

RISK ASSESSMENT FOR COVID-19

Subject of Assessment	Coronavirus (COVID-19)	Date	21/05/2020
Task/Activity	Managing the risk of Coronavirus (COVID-19) exposure while undertaking all work activities		
Assessor	Thomas Carter	Location of Assessment	The Health Lounge, 77 High Street, Cranleigh, GU68AU

Risk Rating Matrix (RR)	Likelihood (L)		
Consequence (C)	Certain or near certain to occur (High)	Reasonably likely to occur (Medium)	Unlikely to occur (Low)
Fatality; major injury or illness causing long term disability (High)	High (H)	High (H)	Medium (M)
Injury or illness causing short term disability (Medium)	High (H)	Medium (M)	Low (L)
Other injury or illness (low)	Medium (M)	Low (L)	Low (L)

Ref	Hazards (Unsafe Condition)	Who is at risk? (and how)	Controls in place	L	C	RR	Adequately controlled?
1	COVID-19 (someone infected entering the workplace)	Team members &/ or visitor(s) (A visitor or team member enters the workplace passes the virus onto another person)	<ul style="list-style-type: none"> From 26/05/2020 planned date of offering face to face treatments with patients. Clinic will open with essential clinical team – Chiropractor. If needed, another team member to help manage patients and increased hygiene processes. Only patients with a “medical need” (that has been highlighted in prior contact with clinical team member) will be permitted to attend the clinic. If patient requires a chaperone; for example, a guardian, this will have to be made clear at time of booking appointment – no other/additional visitors permitted until further notice. All persons before their first visit to the clinic since before the current ‘lockdown’ (started 23rd March 2020) will be sent a link to a specific page on our website which contains “Information & Consent Form – Risk of Coronavirus (COVID-19) Transmission at The Health Lounge Clinic”. All persons must agree to all points and electronically submit their form before attending for their first appointments since ‘lockdown’. On returning visits they will be verbally asked if they still agree. Copies of this form will be also available in clinic if needed. All person will be asked to submit a temperature reading test at the welcome desk, persons with a temperature of 37.8 centigrade or greater will be asked to leave. Increase hygiene practices are being carried out, including cleaning as highlighted in the “COVID-19 daily check sheet”, no consumption of food or drink other than in team areas (kitchen/out of use therapy room) and appropriate use of PPR where necessary. No handshaking. 	M	M	M	Yes

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2	COVID-19 (someone becomes ill in the workplace)	Team members &/ or visitors(s) (Contract COVID-19 in workplace)	<ul style="list-style-type: none"> • UK Government guidance to be followed • The kitchen has been designated a safe area away from other team members. Persons showing signs of COVID-19 infections will be removed from the workplace, away from other team and sent home with support if required. The person will be advised to follow NHS guidance online. • If the person is a visitor, their organisation will be informed. • The workplace will be decontaminated following governmental guidance. • This information has been passed onto all team members. 	M	M	M	Yes
3	COVID-19 (Contaminated Workplace)	Team members &/ or visitors(s) (Contract COVID-19 in workplace)	<ul style="list-style-type: none"> • UK Government guidance is being followed. • Extra hygiene requirement is in place; all visitors are asked to take their shoes off on entry and sanitise their hands. • Increase hygiene practices are being carried out by team members, including cleaning as highlighted in the "Cleaning Log"; refreshments are not offered to visitors (unless clinically relevant); team not to consume food or drink unless in team areas (kitchen/out of use therapy room); and appropriate level of usage of PPE where necessary. Clinical team to follow "room hygiene protocol" between patients. No Handshaking. • No public use of toilets unless it is an emergency. • Clinical assistant/chiropractor follows 'COVID-19 booking in form' which will be completed verbally and will be documented on the practice management software. This is to be completed on the patients arrival. • This information has been passed onto all team members. 	M	M	M	Yes
4	COVID-19 (someone becomes ill in the workplace)	Team members &/ or visitors(s) (A person catches COVID-19 due to working closely with an infected person)	<ul style="list-style-type: none"> • UK Government guidance is being followed. • A social distancing policy has been implemented. <ul style="list-style-type: none"> - Only essential team members (needed to open and operate safely), will be in clinic during opening hours. Administration tasks will be done remotely. - Non-clinical team will comply social distancing policy of 2 metres unless clinically needed. - 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 a medical need has been identified prior to the appointment by a member of the clinical team. - Patient where possible, will be treated remotely by phone or secure web-video Telehealth. • This information has been passed onto all team members. 	M	M	M	Yes

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5	COVID-19 (Vulnerable team members)	Team members with underlying health conditions. Reduced immunity, pregnancy, over 70, etc.) (Contract COVID-19 in workplace)	<ul style="list-style-type: none"> • UK Government guidance to be followed • Any team member or team member living with a person that is in the venerable 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. • If a team member is a person that they live with show flu like symptoms; either a high temperature (37.8° centigrade or greater) and/or have a new continuous cough; they should follow the guidance to isolate⁴ for either 7 days (living alone) or 14 days (living with others). • Pregnant workers may be asked to commence maternity leave early if practicable. • The clinic will arrange for meetings or coaching sessions to be completed by video or audio conferencing where possible. • This information has been passed onto all team members. 	M	M	M	Yes
6	COVID-19 (team members who have contracted COVID-19)	Team members, visitors, members of the Public, Family members (Contract COVID-19 in workplace)	<ul style="list-style-type: none"> • If NHS 111/online or GP determines that a team member has contracted COVID-19 they will be treated as 'off sick' as per normal company sick ness 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. • The workplace has been decontaminated following governmental guidance. • This information has been passed onto all team members. 	M	M	M	Yes
7	COVID-19 (Presenteeism. Symptomatic or exposed employees remain in workplace.)	Team members, members of the Public, Family members (Team members who are symptomatic or have been in contact with someone with COVI-19 but continue to work despite being unwell)	<ul style="list-style-type: none"> • UK Government guidance is being 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. 	M	M	M	Yes

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8	COVID-19 (Self-Isolation and wellbeing)	Team members (team members not aware of the need to or how to self-isolate. Wellbeing/Loneliness issues from self-isolation)	<ul style="list-style-type: none"> NHS 111 online provides advice on when to self-isolate and provides access to an online interactive personal checklist (Stay at Home Advice). A homeworker's risk assessment – either general or specific depending on risk levels - will be completed. Managers are to ensure that all team members now required to work from home have the necessary equipment to do their jobs safely. Managers & colleagues are advised to keep in regular contact with home workers with regular individual, team calls or by webinars. This information has been passed onto all team members. 	M	M	M	Yes
9	COVID-19 (Travelling abroad)	Team members & visitors (A person catches COVID-19 due to travelling abroad)	<ul style="list-style-type: none"> 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 high risk of COVID-19. Team members are granted permission to cancel at short notice any pre-booked annual leave to an affected area i.e. no pressure to travel to affected destinations. 	M	M	M	Yes
10	COVID-19 (Information failure)	Team members & visitors (Escalation/de-escalation of Pandemic)	<ul style="list-style-type: none"> The Health Lounge has designated Natalie Edwards as "COVID-19 Appointed Person" whose responsibilities include; <ul style="list-style-type: none"> - Monitoring relevant updates from government & across the health profession. 	M	M	M	Yes
11	COVID-19 (At risk individual required emergency care)	Patients with underlying health conditions, reduced immunity, pregnancy, over 70, etc.) (Contract COVID-19 in workplace)	<ul style="list-style-type: none"> Only to be offered at a weekend on Saturdays Clinic to be deep cleaned before arrival. Full PPE to be required. Only one team member and one patient in the building at a time. If patient requires a chaperone; for example, a guardian, this will have to be made clear at time of booking appointment – no other/additional visitors permitted until further notice. 	M	M	M	Yes

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12	COVID-19 (Reporting actions)	Team members	<ul style="list-style-type: none"> • Dangerous Occurrences regulation 7, schedule 2 – section 10 on legislation.gov.uk. If something happens at work which results in (or could result in) the release or escape of coronavirus you must report this as a dangerous occurrence. An example of dangerous occurrence would be a lab worker accidentally smashing a glass vial containing coronavirus, leading to people being exposed. • Cases of Disease: Exposure to a biological agent regulation 9(b) on legislation.gov.uk. If there is reasonable evidence that someone diagnosed with COVID-19 was likely exposed because of their work, you must report this as an exposure to a biological agent using the case of disease report. An example of work- related exposure to coronavirus would be a health care professional who is diagnosed with COVID-19 after treating patients with COVID-19. • Work related fatalities regulation 6(2) on legislation.gov.uk. If a worker dies as a result of exposure to coronavirus from their work and this is confirmed as the likely cause of death by a registered medical practitioner, then you must report this as death due to exposure of a biological agent using the ‘case of disease’ report form. You must send a report of that fatality to HSE by the quickest practicable means without delay and send a report of that fatality within 10 days of the incident. 	L	L	L	Yes

Hazard Ref	Additional control	Assigned to	Date completed	L	C	RR

Date of Assessment	21/05/2020	Signature	
Review date	Currently daily, to ensure Government Guidance is being followed		

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Appendix 1

Covid-19 Consent to receive Chiropractic Care with The Health Lounge

I understand that there is a risk of transmission of Coronavirus (COVID-19) as a result of attending the clinic and/or receiving treatment.

I understand that The Health Lounge cannot and will not accept responsibility for transmission of the Coronavirus (COVID19) should I become infected.

I confirm that I am not currently experiencing any symptoms of COVID-19, and have not had contact with anyone with symptoms within the last 7 days

I have had the chance to ask all the questions I wish to at this time.

I accept that the Clinic has the right to refuse treatment as a result of their health screening procedures, including the pre-treatment telephone screening and temperature screening on arrival.

I agree to attend at my own risk.

By signing below, I consent that I have read, agreed to and understood the statements above and consent to receive chiropractic care at The Health Lounge.

Name: _____

Signature: _____

Date: ____/____/____