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**Risk Assessment for continued running of services and planning for increasing service offer during COVID 19 pandemic**

Introduction

As an employer, Pennine MSK has a legal responsibility to protect our staff and patients from risk to their health and safety. This means we need to think about the risks they face and do everything reasonably practicable to minimise them, recognising that we cannot completely eliminate the risk of COVID-19.

In this risk assessment we aim to identify sensible measures to control the risks in our workplace and we have taken guidance from the Government documents available at gov.uk which will be regularly reviewed and this document updated if new advice and guidance emerges.

We have a duty to consult our people on Health and Safety and we will circulate this risk assessment to all staff and by listening and talking to them will discuss this document fully with them so that we can all work together to mitigate the risks as fully as we can. Staff will be involved wherever possible in managing the risks.

We aim to have full involvement with our staff so that we can collaborate and problem solve together.

We aim to reduce risk to the lowest reasonably practicable level by taking preventative measures, in order of priority.

We must work with any other employers or contractors sharing the workplace so that everybody's health and safety is protected. We therefore aim to work with other services working from our buildings and with the landlords CHP.

Who we need to be in work

As an NHS community service we need some staff to be available in the clinical and administrative setting every day. In this document we aim to set out how we can ensure staff can safely work in the clinical and administrative environment and how we can facilitate home working for some staff.

Staff who need to self-isolate

As of 16 August 2021 the government has changed the requirements to self-isolate following a positive COVID-19 contact. This change applies to all staff including substantive clinical and non-clinical roles, staffbank, contractors and suppliers – and students working in all facilities, settings and organisations delivering NHS care. Fully vaccinated staff and students who are identified as a contact of a positive COVID-19 case will no longer be expected to isolate and will be expected to return to work subject to the following safeguards:

• a negative PCR test prior to returning to their NHS workplace. Staff/students should not attend work while awaiting the PCR test result

• the staff member/student has had two doses of an approved vaccine, and is at least two weeks (14 days) post double vaccination at the point of exposure

• provision of subsequent, daily negative LFD antigen tests for a minimum of 10 days following their last contact with the case before commencing a shift (with test results reported to Test and Trace via the web portal and to their duty manager or an identified senior staff member). Any contact who has a positive LFD test should self-isolate and arrange a PCR test

• the staff member/student is and remains asymptomatic

• continued use of IPC measures, in line with the current UK IPC guidance.

If the above criteria cannot be met, or if the staff member/student has not had both doses of the vaccine, **or they are living directly (same household) with a positive COVID-19 case**, they will be asked not to come to work in accordance with current guidance. Local workplace risk assessments should take place to identify specific services that involve the care of immunocompromised patients. This means that returning contact positive staff who are well and able to return to work should discuss their planned workload with their line manager. This is a further protective measure for patients at significantly higher risk.

Staff who need to self- isolate based on current Government advice must do so. COVID 19 testing is available for all symptomatic staff and the people they live with via the self-referral for tests or by referral from Pennine MSK via the employer referral portal. Staff should follow the ‘Stay at home guidance for households requiring self- isolation due to having symptoms’. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>. Please also See Appendix 2 for further guidance on the management of self-isolation and quarantine.

Equality in the Workplace

In applying this guidance, we will aim to be mindful of the particular needs of different groups of workers or individuals.

We will not to discriminate, directly or indirectly, against anyone because of a protected characteristic such as age, sex or disability.

We will aim to:

Understand and take into account the particular circumstances of those with different protected characteristics.

Involve and communicating appropriately with workers whose protected characteristics might either expose them to a different degree of risk.

Considering whether we need to put in place any particular measures or adjustments to take account of our duties under the equalities legislation.

Make reasonable adjustments to avoid disabled workers being put at a disadvantage, and assess the health and safety risks for new or expectant mothers.

Make sure that the steps we take do not have an unjustifiable negative impact on some groups compared to others, for example, those with caring responsibilities or those with religious commitments.

Considerations of risk

Whilst undertaking this risk assessment we have taken into account all suggested advice available from the government website. Gov.uk. paying particular regard to:

* Protecting people who are at higher risk - to protect clinically vulnerable and clinically extremely vulnerable individuals, with consideration to those staff living with clinically extremely vulnerable individuals
* Social Distancing - to maintain 1m social distancing wherever possible, including while arriving at and departing from work, while in work and when travelling between sites.
* Coming to work and leaving work - to maintain social distancing wherever possible, on arrival and departure and to ensure handwashing upon arrival.
* Moving around buildings and sites - To maintain 1m social distancing wherever possible while people travel through the workplace.
* Workplaces and Workstations -To maintain 1m social distancing between individuals when they are at their workstations.
* Clinic rooms and waiting rooms – To maintain 1m social distancing between individuals when in our waiting rooms and clinic rooms.
* Screening patients before attending clinic – to reduce the risk of patients attending clinic who may have symptoms of COVID-19.
* Meetings -To reduce transmission due to face-to-face meetings and maintain social distancing in meetings.
* Common areas – to maintain 1m social distancing in common shared areas
* Accidents, security and other incidents – to prioritise safety during incidents
* Managing visitors and contractors – minimising the number of visits to our premises
* Providing and explaining guidance – to make sure people understand what they need to do
* Keeping the workplace clean - to keep the workplace clean and prevent transmission by touching contaminated surfaces.
* Hygiene – handwashing, sanitation facilities and toilets – to help everyone keep good hygiene through the working day
* Handling supplies and materials - to reduce transmission through contact with objects that come into the workplace
* Personal Protective Equipment ( PPE) – to consider what is appropriate PPE for clinical staff working face to face with patients and all staff working in a health care environment.
* Workforce management –to consider changes to shift patterns and the way work is organised to reduce the number of contacts each employee has.
* Work related travel – to help workers delivering and collecting from other sites to maintain social distancing and hygiene measures.
* Communications and training for staff – to ensure all staff are aware of all COVID-19 related safety procedures
* Communications to patients – to ensure all patients are advised of and understand COVID-19 related safety procedures
* Managing demand and assessing risk of face to face consultations

**Risk assessment**

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| Vulnerable staff | |
| Considerations of Risk | Actions taken to mitigate risk |
| Clinically vulnerable/ clinically extremely vulnerable staff | We will follow latest Government advice with regard to staff who are classed as vulnerable / extremely vulnerable by a Doctor or the Government. A risk assessment will be undertaken for these staff as depending on staff role it may or may not be possible to enable home working for all staff in this category due to the nature of the service. Where it is necessary for these staff to come to work we will endeavour to ensure that all possible risks are mitigated so that they feel safe to come into work. |
| Staff living with clinically vulnerable/ extremely vulnerable individuals | We will follow latest Government advice with regard to staff who live with people who are classified as vulnerable / extremely vulnerable by a Doctor or the Government. Where it is necessary for these staff to come to work we will endeavour to ensure that all possible risks are mitigated so that they feel safe to come into work. |
| BAME clinical staff working in front line patient facing roles | Evidence from Public Health England shows that Black, Asian and minority ethnic (BAME) communities are disproportionately affected by COVID-19. Through conversations with Line Managers we will ensure that BAME clinical staff will be assessed to see if they have any existing underlying health conditions that may increase the risks for them in undertaking their frontline roles, in any capacity. These conversations will be conducted on an ongoing basis, consider the feelings of BAME colleagues, particularly with regard to their safety and their mental health. |
| Health issues of all staff | We are responsible for risk assessment for all staff employed by Pennine MSK. Staff subcontracted to us via an SLA with their substantive employer should contact their Line Manager. All staff are asked to speak to their Line Manager (or the HR Director if on an individual SLA) if they have any health issues they feel need to be considered or risk assessed for their role in the service. Risk assessments will be repeated as individual, local and national circumstances change. |

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| Coming to work and leaving work | |
| Considerations of Risk | Actions taken to mitigate risk |
| Travelling to work | Staff are encouraged to try to walk or cycle to work. Cycle racks are available at the ICC |
|  | It remains advisable to wear a face mask or covering if you need to use public transport. |
|  | If a member of staff wishes to give a colleague a lift to work then it is advisable that both driver and passenger wear a face mask in an enclosed space. |
| Entering the ICC | Staff are able to use the unmarked rear entrance and exit using fob access as an alternative to the main entrance to facilitate social distancing if required.  All staff are Required to wear a **Fluid Repellent Surgical Face Mask (FRSM**) when they are in work unless eating or drinking.  Face masks **must** be disposed of in clinical waste bins not open office bins. A clinical waste bin is available at the front door of the building. |
| Travelling to the correct floor for work | Staff are encouraged to use the stairs wherever possible as part of promoting physical activity levels and also because it is easier to remain socially distant on stairs.  The lifts are accessible and clearly marked ‘Only two people in the lift at a time.’ |

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| Moving around building and sites | |
| Considerations of Risk | Actions taken to mitigate risk |
| Staff moving between ROH and other sites and ICC | As our service provision has increased it is not always possible to ensure that staff only work based at one site. If staff need to move between sites on the same day then they should take all precautions possible in line with infection control. |
|  | We encourage staff to keep unnecessary movement around the building and between floors to a minimum to promote social distancing |
|  | We encourage staff to use the back stairs if it is necessary at busy times to move between floors during the working day, rather than the stairs used by patients so it is easier to maintain social distancing. |
|  | In corridors and walkways staff should try to maintain social distancing by waiting back in passing places to allow people to pass and wear a **Fluid Repellent Surgical Face Mask (FRSM).** |

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| Workplaces and workstations | |
| Considerations of Risk | Actions taken to mitigate risk |
| Maintaining appropriate distance between staff | All staff are advised that they should remain at home if they feel the unwell with any possible COVID symptoms and err on the side of caution. They should book a PCR test and wait for the results. |
|  | In the open plan office at the ICC middle bank desks can be used when required *and providing that the computer is not being used by a member of staff using the PC for remote access*.  In the second floor office most used leaflets have been located in the corridor so that less people need to access the office, thereby allowing two members of staff to use the office and still socially distance. |
|  | If a member of staff based on the sixth floor at the ICC develops COVID symptoms whilst at work then they should go home immediately and arrange a PCR test. The bank of desks where that member of staff was sat should be vacated and it should be ascertained whether the member of staff has visited the drinks area/toilets etc. These areas should be closed and a cleaner called to deep clean the area. Once the deep clean has been completed the area can be reopened. |
|  | Antibacterial wipes are provided throughout the office to enable staff to clean all workstations/telephones/computers/Dictaphones/ chairs before use each day. |
|  | Staff who can perform some of their role from home will be allowed to do so – for example if a clinician has a day of telephone clinics these could be done from home using remote working. |
|  | We will utilise our clinic rooms which are not being used for face to face consultations for extra capacity to allow more isolated working |
|  | Staff will not pass their phone to other staff to use but will transfer calls to the individual. |
|  | Secretaries will not share headsets but will play dictation out loud or swap to their own headsets if necessary. |
|  | Shared office equipment such as staplers/hole punchers etc. have been s should be located in drop off points to facilitate cleaning between use. |
|  | Hand sanitiser is provided throughout the office. |

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| Face to face clinics and waiting rooms | |
| Considerations of Risk | Actions taken to mitigate risk |
| Maintaining appropriate safe distance between patients in the waiting room and in clinic rooms | Seating has been removed and rearranged in the waiting rooms to enable safer social distancing and the floor is marked to remind patients to maintain social distancing. |
|  | Face to face clinics were reduced alongside increased availability of telephone consultations so that less clinics are running at any one time . We will now slowly increase the face to face capacity in all locations whilst closely monitoring waiting room capacity and impact |
|  | Start times of clinics will be staggered so that fewer patients are in the waiting room at any one time. |
|  | We will extend into further evening working and consider weekend working to meet manageable demand |
|  | Patients will be asked to attend alone unless they need a carer or interpreter. They will be required to wear a face mask on entry to the building. |
|  | Patients will be asked to only enter the building a few minutes before their appointment time to avoid lengthy waits in the waiting room |
|  | Clinicians must ensure wherever possible that clinics run on time to avoid a build- up of patients in the waiting room. |
|  | Clinicians should ask all patients who attend for a face to face appointment if they have any symptoms of COVID-19 before they take them into a clinic room. |
| Maintaining appropriate safe distance between patient and clinician in the clinic room | Clinic rooms have been rearranged to allow for the maximum distance between patient and clinician during face to face consultation. Where possible we will allocate the rooms where windows can be opened for the face to face clinics so that you can open windows and doors frequently to increase ventilation. |
|  | More use will be made of Language line for interpreter needs to reduce numbers of people attending waiting room and clinic |
|  | Face to face interpreters will wear a face mask and carry hand sanitiser and will maintain social distancing guidelines. |
|  | Patients attending infusion clinic will be given staggered appointments to facilitate social distancing. |
| Reducing spread of infection in clinic rooms | Standard cleaning procedures will be followed in low risk areas. Clinicians will continue to wear and change PE in between patients in accordance with the PPE policy. |
|  | In areas of our service which serve the clinically extremely vulnerable, such as the infusion clinic, and in the theatre suite where minor surgery / procedures are conducted, enhanced cleaning procedures should be maintained to keep the risk to the minimum.  Patients attending infusion clinic will be asked to wash their hands on entry to the infusion suite and provided with a fluid repellent mask to wear throughout their treatment. |

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| Working from home | |
| Considerations of Risk | Actions taken to mitigate risk |
| Appropriate equipment | All staff working from home for all or part of their working week are asked to ensure that they have an appropriate environment to work in. Desk/table – chair etc |
| IT Support | Laptops with appropriate security and access are provided and staff are asked to complete and Information Governance Assurance form to be submitted to the IG lead to confirm safety measures in place for safe storage of equipment and PID |
| Workstation assessment | If a member of staff requires additional equipment such as a keyboard/mouse/adjustable chair please speak to your Line Manager who will make every effort to accommodate requests. |

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| Screening patients before attending clinic | |
| Considerations of Risk | Actions taken to mitigate risk |
| Patients attending clinic with COVID 19 symptoms | Patients booking a face to face appointment will be advised to not attend if they have any symptoms of COVID 19 |
|  | A text is sent on the day of the appointment reminding patients that they should not attend if they are now experiencing any COVID 19 symptoms. |
|  | If a patient attends and is found to be showing symptoms of COVID 19 then they will be advised to self-isolate and contact NHS111 if they are unable to self-manage their symptoms or start to deteriorate in line with the latest gov.uk advice |
|  | Individuals who have had recent COVID19 infection should be advised not to attend until at least 10 days have elapsed from onset and they should have had at least 48 hours without fever or respiratory symptoms. |
|  | A new patient leaflet has been devised to replace the current advice leaflet which will provide advice and guidance to patients on new measures in place at Pennine MSK during the pandemic. |
| Patients travelling back from abroad | If we know that patients have returned from red list we will not offer any appointments for the quarantine period unless there is clear urgent clear clinical need that has been discussed with a Consultant. |

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| Screening staff | |
| Considerations of Risk | Actions taken to mitigate risk |
| Staff attending clinic with COVID 19 symptoms | Arrangements have been made for all clinical and administrative staff to opt in for twice weekly lateral flow testing.  You are exempt from retesting within 90 days of as positive test. |
|  | Staff who have had recent COVID19 infection should be advised not to attend until at least 10 full days have elapsed from onset and they should have had at least 48 hours without fever or respiratory symptoms. |

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| Vaccinating staff | |
| Considerations of Risk | Actions taken to mitigate risk |
| Staff attending clinic with COVID 19 symptoms | With the national roll out of vaccines to NHS staff, it is important that everyone understands that:   1. It takes 2-3 weeks for protection to build after the first dose 2. Second doses may be delayed for up to 12 weeks but are still essential to boost protection 3. Booster doses are advised at least 6 months after your second dose for all NHS health & social care workers but should be delayed by 4 weeks if you have had a positive COVID-19 test 4. None of the vaccine studies has demonstrated that a vaccine prevents infection altogether, or reduces the spread of the virus in a population. This leaves open the chance that those who are vaccinated could remain susceptible to asymptomatic infection — and could transmit that infection to others who remain vulnerable.   You should also ensure that all guidance relating to social distancing, washing your hands and ventilating the house to protect yourselves and your loved ones is followed.  You are also still eligible to be test and traced.  You should also still follow the national guidance if you develop any symptoms of COVID -19 by isolating immediately and arranging a COVID test. |

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| Meetings | |
| Considerations of Risk | Actions taken to mitigate risk |
| Maintaining appropriate distance between staff | Virtual meetings using IT apps such as Zoom and Microsoft Teams will be used where 1m social distancing is not possible. |
|  | When face to face meetings are necessary then social distancing should still be adhered to by booking a room of appropriate size. |
| Contamination of resources | Resources such as paper and pens should not be shared in meetings |
| Mandatory training | The majority of our mandatory training will be undertaken on line during 2021. BLS with anaphylaxis and 1:1 assessment for clinical staff will be undertaken face to face with appropriate 1m social distancing. |
| Clinical Peer review and persistent pain discussion groups | We will hold Clinical Peer Review virtually throughout 2021 but arrangements will be reviewed for 2022 |
| Team Build | We will be unable to run this as a large team event and are hoping to reconsider this in 2022. |

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| Common Areas | |
| Considerations of Risk | Actions taken to mitigate risk |
| Maintaining social distancing and hygiene in staff rooms etc | Staff are free to eat at their desk if they prefer. |
|  | If staff choose to use the staff room they should ensure they sit socially distant from other staff and wear a **Fluid Repellent Surgical Face Mask (FRSM)** when not eating. |

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| Accidents,security and other incidents | |
| Considerations of Risk | Actions taken to mitigate risk |
| Social distancing in event of an emergency | In the event of a fire alarm staff should not put themselves at greater risk by not leaving the building promptly because of social distancing requirements. In this instance it is more important to vacate the building immediately and then 1m socially distance as soon as you are free from danger. |
|  | People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands. |
| Raising incidents and concerns | Staff are fully encouraged to still raise incidents and concerns by completing an Incident form and emailing it to the patient safety email [oldccg.patientsafety@nhs.net](mailto:oldccg.patientsafety@nhs.net) |

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| Managing visitors and contractors | |
| Considerations of Risk | Actions taken to mitigate risk |
| Minimise the number of unnecessary visits to offices. | Social distancing guidelines and hygiene rules should be explained to visitors prior to any meetings |

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| Providing and explaining guidance | |
| Considerations of Risk | Actions taken to mitigate risk |
| Ensuring staff understand all new measures put in place for their safety and the safety of patients | This document will be reviewed at least fortnightly by the Director of HR and Operations and Director for Service Improvement following all most up to date guidance from gov.uk and any appropriate NHS advice. |
|  | This document will be circulated on a monthly basis or sooner when any new guidance means changes are necessary. |
|  | Staff will be encouraged to ask any questions regarding safe ways of working contained in this document and a chance to suggest improvements will be offered. |
|  | Posters and reminders of important hygiene and social distancing measures in place will be displayed prominently in the workplace |
|  | There is a folder on the N drive entitled COVID 19 where this assessment and all new procedures, policies, guidance and information relating to changes made to working practices because of COVID -19 will be stored so they are easily accessible to all staff. |
|  | Staff handbook written which explains all changes to policies and procedures since pandemic. Reviewed regularly by HR Director and any other appropriate staff. Circulated regularly. |

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| Keeping the workplace clean | |
| Considerations of Risk | Considerations of Risk |
| Maintaining hygiene measures | Wipes and cleaning products are available |
|  | Staff who use whiteboards are asked to keep their whiteboard pen in their desk for their own use rather than share |
|  | Office supplies which are shared such as hole punches, staplers etc should be located in drop off points to avoid direct contact where shared use is necessary and cleaned between use. |
|  | Staff are encouraged to use a wipe on the printer keypad before use – or to wash their hands immediately after use. Staff should avoid congregating at the printer and ensure social distancing guidance is still followed. |
| Toilet facilities | Staff are asked to maintain 1m social distancing when queueing for the toilet and maintaining a queue away from others at an appropriate distance. On the 6th floor at the ICC you are able to use the disabled facilities and those at the rear of the office to increase capacity. |
| Drinks | Staff should avoid congregating at the drinks flask area/ water machine and should ensure 1m social distancing guidance is still followed. |
| COVID suspected cases | Staff will follow the protocol for contacting cleaning staff for any room contaminated by a suspected COVID 19 patient. |

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| Handling supplies and materials | |
| Considerations of Risk | Actions taken to mitigate risk |
| Maintaining hygiene procedures for deliveries of supplies | Delivery staff will be asked to leave deliveries at a safe distance |
|  | Staff should wash their hands thoroughly after taking deliveries |
|  | Staff are asked not to arrange any personal deliveries to the workplace |
|  | Staff signing for deliveries should use their own pen rather than the delivery driver’s pen |

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| PPE | |
| Considerations of Risk | Actions taken to mitigate risk |
| Protecting staff from infection | Scrubs will be provided for non- uniformed clinical staff. The uniform policy remains unchanged. |
|  | PPE will be provided for all face to face consultations |
|  | Staff should launder uniforms and scrubs according to the garment laundering instructions. |
|  | Red alginate bags are available for the transport and laundering of soiled uniforms or scrubs. |
|  | Staff should follow the updated Infection Control Policy |
| ClearMasks face masks available for use with patients with hearing impairment / learning difficulties | For use by clinicians following individual risk assessment (see exemption below) |
|  | Not for use when consulting with any patient with suspected covid-19 symptoms or where the staff member is considered high risk for covid-19 based upon individual risk assessment undertaken with line manager |
|  | Clear mask should be replaced with a type 11 repellent mask for the procedures where there is a risk of splashing / spraying ie joint aspiration and injection; cannulation and phlebotomy. |

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| Workforce Management | |
| Considerations of Risk | Actions taken to mitigate risk |
| Amount of staff in the workplace | A number of laptops have been purchased to facilitate some home working |
|  | Independent prescribers working from home are permitted to take a prescription pad home and it is their responsibility to keep this securely |
|  | Safe numbers will be maintained in the office to facilitate 1m social distancing *and* remote access to PCs by allowing early/late/weekend working. |
|  | Remote dictation has been enabled for use with smartphones to allow dictation at home. |
| Contamination from passing paperwork | Where ever possible any correspondence received into the office will be scanned onto the EPR immediately. |
|  | Paper correspondence will not be placed in clinicians trays – instead the clinician should be emailed on their nhs.net account and advised of the patient name and NHS number and asked to view the correspondence electronically in S1 |
|  | Incident forms – staff are asked to complete all of these electronically and email to the patient safety email [oldccg.patientsafety@nhs.net](mailto:oldccg.patientsafety@nhs.net) rather than printing to reduce the direct transfer of paperwork. This email address is a PMSK email accessed daily by Ruth, Holden, Jill Firth and Emma Hughes. |
|  | A variety of measures are being put in place in the office to reduce the amount of paperwork produced. |
|  | All clinicians, including orthopaedic consultants should not print paper clinic lists but update all information directly onto new journal. |
|  | Radiology requests – Staff can now order radiology requests electronically in line with their scope of practice. |
|  | Staff should wash their hands thoroughly after handling the post. |
| Appropriate correspondence to GP and patient | It will be impossible to maintain the administration of clinics without a dramatic change to the length of clinic letters. All clinical staff should use the template for clinic letters and only dictate under the main headings providing key messages to the patient and GP. |

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| Work related travel | |
| Considerations of Risk | Actions taken to mitigate risk |
| Maintaining social distancing and hygiene during post runs | Post runs are now only done on an emergency basis as we have facilitated dictation by mobile phone and emailing request forms. |
| Maintaining social distancing and hygiene during supply deliveries and pathology drop offs | We are arranging to use taxi services with appropriate insurance to reduce risks associated with the delivery of supplies to satellite locations and to the pathology lab drop offs after evening clinic |

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| Communication and training for staff | |
| Considerations of Risk | Actions taken to mitigate risk |
| Maintaining staff relationships | Managers and line managers will be the main point of contact for their team and will work to ensure that staff are kept up to date and concerns are addressed |
|  | Particular attention will be given to staff working from home or remotely. |
|  | We already rely heavily on email communication. This will continue and staff must ensure they check their email every day they are in work |
| Staff health and well being | Staff have already been and will continue to be signposted to various sources of health and wellbeing available during the pandemic |
|  | Line Managers and Directors will work to increase communication with teams. |
|  | Directors’ mobile numbers are available for all staff and staff should feel free to contact any Director if they need to discuss a matter. |
|  | Nominations for Team Member of the Month should be emailed to Melanie Taylor. |

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| Communication with patients | |
| Considerations of Risk | Actions taken to mitigate risk |
| Keeping patients informed | A new patient leaflet has been devised detailing changes to procedures for appointments during the pandemic |
|  | Increased use of accuRx will be used for texting patients and attaching leaflets or web links to appropriate resources |
|  | This policy will be published on our website |
|  | Video consultations will be done via accuRX |
|  | Friends and family test recommenced in July 2020 |
|  | Staff are asked to record concerns, compliments and complaints on S1 electronically using the appropriate read codes. |
|  | Condition specific letters have been produced to keep patients informed and address concerns |

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| Managing demand | |
| Considerations of Risk | Actions taken to mitigate risk |
| Waiting times for assessment | We continue to monitor footfall and safe numbers allowed into the buildings as we scale up clinics as part of our COVID recovery plan. |
|  | Radiology services have been sourced at both PAHT and Highfield. Whilst waiting times are increased, all diagnostics are now available with the exception of pulmonary function tests. |
|  | All drop in clinics/drop in access to phlebotomy have been cancelled and replaced with appointment booking systems. |
|  | Capacity and demand are being assessed weekly.  Triage staff have been given additional guidance and support to manage new referrals. |

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| Training and development | |
| Considerations of Risk | Actions taken to mitigate risk |
| Ensuring ongoing support for training and development for existing staff | Use of Zoom and Microsoft teams to maintain communication, facilitate MDT working and foster learning. Line managers, medical staff and Directors are contactable by mobile phone. |
|  | We have reinstated virtual consultant clinics for the provision of patient specific advice |
|  | We are facilitating virtual Clinical Peer Review through the use of Microsoft Teams |
| Providing a good experience for trainees whilst maintaining social distancing as far as possible | We have facilitated the continuing training and development of the Registrar, GP trainee and Sports & Exercise Medicine trainee.  We have continued to offer shadowing and training opportunities to other colleagues – eg physio and podiatry trainees. |
|  | We have identified additional e learning and remote learning resources. |

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| Research | |
| Considerations of Risk | Actions taken to mitigate risk |
| Ensuring maintenance of research activity whilst minimising risk to patients and staff | All studies will be open to recruitment only if sponsor and SLT approval following local risk assessment is unaffected by prevalence of covid-19 and patient consent remains valid. Studies that can be continued without the need for face to face assessment remain open throughout. |
|  | Opportunities for remote data capture will be explored via ethics amendments |
|  | Home visits wearing PPE will be permitted in accordance with policy if requested by the participant subject to risk assessment and all of the above. |
|  | Face to face research appointments will be subject to risk assessment |

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| Carpal tunnel surgery | |
| Considerations of Risk | Actions taken to mitigate risk |
| Providing a safe surgical pathway for patients & staff | Satisfactory infection control review and inspection undertaken by CCG prior to resumption of services 17/08/20  PPE policy in place and donning and doffing audited  Patients attending for surgery will be asked to wash their hands on entry to the theatre suite and provided with a fluid repellent mask to wear throughout their surgery. |
| Communication | Pre-operative letter revised to include NICE guidance published on 27/07/20 to observe strict social distancing and regular handwashing for at least 14 days before procedure.  Briefing and debriefing huddles for staff to occur at the start and end of every list |
| Patients attending clinic with COVID 19 symptoms | Covid screen questionnaire undertaken by HCA team by telephone 3 days prior to carpal tunnel surgery and US guided hip injection  Temperature to be checked on arrival for surgery and must be <37.8C for surgery to proceed |
| Contamination from passing paperwork / utensils | Consent forms to be signed by patient either using own pen or pen to be  cleaned between patients  Disposable cups must be used for refreshments in the recovery area |
| Extra cleaning required | Two medium and two large cuffs to be available to ensure that  equipment can be safely cleaned between patients  Patients will be advised to keep personal belongings to a minimum |
| Contamination from surgical waste | Single bag of theatre waste per patient to be bagged, dated and timed  and stored for 72 hours prior to collection  Sharps bin to be used and sealed at the end of each theatre list |

**Appendix 1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Clinically extremely vulnerable | |  |  | | --- | --- | | Clinically extremely vulnerable people will have received a letter telling them they are in this group, or will have been told by their GP. Guidance on who is in this group can be found here: | | | <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19> | | |  |  | |

**Appendix 2**

The guidance published on the 19th July 2021 indicating that double vaccinated frontline NHS staff who have been told to self-isolate will be permitted to attend work in exceptional circumstances subject to a negative PCR test and daily negative lateral flow test only applies to *frontline NHS staff whose absence would lead to a significant risk of harm.* As we continue to provide a flexible service model of telephone and face to face clinics and cross cover for each other which includes providing care for those who are clinically extremely vulnerable*,* please continue to self-isolate and obtain testing in line with the government guidelines and risk assessment if you or one of your close contacts has symptoms of coronavirus or you are track and traced. Your contact tracing app however should be turned off in the workplace whilst you are wearing a fluid repellent mask and maintaining social distancing.

**Staff guidance relating to self -isolation and quarantine during Coronavirus COVID-19**

This document has been produced to answer questions regarding how we will deal with staff needing to self-isolate or quarantine during the Coronavirus COVID-19 pandemic.

Our main aim throughout this pandemic is to ensure staff are safe and also to ensure we can continue to provide our patients with a high level of care.

**Self-isolating because the staff member has symptoms of Coronavirus**

This will be recorded on your sickness/absence record but points will not be counted in your Bradford score.

**Self-isolating because a family member has symptoms of Coronavirus**

If possible arrangements will be made to facilitate working from home. If this is not possible, this will be recorded on your sickness/absence record but points will not be counted in your Bradford score.

**Self- isolating because staff member is having elective surgery**

If possible arrangements will be made to facilitate working from home. If this is not possible, the period of self-isolating prior to the surgery will be recorded on your sickness record but will not be counted in your Bradford score. The surgery and any time off following surgery will count in your Bradford score.

**Member of family needing to self –isolate for planned elective surgery**.

Your family member should shield from the rest of your household for the required amount of time advised by their Clinician. Staff should socially distance from their family member and as social distancing is achievable in our workplace then there should not be a need for staff to also self-isolate for this period.

**Quarantine for holidays**

**For holidays booked before March 2020**

If at the date of travel there are no quarantine restrictions in place but Government travel guidance changes whilst you are on holiday which then means you need to quarantine on your return- we will allow you to self-isolate at home for the quarantine period of 10 days. If possible arrangements will be made to facilitate working from home. If this is not possible, this will be recorded on your sickness/absence record but points will not be counted in your Bradford score.

If at the date of travel there are quarantine restrictions in place then you will need to also make arrangements with your Line Manager for the quarantine period. This may require taking extra annual leave, taking unpaid leave, working from home if this is possible or working extra hours after the quarantine has lifted.

**For holidays booked after March 2020 and planning future holidays abroad**

If you have recently booked or intend to book any foreign travel then you need to take into account that Government travel guidance may change and so you need to consider that you may need extra time off for any quarantine period.

This may require taking extra annual leave, taking unpaid leave, working from home if this is possible or working extra hours after the quarantine has lifted.

**Note re discussing holiday plans with your Line Manager**.

Whilst we would not normally ask staff what they intend to do during their annual leave, during these unprecedented times we would encourage staff to consider this guidance when making plans and we would be grateful if you could advise your line manager of any foreign travel you have planned or are planning so that we are aware of any implications to disruption to service provision. It will only be possible to facilitate working from home with the approval of your line manager, taking into account sufficient on-site staffing to cover the service and the availability of laptops.

**Track and Trace**

On 29th May 2020, the UK Government issued guidance on contact tracing for the public this was updated on 13 August 2021. The current version can be accessed here; <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Close contact excludes circumstances where PPE is being worn in accordance with current guidance on infection, prevention and control. Separate guidance for health care workers, which has undergone a number of updates can be found here: <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

If you are notified by any of the NHS tracking services that you are a contact of a confirmed case of COVID-19 in the community (outside the health or social care setting or your place of work) and not from your own household you should:

          Not come to work and report your absence in the usual reporting way with your Line Manager. If possible arrangements will be made to facilitate working from home. If this is not possible, this will be recorded on your sickness/absence record but points will not be counted in your Bradford score

         Arrange a PCR test as soon as possible

 If you start with any COVID-19 symptoms then you should advise your Line Manager and arrange a test either yourself or a priority test via Ruth Holden/ Jill Firth

         If your COVID-19 test is negative then you will be able to return to work.

This advice should be followed regardless of the results of any SARS-CoV-2 (COVID-19) antibody testing. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

 If you are confirmed as having COVID-19, you should notify your Line Manager immediately

It is **vital** that we minimise transmission in order to protect the health of staff and patients, and so that we can maintain our services to patients. We **must,** therefore adhere to 1m social distancing measures at all times when not wearing appropriate PPE. Please remind colleagues of their responsibility if you see that they are not adhering to these principles. We all have a responsibility to prevent the spread of the virus. Please continue to use PPE in accordance with policy.

**NHS Test and Trace App**

Staff are encouraged to download and use this app which launched on 24 September 2020. You are advised to turn the contact tracing off when wearing PPE or a fluid repellent type 11R mask and social distancing.. If you are notified by the app that you have been in contact with a positive tested person but you were wearing PPE or your fluid repellent type 11R mask then you will not need to isolate.

**Review dates**

|  |  |
| --- | --- |
| 3 July 2020 | No changes required |
| 15 July 2020 | No changes required |
| 31 July 2020 | Check for symptoms prior to taking patients into a clinic room  Appendix 2 added re staff guidance on self-isolation and quarantine |
| 5 August 2020 | Updated Appendix 2 with details of Contact Tracing |
| 13 August 2020 | No changes required |
| 4 September 2020 | No changes required |
| 25 September 2020 | Test and Trace.  Meeting room occupancy  Movement of staff  Desk screens for Banks of 4 desks |
| 29 September 2020 | Disposal of face masks into clinical waste bins only |
| 9 October 2020 | No changes required |
| 23 October 2020 | No changes required Recirculate to staff |
| 6 November 2020 | Full review in light of new guidance from Gov.uk Covid screen questionnaire undertaken by HCA team by telephone 3 days prior to surgery |
| 12 November 2020 | Turn off Test & Trace if wearing a Type 11 fluid repellent mask  Carpal tunnel risk assessment absorbed  Working from home guidance added |
| 20 November 2020 | No changes required |
| 3 December 2020 | Staff COVID testing added |
| 18 December 2020 | Update on Staff vaccinations |
| 08 January 2021 | Updated risk assessments for all staff  Updated vaccination information  Exemption from testing for 90 days after a positive test  Face to face research activity suspended due to national lockdown  Patients attending for infusions / carpal tunnel surgery will be asked to wash their hands and provided with a fluid repellent mask for the duration of their procedure. |
| 22 January 2021 | Reminder to all staff to not attend work if feeling unwell but to remain at home and arrange COVID test.  Update on procedure if member of staff becomes unwell whilst at work. – go home immediately/close bank of desks until deep clean completed. |
| 12 February 2021 | No changes required |
| 26 February 2021 | Roadmap for lifting of lockdown reviewed. Covid secure measures maintained. |
| 12 March 2021 | No changes required |
| 26 March 2021 | No changes required |
| 23 April 2021 | No changes required |
| 7 May 2021 | No changes required |
| 21 May 2021 | No changes required |
| 4 June 2021 | Individuals who have had recent COVID19 infection should be advised not to attend face to face appointments until 14 days have elapsed from onset and they should have had at least 48 hours without fever or respiratory symptoms.  Staff who have had recent COVID19 infection should be advised not to attend until 14 days have elapsed from onset and they should have had at least 48 hours without fever or respiratory symptoms.  In relation to quarantine for holidays, it will only be possible to facilitate working from home with the approval of your line manager, taking into account sufficient on-site staffing to cover the service and the availability of laptops. |
| 9 July 2021 | In the run up to and following the 19 July 2021 we will follow the guidance below pending further national guidance:  cid:image001.png@01D77413.ACC2B0C0  This is based on local case rates being high and the need to protect our colleagues and patients in an NHS setting. |
| 20th July 2021 | National guidance 15/07/21 confirms that PHE advise you continue to wear a face masks and follow infection prevention guidance in healthcare settings. Continue to self-isolate if advised to do so; turn contact tracing off in the workplace whilst wearing a fluid repellent mask and social distancing. |
| 30th July 2021 | No update required. |
| 17th August 2021 | Updated PHE guidance for staff who need to self-isolate incorporated:  https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/08/C1381-Updated-guidance-on-NHS-staff-and-student-self-isolation-return-to-work-following-COVID-contact.pdf  Updates reflecting increased activity and relation of national restrictions.  Appendices updated with guidance re self isolation changes. |
| 3 September 2021 | No update required. |
| 16 September 2021 | JF and RH considered with DP running of CPR and agreed to remain virtual for remainder of 2021. |
| 1 October 2021 | Comprehensive review with 3 changes to COVID-19 guidance in NHS and Social Care elective care services:   1. A reduction of physical distancing from 2 metres to 1 metre with appropriate mitigations where patient access can be controlled. We have already increased face to face clinics in accordance with demand and will continue to scale them up as required. In the open plan office at the ICC middle bank desks can be used when required *and providing that the computer is not being used by a member of staff using the PC for remote access.* 2. Removing the need for a negative PCR and 3 days self-isolation before selected elective procedures. 3. Re-adopting standard rather than enhanced cleaning procedures between patients in low risk areas. In areas of our service which serve the clinically extremely vulnerable, such as the infusion clinic, and in the theatre suite where minor surgery / procedures are conducted, enhanced cleaning procedures should be maintained to keep the risk to the minimum.   In relation to CTS : Paperwork (e.g. Boston Hand score and consent forms) to be stored for72 hours in a plastic folder before transfer to admin as risk of contamination considered low. |
| 27/10/2021 | We will slowly increase face to face capacity in our locations whilst monitoring the impact on waiting room capacity. |
| 02/11/2021 | Criteria for use of ClearMasks face masks added to PPE section |