

Employees instructed that they should not use each other's IT equipment, to prevent accidental cross contamination.

Telephone equipment is cleaned at the end of each working day by the contracted cleaning staff.

Employees advised not to share phones, headsets and personal mobile phones with others to prevent accidental cross contamination.

Employees are to only sit/work at their allocated workstation and not to hot desk or use other desk locations. Any ICT equipment that is unserviceable to be reported to the practice manager. No other equipment is to be used from other locations to reduce risk of cross-contamination.

Further actions - Supply spray alcohol based satires and cleaning wipes to ensure that all difficult to reach surfaces can be easily and regularly sanitised throughout the working day.

Close contact.

Possible harm

Employees working on the premises may be at risk of exposure to other employees, patients or visitors who are carrying coronavirus, knowingly or unknowingly.

Existing control measures

Employees instructed to avoid close face-to-face contact or touching other patients, visitors, etc. and follow social distancing rules.

Employees are required to be environmentally aware and sit out of the immediate air flow from fan heaters, cooling fans and or ventilation systems that could spread the virus. Where possible the use of such systems will be avoided.

Plastic protection screens installed on sites to protect employees working at reception areas and in certain roles.

One way systems are implemented (where applicable) to allow for free movement allowing social distancing. This will be denoted by signage, posters or hazard tape.

Contractors to sites will be managed and controlled by the clinic director for only essential maintenance.

Any visitors or contractors to sites are to sign the visitor's book.

A face-to-face consultation and treatment service that should only be accessed following remote triage. All patients attending any face-to-face consultation and treatment may have the virus therefore adequate separation either physically or by spacing appointments to ensure that risk of potential contamination is reduced. Wherever possible patients are managed with urgent pain management care needs remotely through the provision of advice where appropriate.

Patient escorts should only be allowed where absolutely necessary (eg. child attending with parent). As far as possible, one escort only should be allowed per patient.

Waste.

Possible harm

Ill-health as a result of the transfer of coronavirus and other pathogens through cross contamination after contact with waste (accidental or otherwise).

Existing control measures

Waste bins are provided in every room.

Employees instructed to not put their hands directly into food waste or general waste bins or receptacles as they may contain contaminated products, food or tissues.

Employees instructed that disposable tissues should be used when coughing and or sneezing and put directly into a waste bin, preferably bagged, or pocketed and taken home.

All waste bins and receptacles are carefully and safely emptied daily by the contracted cleaning staff.

Employees are required to have consideration with regards to discarded tissues, food, tins etc. to prevent a cleaner from being accidentally contaminated or injured.

Medical waste disposed in accordance with current NHS and PHE guidance.

Further Specific Scenarios For Risk Are Assessed, Discussed and Planned Out Below:

1. Team Member Infected Entering The Workplace

All team members pass 'Infection Prevention and Control in Care' Workshop.

All team members will review the BrightSafe e-learning courses - Coronavirus: Returning to work - employees, and Coronavirus: What you need to know. They will return the certificates showing completion of the course prior to returning to work.

Staff will all be trained on the key symptoms of COVID19 to look out for.

Travel to and from work will be best done in a private car.

In the case of team members where public transport is used, they will be asked to travel outside of peak times and will be required to wear a mask and gloves and to maintain social distancing where possible and according government guidelines.

Every team member will have their temperature checked daily upon arrival to the centre.

2. Visitor infected entering the workplace

Patients will be prescreened for symptoms of COVID19.

No other or additional visitors permitted. No excess luggage or baggage or belongings to be brought into the centre.

Toilet facilities will be off limits unless in emergencies, in which case it will be cleaned after use.

Recommended PHE posters will be placed in reception as reminders to patients to not seek care if they have C19 symptoms.

Reminders to not enter the practice if they have symptoms or have been in contact with someone who has suspicious symptoms or a recent diagnosis within the last 14 days will be issued via email before patients book appointments. Similarly a reminder poster will be placed on the door to be seen upon entering the premises.

All persons before their next visit back to the clinic will be sent a link to our form 'C19 Questionnaire and Consent'. All persons must agree to all points and electronically submit their form before attending their next visit. On returning visits, they will be verbally asked if they still agree. Copies of this form will be available in the clinic if needed.

All persons will be asked to submit to a forehead IR temperature test the welcome desk. Persons with a temperature $>37.8^{\circ}\text{C}$ will be asked to leave. Their temperature will be recorded.

Increase hygiene practices are being carried out, including cleaning as highlighted in the "COVID-19 daily check sheet", and appropriate use of PPE where necessary. No handshaking.

Patients are required to use hand sanitiser upon arrival, to maintain social distancing from other patients and receptionists as well as being required to use a face covering.

3. Vulnerable member of the public enters the workplace

Patients who are in the vulnerable categories will receive an in-depth discussion of the risks and booked at times when there is a one in one out scheduling of clients. All other hygiene protocols remain in place.

Patients in the extremely vulnerable categories will be required to speak to their GP prior to attending. Patients in the extremely vulnerable categories will be encouraged to wait for further care unless their symptoms are significantly affecting them, their work or their quality of life.

Appointment lengths kept to an absolute minimum in these cases. Less than 15 minutes.

4. Someone becomes ill in the workplace

UK Government guidance to be followed.

Persons showing signs of COVID-19 infection will be removed from the workplace through the rear door to the practice, away from other team members and sent home with support once able. The person will be advised to follow NHS guidance online and seek testing from the nearest test facility.

If the person is a visitor, their organisation or family member will be informed. Arrangements will be made for the ill to safely vacate the premises.

Trading will cease until the workplace is decontaminated following governmental guidance.

Contact tracing will ensure all other patients/team members who may have come into contact with the ill person are notified and know to self isolate according to government guidelines.

As long as a team member was wearing full PPE (gloves, mask, apron) at the time of contact/exposure to this ill person they will be permitted to remain in work, and to carefully monitor symptoms and temperature daily and where possible seek out a covid19 test.

5. Contaminated workplace

UK Government guidance to be followed.

Extra hygiene requirements are in place as stated in this document.

All visitors are asked to use available hand sanitiser gel, placed in an easy to see and use location in reception and in the treatment rooms.

All visitors are to use a face covering.

Increase hygiene practices are being carried out by team members; including cleaning as highlighted in the cleaning log.

Refreshments are not being offered to visitors.

Appropriate PPE usage level where necessary. Clinical team to follow 'room hygiene protocol between patients. No handshaking. No seat wedges or magazines in reception.

All staff will be asked to review official guidance and training on correctly donning and doffing PPE.

Patients advised to not bring unnecessary additional items/ belongings into the centre during their appointment, and to come alone, without family members or children.

Patients will be asked to let us know if they develop symptoms up to 14 days after their last appointment so that we can carry out contact tracing.

6. Proximity / workplace gatherings

UK Government guidance to be followed.

Only 2 patients in reception at one time. Social distancing stickers on the chairs.

A one way traffic system can be implemented if an exiting patient cannot walk through reception and maintain social distancing. In this case – they would exit out the rear door of the practice.

A social distancing policy has been implemented.

Non-clinical team will comply with social distancing policy of 1 meters unless clinically needed.

All team members to wear PPE relevant and appropriate to their role.

Clinical team will only not comply with social distancing policy while carrying out treatment that has been highlighted as medically needed.

Patients will only have a face to face treatment once they have been pre-screened for symptoms and risk factors and have agreed with informed consent to be treated.

A total of 4 patients allowed in the clinic at one time

A total of 2 patients can wait in reception at one time

A total of 2 practitioners allowed in at one time

A total of 1 receptionist allowed in at one time (to remain behind the screen on the reception desk and 2 meters away from clients at all times. To wear appropriate PPE

Patient appointment times minimum 15 minutes per treatments and 40 minutes for NPs and ROFs to allow ample time to complete the treatment and have patients leave without coming into contact with others

When two practitioners are working at the same time, their appointment diaries will be staggered by 7.5 minutes so that both practitioners patients don't arrive at the same time

7. Vulnerable Team Members

UK Government guidance to be followed.

Any team member or a team member living with a person that is in the vulnerable category, is required to work from home if possible or will be furloughed until the point they can return and/or the business needs them. At this point, no one in our team fits the vulnerable category.

If a team member or a person that they live with show like symptoms either a high temperature (37.8 centigrade or greater) and/or have a new continuous cough; they should follow the guidance to isolate for either seven days (if living alone) or 14

days (living with others), or at least until a test result can be obtained giving the all clear.

Pregnant workers may be asked to commence maternity leave early if practicable.

The clinic director will arrange for meetings or coaching sessions to be completed by video or audio conferencing where possible.

8. A Team Members Contracts COVID-19

If NHS 111/online or a GP determines that a team member has contracted COVID-19 they will be treated as off sick as per normal company sickness policy.

Colleagues or visitors who have had contact with a symptomatic employee will be made aware of the symptoms and advised to follow NHS online guidance.

As long as other team members were wearing full PPE (gloves, mask, apron) at the time of contact/exposure to this ill person they will be permitted to remain in work, and continue to be covered by insurance, and are to carefully monitor symptoms and temperature daily and where possible seek out a COVID19 test.

The workplace will be decontaminated following governmental guidance.

9. Presenteeism. Symtomatic or exposed employees remaining in the workplace

UK Government guidance to be followed.

Team members are advised to follow NHS guidance online.

Symptomatic team members will be instructed to go home.

Colleagues or visitors who have had contact with a symptomatic employee will be made aware of the symptoms and advised to contact NHS guidance online. See above regards PPE.

Employees who have been exposed to a person/patient with known diagnosis of C19 will be asked to self isolate according to current government guidelines (currently 14 days) and to get tested.

10. Self-isolation and wellbeing

NHS 111 online provides advice on when to self-isolate and provides access to an online interactive and personal checklist stay at home advice.

A home workers risk assessment -- either general or specific -- depending on risk levels will be completed by the home worker. Managers are to ensure that all team members now required to work from home have the necessary equipment to do their jobs safely.

Managers and colleagues are advised to keep in regular contact with home workers with regular Individual team calls or by webinars.

11. Travelling abroad

UK Government guidance to be followed.

FCO provides foreign travel advice for travellers.

CIPD provides advice for travellers returning to work from affected areas.

We do not insist on team members travelling to work to an area with a higher risk of COVID-19.

Team members are granted permission to cancel at short notice any pre booked annual leave to an affected area (ie no pressure to travel to affected destinations).

Patients or team members who have inadvertently or necessarily travelled to or from high risk areas will be required to follow government advice with respect to self isolation.

We will not accept any patients who have recently (within the required quarantine period) returned home from high risk areas until they have completed their quarantine process.

12. Information failure

Spinecentral Ltd has designated Richard Gliddon as COVID19 appointed person whose responsibilities include monitoring relevant updates from government and across the health profession.

13. Disposing of PPE and cleaning waste

Possible harm

Ill-health as a result of the transfer of coronavirus and other pathogens through cross contamination after contact with waste (accidental or otherwise)

Gloves, masks, aprons and any cleaning fluid containing tissues used to clean surfaces can only be disposed of through

ordinary, doubled bagged, black plastic bags and disposed of in public bins/tips. We will purchase normal black bin bags to place this rubbish into. When the bag is full we place this bags in another bag and tie it securely securely and keep it separate from other waste. This waste must be set aside for at least 72 hours before being put in the usual external household bin for non-recyclable waste. In our location we will need to pay for a rubbish disposing team to collect from the back of our centre. We will take care to ensure no food waste can go into these bags to ensure no foxes or animals tear the bags open. The plastic bag should be stored in the shed. The cleaner will need to clean hands again.

If the waste is thought to be contaminated with COVID19, store the bag in a safe place until the result of the test is available. If the test is negative, place the waste in the normal domestic waste bin. If the test is positive, Public Health will advise what to do next.

Signed: Richard Gliddon

Date: 14/8/20
