

# Covid-19 Secure Risk Assessment: Clinical Environment

*An assessment of the clinical environment risk profile based on test clinic data. Please note that Companywide risks are noted at the beginning of this assessment in 'part one', with local risks identified by individual Clinics, as appropriate to their size, location, layout and demographic noted in 'part two'.*

*The Business will endeavor to update this assessment and any indicated actions in line with Government and Industry guidelines throughout the CV-19 pandemic and it should be classed as a **live document and an open stream of dialogue between Staff and the Senior Management Team.***

Name and Title of Risk Assessor(s)	Isobel Bates – Health, Safety & Compliance Lead
	Lisa Mason-Poyner – Director of Medical Services
Location(s) surveyed as part of 'part one' assessment	Birmingham Calthorpe Road clinic Birmingham Harborne Road clinic (common areas only) Wolverhampton Compton Road clinic
Version and Date	V1.0 – May 2020

Method used for rating risk in this assessment:

RAG rating = Severity x Likelihood

		Severity			
		Low	Medium	High	Critical
Likelihood	Very Unlikely				
	Unlikely				
	Possible				
	Likely				
	Very Likely				

Risk Severity Key	
Low	Inconvenience or disruption to process or procedure.
Medium	Revenue loss under £5K, significant adverse clinical outcome (non-reportable), Yellow Card, unfavourable (not dangerous) conditions, adverse social media attention etc.
High	Revenue loss over £5k, temporary loss of facilities or clinical operating capacity, BCP event, risk of injury to multiple persons, reportable adverse clinical outcome or safeguarding event. Some RIDDOR events. Adverse media attention with risk of criticism or risk of union/staff action.
Critical	Public legal action, acts or occurrences causing (or with the potential to cause) loss of limb or life, incidents endangering solvency of Brand(s), act or occurrence likely to severely damage brand reputation. ICO reportable breaches, H&S or regulatory enforcements.
Risk Likelihood Key	
Very Unlikely	Risk is negligible due to discovery or known but distant future risk
Unlikely	Current conditions mean risk is controlled or dormant
Possible	Risk requires <u>planning to ensure control</u>
Likely	Occurrence or threat that requires active and risk management to
Very Likely	ensure control

# Part One Assessment

Who is at risk	Risk identified	RAG rating	Mitigating Actions
Staff, Clients, Visitors	Corona Virus (Covid-19) is recognised notifiable human disease in United Kingdom since 23rd March 2020.	Yellow	<ul style="list-style-type: none"> <li>• Workplace advice provided by UK Government has been reviewed.</li> <li>• The Business must ensure all staff are aware of the common symptoms by completing Covid19 online training.</li> <li>• Staff must ensure best practice for hygiene and the prevention of spread of infection: Routine cleaning and disinfection of frequently touched surfaces – such as telephones, keyboards, desks and door handles. Hand washing regularly as per PHE guidance.</li> <li>• Staff must follow the organisational Covid19 Safety Policy and associated documents.</li> </ul>
Staff, Clients, Visitors	Staff travelling via public transport (where not avoidable) may pose an IPC risk to Colleagues due to cross contamination from clothing coming into contact with CV19 infected surfaces a short time before entering the workplace. Evidence suggests that the virus can survive on material for a number of hours after exposure.	Yellow	<ul style="list-style-type: none"> <li>• Staff should be encouraged to wear a coat to cover their uniform which should be removed upon entering the building and placed in a bag, before washing hands thoroughly. If weather conditions preclude this option, then Staff should be encouraged to not travel in their uniform and change upon arrival.</li> <li>• Uniforms should be washed daily on a hot wash cycle.</li> </ul>
Staff, Clients, Visitors	All persons entering the building throughout the day may have come into contact with contaminated touch points, or may have sub-clinical symptoms of Coronavirus (CV19).	Red	<ul style="list-style-type: none"> <li>• All clients should complete wellness checks through the use of the Triage Questionnaire prior to entry and on entry to the clinic.</li> <li>• All staff and clients should have their temperature taken on entry and any person with a temperature recorded above 37.8c should be suspected of Covid 19 and asked to leave the building and inform HR/their line manager.</li> <li>• All persons entering the building should proceed to wash their hands or use hand sanitiser.</li> <li>• Where possible, external doors should be opened with elbows or forearms.</li> <li>• Staff should wear PPE appropriate to the role they take and the place in which they are working.</li> <li>• Relatives should not accompany clients into the clinical environment. Non-essential members of the public should not attend the clinic at all (e.g. children, etc.)</li> <li>• Alcohol hand gel should be made available at entrances and exits to minimise contamination of touch points.</li> <li>• This clinic staff need to be aware of the symptoms of COVID-19. These include fever, a new continuous cough and loss of taste and smell.</li> <li>• All staff should complete handwashing training and posters should be placed in visible locations around the clinic to demonstrate good hand washing technique.</li> </ul>
Staff	Food and drink preparation: Drinks area within clinics are typically small with limited opportunity for seating that would offer adequate social distancing; at a number of sites these break out areas are multipurpose.	Yellow	<ul style="list-style-type: none"> <li>• The Business should implement a temporary “no hot food/food requiring preparation” rule, to ensure that time and touch points within the kitchen area are minimised..</li> <li>• Staff eating in the kitchen area should not sit face to face, and should observe social distancing measures.</li> <li>• Sharing food (such as bring and share) should be discouraged at this time.</li> <li>• Hot drinks can still be allowed, but all Staff must have their own mug</li> <li>• Hands must be cleansed upon entering the kitchen or before using a kettle/drinks machine/water dispenser. Adequate provisions to clean and dry hands should be provided, and signage reminding Staff should be placed on the door and on the relevant machines.</li> <li>• If required, Staff should use their own utensils, which they will be responsible for cleaning and storing. Any utensils not claimed, or left in a shared area should be disposed of to prevent accidental use.</li> <li>• Clinics should avoid making drinks for Clients, and ensure that there is a pedal or non-touch bin available for disposing of used cups.</li> </ul>

# Part One Assessment

Who is at risk	Risk identified	RAG rating	Mitigating Actions
Staff, Clients, Visitors	Clinics receive a moderate amount of 'walk-ins' without pre-booked appointments, making it hard to plan for the number of persons within clinic based solely on appointments. This poses a risk to social distancing compliance.	Green	<ul style="list-style-type: none"> <li>Remove walk-in access by shutting the front doors to the clinic and erecting suitable signage to direct people to make an appointment if they wish to come in.</li> <li>The Business should consider the installation of buzzer entry systems to clinics that do not have these in place and a suitable cleaning plan for decontamination of entry touch points.</li> </ul>
Staff	Clinics have open plan Reception areas without shielded desks and are often within two meters of clients when taking payments, booking appointments, helping clients choose products and passing over paperwork. This is an infection control risk.	Red	<ul style="list-style-type: none"> <li>The Reception desk should be fitted with a suitable shield to protect Staff from Clients.</li> <li>Social distancing tape or demarcation should be put in place 2m around the public side of the desk, with suitable signage to encourage Clients to not step forward until they are called.</li> <li>Staff should implement a policy of wiping down all touch points in front of the Client prior to use to install confidence and good ipc controls. This includes pens, clipboards, payment terminals and any purchased products.</li> <li>Contactless methods of payment should be encouraged.</li> </ul>
Clients	Client waiting areas are often small, and have cluster or face to face seating to maximize the number of available seats for waiting clientele. This poses a risk to social distancing compliance.	Red	<ul style="list-style-type: none"> <li>The Clinic Manager should undertake a local review of the waiting area(s) within clinic, and remove all chairs that are closer than 2m from each other. Where possible, seating should be arranged so that it is not face to face.</li> <li>All Clients should be encouraged to wear a material face covering when they attend, as per Government guidelines.</li> <li>Policy of only allowing a suitable number of Clients into the waiting area should be implemented. This will mean staggering appointment times, and ensuring that suitable waiting distances are marked out for Clients. This should be supported by "Covid-19 Secure" posters for Clients.</li> </ul>
Staff, Clients	Product displays are open to clients to browse. They are both difficult to sanitise quickly and a high touch point area – this poses an infection control risk.	Yellow	<ul style="list-style-type: none"> <li>There should be no point of sale items, displays, magazines or brochures available in the waiting area. Coronavirus has been shown to be active on paper and cardboard for 24 hours</li> </ul>
Staff, Cleaners	Cleaning within clinics normally occurs at the beginning and end of the working day, with no specific guidance as to the level of cleanliness required in non-clinical areas above 'visibly clean and tidy' and no focus on touch points due to the single-use PPE used by Clinicians. This is a safety risk.	Red	<ul style="list-style-type: none"> <li>The Business must produce an updated Covid19 Safety policy and this must be implemented within clinics.</li> <li>The Business should provide support with COSHH training where different products are implemented to ensure they are being used correctly.</li> <li>If the clinic is in a more vulnerable host location, it should be considered whether local arrangements should be made with the host to ensure safety. (i.e. Hospital or Shopping Complex.)</li> <li>Clinics should undertake a local assessment of touchpoints – this should be a physical exercise supported by the H&amp;S Team.</li> <li>The Business must supply adequate type and amount of sanitisation equipment to support the enhanced level of cleaning required.</li> <li>Clinics should be cleaned throughout the day, and should consider nominating a daily "touch point cleaner" to spot clean.</li> </ul>

# Part One Assessment

Who is at risk	Risk identified	RAG rating	Mitigating Actions
Staff, Clients	Ventilation within rooms: there is an enhanced need for good air turnover after non-aerosol generating treatments, and during and after aerosol generating treatments to ensure contaminants are filtered out of the air. Staff and Clients will be wearing PPE when in the rooms – but there is a residual infection control risk.	Yellow	<ul style="list-style-type: none"> <li>• Clinics must perform a local assessment of ventilation in rooms and prioritise using those with forced extract or windows that can be safely opened.</li> <li>• Where neither of these are available, the Business should consider whether installation would be an appropriate measure.</li> <li>• There must be an increase in time slots to ensure that the air can effectively turnover in between clients.</li> <li>• Clients should be encouraged to wear adequate face coverings/PPE and Staff should be equipped with RPE/PPE as deemed appropriate by the Medical Standards Committee.</li> <li>• Treatment room fire doors should not be propped open to allow air-turnover – the Business could consider the installation of appropriate kick stop fire door holders to ensure doors can be safely propped open whilst cleaning. If this is not feasible, then a normal wedge could be used but the room must not be left whilst the wedge is in-situ due to the high fire risk.</li> </ul>
Staff	Client reaction: mitigating actions will mean a change of behaviours required from clients coming into the clinic. There is a possibility of increased grumbles and complaints as Staff may have to refuse treatment and entry to the building if the Client is not suitable or fails/refuses a wellness check. This is a wellbeing and brand risk.	Green	<ul style="list-style-type: none"> <li>• The Business should implement a new end-to-end Customer journey to prepare Clients for the new behavioural requirements.</li> <li>• The Clinic should ensure that adequate positive signage is displayed around the clinic to reinforce the Company safety message.</li> <li>• Staff should be provided with training and sample responses for likely complaints to help reduce stress levels.</li> <li>• The Business should consider an installation of FAQ posters about the changes in the waiting area.</li> </ul>
Staff	There is a high risk of water contamination within the clinics that have remained dormant due to a very low turnover of water and unseasonably warm weather. Sudden use of hot water and air-conditioning units puts all service users at risk of Legionnaires disease. This is an infection control risk.	Red	<ul style="list-style-type: none"> <li>• Clinics should follow an enhanced water flushing programme upon re-entry to the building for the first time.</li> <li>• The Business should consider early re-engagement of its water management company to provide guidance and localized decontamination of stored water tanks.</li> <li>• All Managers must complete E-Learning on Legionella management if they have not already done so.</li> <li>• Where there has been a drop in overall water quality, the Business should consider temporarily supplying bottled water to Staff and removing the Client water machine from service.</li> </ul>
Staff, Clients, Other building users	Due to clinic dormancy, there is a risk that emergency systems will have not been checked and may not function correctly when required. This is a safety risk.	Yellow	<ul style="list-style-type: none"> <li>• All systems must be tested upon first re-entry to the building. This includes fire and alarm systems (excluding sprinkler system in managed buildings), emergency pull chords, telephones in rooms, CCTV systems and entry/exit systems.</li> <li>• Where only a minority of Staff are returning from furlough, it should be considered in rotas who is trained to use the fire and alarm systems and can carry out tests.</li> </ul>
Staff	Dermatitis due to frequent hand washing. Repeated exposure to water and use of soap, alcohol hand gel, and other detergents can cause dry skin, and what is known as irritant contact dermatitis.	Yellow	<ul style="list-style-type: none"> <li>• Moisturiser (emollients) should be available to all staff.</li> <li>• Hands should be fully dried after washing by patting them, not rubbing.</li> <li>• Moisturiser should be applied generously after handwashing, repeatedly through the day, and whenever the skin feels dry.</li> </ul>

# Part One Assessment

Who is at risk	Risk identified	RAG rating	Mitigating Actions
Staff	Clinics may produce more clinical waste than normal. Clinics with reduced capacity to store waste may not have anywhere secure to store waste and risk breaching trade waste regulations. This is a safety risk.	Yellow	<ul style="list-style-type: none"> <li>Any clinics without external waste stores should consider the purchase of an internal waste storage unit so that bins can be regularly emptied within all rooms.</li> <li>All clinics should undertake a local assessment and consider temporarily upping the number of trade and clinical waste collections.</li> <li>The Business should prepare for the increase of waste by ordering sufficient clinical waste disposal bags.</li> </ul>
Staff, Clients	Clinics run multiple columns, and often have treatment rooms situated off one main corridor – this is rarely wider than two metres and there is a risk of clients and Staff passing face to face – this will not be extended contact. This is a social distancing risk.	Green	<ul style="list-style-type: none"> <li>Clinics must undertake a local assessment of space and consider whether one way systems around certain areas of the clinic could be considered. Where this is possible, signage should be installed to reinforce behaviour.</li> </ul>
Staff	Many Staff within clinics do not come from an acute healthcare setting (such as non-treating Clinic Managers), and have limited knowledge of infection prevention control and aseptic non-touch technique practices. This is a safety risk.	Yellow	<ul style="list-style-type: none"> <li>The Business should create a “Return to Practice” policy with guidelines for Staff to follow. This must be implemented within all clinics.</li> <li>The Business must offer appropriate training on use of PPE/RPE and updated handwashing. This training must be completed before Clients are accepted back into the Clinics.</li> </ul>
Staff, Contractors	Clinic cleaning provision is provided by the Staff in many places across the Group, and so will not have been carried out whilst the clinic is dormant. Similarly, sites that buy in cleaning services will not have engaged their contractors in a number of months. This is a safety risk.	Yellow	<ul style="list-style-type: none"> <li>Clinics that buy in their cleaning services must make contact with the Contractors and ensure that the cleaning levels offered are suitable and sufficient, and that persons coming into clinic have been given suitable training in the necessary behaviours when attending and only attend once a permit-to-work has been approved by the H&amp;S Team.</li> <li>Clinics that do not buy in their cleaning services must have adequate training and guidance supplied by the Company in how to sanitise their environment. This will be based on the new Covid19 Safety Policy and local risk assessments.</li> <li>The Business should provide a day one cleaning checklist for Staff returning to the Clinics, and in higher risk locations should consider the use of fogging canisters to sanitise ventilation systems.</li> </ul>
Staff	Staff often hot-desk on Reception throughout the day, sharing stationery, phones and computer equipment and collecting notes. They have repeat exposure to Clients, sometimes for extended periods. This is both a social distancing and an infection control risk.	Red	<ul style="list-style-type: none"> <li>No Staff should come behind the desk unnecessarily and should hand over care to the designated person on Reception to rebook the next appointment etc.</li> <li>Staff on Reception should make regular clean downs of their workspace, focusing on high touch point areas.</li> <li>Staff should sanitise their hands after receiving clinical notes and dealing with individual clients. A supply of alcohol hand gel should be made available behind the desk.</li> </ul>

# Part One Assessment

Who is at risk	Risk identified	RAG rating	Mitigating Actions
Staff	Due to the changes to the working environment and added stressors caused by the CV-19 pandemic, Staff may experience heightened stress levels. They may feel pressured not to speak out if they do not agree with procedures put in place to protect safety at a managerial level, or may feel unable to raise an issue with a superior who is failing to follow	Yellow	<ul style="list-style-type: none"> <li>All Staff should be reminded of their Health &amp; Safety Officer, Freedom to Speak Up and Safeguarding Lead's contact details, and made aware of their recourse to action if they have any safety or wellbeing concerns.</li> </ul>
Staff, Clients	Close Contact Treatments - risk of staff working <2m distance. Infectious viral transmission is by droplets >10 µm* and/or aerosol. Inhalable infectious particles (aerosol) have a particle size of less than ≤5 µm*. However, face masks are considered 'the last line of defence' where other practices such as frequent hand washing / sanitising and social distancing are much more effective in preventing infectious droplet or aerosol transmission.	Red	<ul style="list-style-type: none"> <li>Personal Protective Equipment (PPE) will be provided to use. Hand sanitiser and cleaning material will be provided for regular use as per the Covid19 Safety Policy.</li> <li>Certain procedures convey higher risk of transmission. For example, aerosol generating procedures (AGPs) present risk of aerosolised transmission.</li> <li>Where AGPs are performed FFP 3 masks should be worn, or where not available FFP 2.</li> <li>Where non – AGP procedures are performed within 2 metre distance FFP2 mask or Type II R surgical mask should be worn as per table. 1.</li> <li>Staff not directly involved in client care, i.e. in reception will wear face coverings or mask. Aprons and gloves should be available to them. Handwashing facilities or hand sanitiser (60% alcohol) should be available to all staff not working directly with clients.</li> <li>Clients should be asked to wear a face mask in clinic up until the point of contact with the skin if a face treatment is to be performed.</li> <li>Treatment times should not exceed 1 hour to reduce contact times and allow comfort breaks for the staff.</li> <li>Clients should be asked to attend the clinic with no make-up for face treatments to reduce contact time.</li> <li>For laser hair and tattoo treatments clients should be asked to remove hair before attending their appointment.</li> <li>No changes are required in the use of preparatory skin cleaning, assuming this is usually performed with solutions containing ethyl alcohol, or a hypochlorite solution such as Clinisept®. There is evidence that chlorhexidine is less effective in the removal of SARS-Cov-2.</li> </ul>
Staff, Clients	A number of treatments should be deemed "high risk" for transmission/exposure. These include: Ablative Resurfacing, Surgery with cautery, Warts: any treatment, Nano/Picosecond, Any cautery, Peri-oral / Lip Filler, Microdermabrasion.	Red	<ul style="list-style-type: none"> <li>Ablative resurfacing and any surgery with cautery will require smoke evacuation. NICE (National Institute for Health and Care Excellence) advise that in order to lower the risks caused by surgical smoke plume a smoke evacuation system, such as the Acu-Evac, should be used.</li> <li>Where full face ablative procedures are performed there should be a 2 hour period following the procedure where the room is not used to allow for adequate ventilation.</li> <li>High risk procedures should be considered at the end of the day.</li> <li>PPE should be worn as outlined.</li> <li>A cleaning schedule should be in place to ensure cleaning in between every client.</li> </ul>

# Part One Assessment

Who is at risk	Risk identified	RAG rating	Mitigating Actions
Staff	Time management pressures. Due to additional tasks required, such as Donning and Doffing of PPE, ventilation requirements and cleaning in between every client. This is a wellbeing risk.	Yellow	<ul style="list-style-type: none"> <li>The Business should add 15 minutes should be added to every default booking time to allow for additional tasks.</li> <li>Alternatively 2 rooms should be considered in some cases to be used by one practitioner to allow tasks to be completed.</li> <li>Time should be allowed at the beginning and end of the day for cleaning and set up of the clinic.</li> </ul>
Staff	New Ways of Working – Staff will need to change habits and learn new procedures. This is a safety and wellbeing risk.	Yellow	<ul style="list-style-type: none"> <li>Clinics should hold a rehearsal session to practice donning and doffing PPE and find good ways of working in the clinic with the new procedures and policies.</li> <li>All practitioners should complete the PPE module on Donning and Doffing of PPE.</li> </ul>
Staff, Clients	A client or staff member may become unwell in the clinic and be suspected of Covid19	Red	<ul style="list-style-type: none"> <li>Clinics should be educated in what to do in the event a suspected case of Covid19 in the clinic. The Covid19 Safety Policy will include the actions to be taken by the clinic. All staff will have access to the policy which should be trained to all Clinic Managers.</li> <li>Clinic Managers should train their teams to ensure full understanding.</li> </ul>
Staff, Clients, Visitors, Contractors	Severity of CV-19 disease	Red	<ul style="list-style-type: none"> <li>Clients should be informed of the risk of Covid19 and complete the Covid-19 Risk Consent form.</li> <li>Vulnerable people should not attend sk:n unless they have completely recovered from having the disease. Group A must stay at home and not leave home for 3 months.</li> </ul>

End of Part One Assessment

# Part Two Assessment

## Clinic Led RA

Name of Clinic	
Location ( <i>address</i> )	
Type of clinic ( <i>i.e. standalone or within shared premises</i> )	
Name of Risk Assessor(s)	
Date of Assessment and version	
Description of location	
Staff Demographic (How many Staff, FT/Bank/PT, known risks to Staff etc.)	
Type of cleaning provision (Buy in / self-clean)	

### Actions for CM's

1. Walk around clinic and identify risks specific to your clinic.
2. Consult with Staff to get their feedback.
3. Consider what you will do to lower the risk profile and put these down as your 'mitigating actions'.
4. Send in your risk assessment to the appropriate Team to review:
5. HMG – Laura Polo and Claire Clarke
6. Sk:n/DS/CHC – Safety email
7. Once received back from review, discuss the actions with your Team and plan to implement.
8. Print off a copy of this assessment and store somewhere Staff facing to serve as a reference point for Staff.





