

Covid-19

----- Guidance for practices



Date: 03.06.2020

Please be aware that this is a rapidly evolving situation.

Maintaining staff safety in general practice

General practice has very rapidly adopted a [safe practice policy](#) when considering how patients access GP services including implementing a closed door policy and the screening of patients prior to entry to the practice. For some practices this also involves a zoning process to minimise the risk to patients and staff for those patients who do need to physically attend.

In addition to considering the measures taken for interactions with patients, practices have a duty to consider the internal set up of the practice so that those working there do so in a safe environment. To do this, consideration needs to be given to both the workplace and the workforce risk. The combination of workplace and workforce risk enables a consideration of the overall occupational health risk. The employer can then have a discussion with the employee about their individual ideas concerns and expectations. For those that have been absent from work due to Covid-19 a discussion can then be had about a safe planned return to work.

The Government has produced [guidance on maintaining a safe workplace](#).

Workplace Risk Assessment and Reduction

- **Assess cleaning processes**

This should be read in conjunction with [Londonwide LMCs' Living Guide section 10.6](#).

Practices should consider:

- Encouraging people to follow [NHSE guidance on hand washing and hygiene](#).
- Providing hand sanitiser around the workplace, in addition to washrooms.
- Frequently cleaning and disinfecting objects and surfaces that are touched regularly.
- Enhancing cleaning for busy areas and review any cleaning schedules to ensure that they take into account changes needed due to Covid-19 risk.
- Setting clear guidance on the use and cleaning of toilets.
- Providing hand drying facilities – either paper towels or electrical dryers.

- **Review arrival and leaving processes**

Practices should:

- Ensure hand sanitiser is available at all entry/exit points.
- Consider arrival and leaving times, and whether these need to be staggered to reduce the risk of close socialising/ maintain social distancing.

Covid-19

----- Guidance for practices



- **Building assessment to maintain two metre social distancing where possible.**

Practices should:

- Remind everyone that social distancing applies to all parts of the practice, not just the areas where people spend most of their time. This includes entrances and exits, break rooms and meeting rooms. These are often the most challenging areas to maintain social distancing.
- Put up signs to remind staff and patients of social distancing guidance.
- Use floor tape or paint to mark areas to help people keep to a two metre distance.
- Reduce movement by discouraging non-essential trips within buildings, for example; restrict access to some areas, and encourage the use of telephones or internal messaging systems.
- Zone the practice for staff so that people only access the key areas that they need to.
- Reduce the maximum occupancy for lifts and encourage the use of stairs wherever possible.
- Ensure people with disabilities and mobility issues can access lifts and provide hand sanitiser for the operation of lifts.
- Consider if area/room occupancy levels can be managed to enable social distancing.
- If there are multiple entrances to the practice introduce a one-way flow through the building.

- **Workstations (including reception desks) assessment**

Practices should:

- Avoid the use of shared workstations or at least minimise the number of people who need to share a workstation.
- Ensure that where workstations are shared, there is a policy and procedure in place for cleaning and sanitising workstations between different occupants including shared equipment.
- Move workstations if necessary to create/maintain two metre distancing, wherever possible. If this is not possible, screens or barriers should be used to separate people from each other and/or arrange for people to work side-by-side or back-to-back rather than face-to-face.

- **Meeting review**

Practices should:

- Use remote working tools to avoid in-person meetings.
- Ensure that participants only attend meetings in person when absolutely necessary and that two metre separation is maintained throughout.
- Avoid transmission during meetings, for example avoiding sharing pens and other objects.
- Provide hand sanitiser in meeting rooms.
- Hold meetings outdoors or in well-ventilated rooms whenever possible.
- Consider using floor signage to help people maintain social distancing for areas where regular meetings take place.

Covid-19

----- Guidance for practices



Risk factors that can be used to evaluate the residual risk of Covid-19 transmission through work activities

SOM (Supporting Occupation Health and Wellbeing professionals) has considered how to assess the workplace and for each area the assessment should consider if the risk can be;

- Eliminated eg. Homeworking.
- Substituted eg. mechanise work process.
- Controlled by “engineering” eg. individual workspaces and two metre social distancing of work colleagues, installing a screen between reception and the waiting room area.
- Controlled by “administration” eg. social distancing compliance supervisor, online/remote meetings.

The table below is taken from their [guidance](#) and is a useful practical tool.

Framework for workplace COVID-19 riskBased on risk after control measures are implemented**					
Risk ID	Risk factors	Low *	Standard	Medium	High
1	Patient care/Individuals cared for in the community/Public facing				
2	Ability to maintain social distancing at work >2m				
3	Number of different people sharing the workplace				
4	Travel to and from work				
5	Workplace entry and exit				
6	Availability and use of PPE				
7	Ability to maintain hand hygiene				
8	Workplace environment cleanliness control				
9	Ability to avoid symptomatic people				

* A low risk environment is likely to be home working or isolated, non-shared office working

** The overall workplace risk judgement would be the highest risk level reached (ie. coloured risk category) for any specific risk factor, after control measures are implemented.

Covid-19

----- Guidance for practices



Workforce Risk Assessment

The [Faculty of Occupational Medicine](#) has produced guidance which advises to consider the following factors when assessing individual risk:

- Age
- Sex
- Underlying health conditions
- Ethnicity
- Pregnancy

[NHS Employers guidance](#) considers these factors and the issue of obesity. It is limited as it mainly references roles in secondary care and does not give specific consideration to working in general practice. Both sets of guidance state what to take into consideration but do not give any advice on what to do if risk factors are identified, how you mitigate for these whilst maintaining services.

There have been some proposed scoring systems, but these are not validated:

- The [British Association of Physicians of Indian Origin scoring system](#) to enable risk assessment is endorsed by NHS Employers. It gives a scoring for each of the factors listed above and then risk categories the employee into a low, high or very high risk. The advice is that:
 - Low risk employees continue current duties with adherence to best infection control practice.
 - High risk employees consider enhanced PPE and modification to duties.
 - Very high risk employees work from home or in non-patient facing roles.
- Another scoring system, the [Safety Assessment And Decision Score](#) (SAAD), has been fairly widely publicised but is not validated or endorsed by NHS England. The SAAD score was created by a group of GPs led by Dr M Jiva specifically for general practice use. The system:
 - Has the advantage of differentiating between different ethnic groups, applying different weightings to the different age groups, including BMI and VitD levels.
 - Categorises the person as low, medium or high risk.
 - For each risk category then differentiates the person into either clinical or non-clinical and gives a list of tasks that the person could safely do and should avoid.

Practices may wish to consider utilising the [British Association of Physicians of Indian Origin scoring system](#) but then use the [matrix found in the SAAD system](#) to determine what work clinicians and non-clinicians can perform safely depending on their individual risk score.