

Infection Prevention and Control COVID-19 Secure Assessment

Provider Name: Communitas - Ear, Nose and Throat Service

Name of Staff Undertaking Assessment & Job Title:

Carla Greenwood - Infection Prevention and Control Nurse

1. Carry out a COVID-19 risk assessment

Key Lines of Enquiry	Requirement	Evidence	Assurance Met
<p>1.1</p> <p>The provider has reviewed and implemented measures and changes needed to make the workplace safe, and reduce risk. These include</p> <ul style="list-style-type: none"> • Risk assessments • Social Distancing • Environmental and Equipment Cleaning • PPE and Hand Hygiene • Ventilation and Air Conditioning • Staff Risk Assessments and Working from Home • Protecting Vulnerable/High Risk Patients • LFT/PCR Tests and Vaccinations • Training (IPC, PPE Donning and Doffing, Hand Hygiene) 	Essential	As below	
<p>1.2</p> <p>The provider has provided assurance that their other sites that offer the same service are COVID-19 Secure in line with this assessment</p>		This assessment details operating procedures, process and policies that are organisational wide and apply to all clinic and administration sites. For clarity, this assurance document applies to all sites.	
<p>1.3</p> <p>The provider has a business continuity plan in place to minimise and mitigate on the impact of a local incident, including pandemic influenza/COVID-19 outbreak on services. Business continuity plan has been regularly reviewed since the beginning of the pandemic.</p>	Essential	Appendix 1.2.1	

1.4	Infection risk is assessed as per National guidance via a triage system which is undertaken by clinical staff who are trained and competent in the application of the clinical case definition prior to arrival by telephone and again on arrival and documented in the patient notes . For unplanned visits triage questions have been completed immediately on arrival where it is safe to do so without delaying any necessary immediate lifesaving interventions .Refer to new guidance risk pathways and sample triage tool .	Essential	Community ENT does not see any patients as planned or unplanned admissions. All patients are triaged/clinically assessed at the point of appointment booking, confirmation and arrival including temperature checks. Only individuals with no symptoms or known recent COVID-19 contact/exposure will be booked/ consulted - any patients who are not assessed as low risk will be postponed for 14 days as clinically urgent patients are not included within the current service specification. Appendix 1.3.1, 1.3.2, 1.3.3	
1.5	If providing a home visit, staff have contacted the patient/ individual by telephone prior to the visit to undertake the <u>triage</u> questions and also repeated these questions on arrival at the patients/ individuals home	Essential N/A	N/A Domiciliary visits not part of service specification	
1.6	Patients and staff are protected with PPE, as per the PHE national guidance .	Essential	Internal minimum PPE requirement guidelines and Uniform and PPE standard operating procedure published which documents specific requirements in relation to specialty and setting in line with NHSE and ENT UK guidance. PHE reference documents adopted and published within shared drive and SystemOne document library for reference during clinic. A steady supply of PPE is in place with established providers, no supply issues are expected however a sufficient back stock is available as contingency for any supplier issues in the absence of previous LRF pathways. Evidence, Appendix 1.5.1, 1.5.2 Policies, SOPs and guides updated to removed extended use of gowns	
1.7	PHE IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely manner; either on the intranet, email or staff briefings/meetings.	Essential	IPC guidance is checked on a weekly basis along with clinical guidelines by the Quality Assurance Officer – logged within Clinical updates register including actions and dissemination	

1.8	<p><u>Clinically Extremely Vulnerable (CEV) patients are being managed appropriately, ie ideally being seen first on the list or being seen in separate areas where there is no cross over with any other patients and ideally using separate entrances and exits.</u></p>	Essential	<p>Although the national shielding programme for high-risk (clinically extremely vulnerable) patients is currently paused as of 1st April, it is possible that either local or national advice may change, potentially at very short notice.</p> <p>Referral forms are clinically reviewed at the point of Triage and any patients including on the national Shielded Patient List (SPL) as detailed by the GP will be considered high risk and managed as such in the community ENT Service.</p> <p>Many patients who are listed on the SPL have not been allocated a SNOMED code to this affect, so to safety net these patients the following administration process ensures that CEV patients are identified prior to appointment booking. As part of the Appointment booking COVID-19 screening process patients are asked: 'Have you been told that you are Clinically extremely vulnerable in relation to COVID-19 for example were you previously advised to shield? If patients disclose that they are on the SPL or if the GP referral form indicates so they are offered the first or last appointment of the day where there is minimal footfall in clinic location and risk of cross transmission is reduced.</p> <p>Appendix 1.3.1</p>	
1.9	<p>If the provider is caring for both suspected/confirmed COVID-19 and non-COVID-19 patients, there is clear segregation areas/zones within the premises and to reduce the risk of cross transmission with separate entrances and exits</p>		<p>Only individuals with no symptoms or known recent COVID-19 contact/exposure will be booked/ consulted - any patients who are not assessed as low risk will be postponed for 14 days as clinically urgent patients are not included within the current service specification.</p> <p>Standard operating procedures are available and staff have been trained in the rare incidental case where COVID-19 is considered possible when patient attends the clinic</p> <p>Evidence appendix 1.8.1</p>	
1.10	<p>If suspected/confirmed COVID-19 patients are seen the PHE guidance High Risk Pathway is followed?</p>	Essential	<p>SOP in place which follows high risk pathway. Evidence appendix 1.8.1</p>	
1.11	<p>There is a named IPC lead identified within the place of work .</p>	Non-Essential	<p>Named IPC Lead - Rozina Hassan-kabani</p>	
1.12	<p>There is a named COVID-19 Lead/Champion.</p>	Essential	<p>COVID-19 Lead - Clinical Lead, Nilu Vajpeyi</p>	
1.13	<p>There is an IPC policy available and this has been reviewed within the last 2 years.</p>	Essential	<p>A full suite of IPC policies are available and reviewed annually as a minimum - last review date Nov 2020.</p>	
1.14	<p>Relevant COVID-19 IPC information is available (Up to date COVID-19 symptoms & donning & doffing posters)</p>	Essential	<p>Relevant COVID19 is available</p> <p>Evidence: Appendix 1.13.1, 1.13.2, 1.13.3</p> <p>Doffing posters available AS BELOW</p> <p>Yes:</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911312/PHE_Taking_off_PPE_standard_infection_control_procedures.pdf</p>	

1.15	Information and guidance on COVID-19 is available on the providers website with easy read versions, and translation accessible on different languages if needed.	Essential	<p>The website features an automatic pop up COVID alert which advises patients of COVID symptoms, not to attend appointments if they have symptoms and what to do if they have.</p> <p>A COVID-19 Information source is available to patients on the website which provides information and guidance on 'Hands, space, face', COVID symptoms, what to do if you have symptoms, self-isolation, COVID vaccination, and required COVID measures when attending community ENT appointments.</p> <p>To further support and promote the COVID vaccine roll out a 'join the millions already vaccinated' banner forms part of the website home page.</p> <p>Evidence: https://communitasclinics.com https://communitasclinics.com/covid-19-information/</p> <p>Easy read versions and translation is accessible via our translation services upon request.</p>
1.16	Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be admitted or referred for investigation, or out-patient treatment.	Essential	<p>Only individuals with no symptoms or known recent COVID-19 contact/exposure will be booked/ consulted - any patients who are not assessed as low risk will be postponed for 14 days as clinically urgent patients are not included within the current service specification.</p> <p>In the very rare circumstance that a patient required emergency care, the consulting clinician would contact ENT Reg on call to discuss the case and arrange visit to A&E/ admission. Details of COVID status would be discussed during the clinical call and a letter would be provide via email detailing condition and COVID status.</p>
1.17	Staff are aware of all IPC policies , COVID-19 guidance , and how to access these.	Essential	All IPC and COVID specific policies, standard operating procedures and guidance are available to all staff via the clinical system and company intranet site
1.18	IPC audits are undertaken to evidence practices and procedures are followed. (i.e donning and doffing of PPE, hand hygiene, environmental cleaning, etc.)	Non-Essential	<p>Confirmed of completed IPC practices and procedures are documented by clinicians/ HCAs using the End of day checklist this includes PPE, General IPC measures, decontamination, cleaning, communication with patient, waste disposal and prescription security. Checklists are regularly audited by the HCA manager to ensure compliance</p> <p>Evidence: Appendix 1.17.1</p>
1.19	Providers can promptly identify an outbreak and know how to escalate appropriately.	Essential	<p>Documented procedures detail the management of rare/ incidental cases of patients with suspected symptoms.</p> <p>Our published Staff with COVID symptoms and outbreak management Policy forms part of all staff training and induction plans and details general procedures required to prevent an outbreak, procedure to follow if staff develop symptoms, reporting and adherence with test and trace.</p> <p>Evidence: appendix 1.8.1, 1.18.1</p>

2. Develop cleaning, handwashing and hygiene procedures			
Key Lines of Enquiry		Requirement	Assurance Met
2.1	Cleaning staff have appropriate training in required techniques and use of PPE, hand hygiene and environmental decontamination.	Essential	Guidance and SOPs are available to all staff on company intranet site. Quick reference posters are displayed at all clinic and admin locations. HCAs are responsible for cleaning between patients, decontamination of equipment and deep cleaning of clinic rooms. Training has been provided to all cleaning staff which is documented within individual training logs and competency checklists which are completed during regular observations by the HCA manager to provide assurance. Evidence: Appendix 2.1.1 HCA COVID Competency Checklist, 2.1.2 COVID Nasoendoscope Procedure
2.2	Patient areas where the patient spent time should be adequately decontaminated as per PHE IPC guidance	Essential	Patient areas where the patient spent time are adequately decontaminated as per PHE IPC guidance. Evidence: appendix 2.3.1 This refers to symptomatic patients cleaning . Added here Evidence 2.3.1.
2.3	If the premises are used for other services and are not able to be cleaned at the end of the day/ session the cleaning is carried out in the morning prior to the other services starting	Essential	Cleaning is carried out at the end of the day/ session regardless of if used by another service. Cleaning procedures are detailed within Standard Operating procedure infection control/ Cleaning guidelines for treatment rooms during COVID-19 Evidence Appendix 2.3.1
2.4	Frequency of cleaning of both the environment and equipment in patient areas should be increased to at least twice daily, in particular, frequently touched sites/points e.g. door/toilet handles, lift buttons, patient call bells, dispensers, electronic equipment, mobile phones, desk phones, tablets, desktops and keyboards and toilets. Cleaning schedules should be maintained to evidence cleaning undertaken	Essential	Cleaning of the clinic room environment and equipment is carried out following each patient appointment in addition to a deep clean at the end of each session. Wider practice premises are cleaned twice daily by practice staff as detailed within SLAs in line with DOH guidance. Evidence appendix 2.3.1.
2.5	Reusable equipment is appropriately decontaminated in line with local and PHE and other national policy.	Essential	All equipment is single use. General Decontamination requirements are detailed within the organisations Decontamination of Equipment Policy. Evidence: Appendix 2.5.1 CG14 Decontamination of equipment Policy
2.6	If re-usable sterile medical devices are used are they sent to an accredited SSD for adequate decontamination following use	Essential	Reusable equipment is appropriately decontaminated in line with PHE and ENT UK guidelines. All equipment is single use except Nasoendoscopes with are decontaminated using approved Trisel process. Appendix 2.1.2

2.7	Carpeted areas (corridors/waiting areas) have robust cleaning schedules in place and a process to follow if body fluid spill occurs	Essential	N/A No locations have carpeted areas	
2.8	Clinical treatment or consulting rooms should not be carpeted . If carpeted there should be a written action plan confirming work schedule for replacement with appropriate flooring or mitigating actions documented and COVID-19 patients must not be seen.	Essential	No clinic rooms are carpeted - all meeting minor surgery treatment room requirements	
2.9	Appropriate cleaning and disinfectants are available for staff For example: <ul style="list-style-type: none"> • Option 1: A combined detergent/disinfectant wipe (either 1,000ppm av.cl. or equivalent that meets EN Standard 14476) • Option 2: A combined detergent/disinfectant solution (diluted to 1,000 ppm av.cl. or equivalent that meets EN Standard 14476) (Made up fresh daily). • Option 3: A detergent wipe followed by a disinfectant wipe (either 1,000ppm av.cl. or equivalent that meets EN Standard 14476) • Option 4: A detergent solution followed by a disinfectant solution (diluted to 1,000 ppm av.cl. or equivalent that meets EN Standard 14476) (Made up fresh daily). 	Essential	Appropriate cleaning materials are available as per PHE guidance. See appendix 2.3.1	
2.10	All areas are de-cluttered and minimal equipment is left in rooms utilized for confirmed/ suspected COVID-19 cases	Essential	All areas are de-cluttered and minimal equipment is left in rooms utilized for confirmed/ suspected COVID-19 cases	
2.11	Curtains in clinical treatment or consulting rooms are disposable and changed on a 3 monthly basis or immediately if soiled. If fabric curtains are in use these are laundered via a 60°C cycle on a 3 monthly basis or immediately if soiled.	Essential	No Curtains	
2.12	Adequate hand hygiene facilities are available in particular, near entrance and exits.	Essential	Hand washing facilities are available at all clinic locations included hand gel available at entrance and exits	
3. Help people to work from a Covid-19 secure workplace or from home				
Key Lines of Enquiry				Assurance Met
3.1	Staff suspected of having symptoms of COVID-19 are advised to get tested promptly.	Essential	Confirmed. Evidence: Appendix 1.18.1 Updated to: Staff who become unwell with symptoms of COVID while at work, should stop work immediately and go straight home Staff must not attend work if they experience any of the symptoms above –they will be required to self-isolate for 10 days Staff must not attend work if anyone in their household has any of the symptoms above – if the staff member remains well, they should self- isolate from the first day the household member displayed symptoms and for the next 10 days. If the staff member starts to display symptoms during this period they should self-isolate for 10 days from the start of symptoms regardless of the initial 10 day isolation period.	

3.2	Clinical and non-clinical staff offered regular testing .	Essential	Staff are offered regular testing and are re offered monthly. Evidence: 3.2.1 CG34 COVID 19 Lateral Flow tests for asymptomatic staff policy	
3.3	Staff have been offered a COVID-19 vaccination .	Essential	All staff have been offered an COVID vaccination and uptake is monitored by the HR department	
3.4	Staff in ' at-risk ' groups (BAME, Pregnant women or those with chronic conditions) are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported, where possible this includes home working.	Essential	All staff have completed staff risk reduction framework questionnaire followed by discussion with line manager and formal risk assessment for any risks identified Evidence: Appendix 3.4.1 COVID Staff risk assessment questionnaire, 3.4.2 Staff COVID Risk assessment outcome form	
3.5	Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing.	Essential	All staff are offered and provided with lateral flow tests. A monthly reminder that this is available is sent, which includes encouragement of regular use and reporting. Anyone absent will discuss their absence with their line manager who will offer support to book tests if needed and will agree a return to work meeting date. All staff will have a return to work meeting with their line manager following absence to discuss any concerns/adjustments. All staff who are self isolating will be offered the opportunity and technical support to work from home where possible. All staff have a regular one to one meeting with their line manager, where they are specifically asked about their wellbeing and any issues/concerns are discussed and actions agreed.	
3.6	Staff who test positive have adequate information and support to aid their recovery and return to work as per PHE guidance . The provider must undertake a risk assessment with regard to contacts within the practice.	Essential	All staff remain working at home where possible. Staff who test positive will have an immediate discussion with their line manager to assess any contact within the service. A risk assessment is completed to ensure that all contact is identified and colleagues/patients contacted as required and the local COVID contact team advised on of contact details where appropriate. Staff will maintain contact with their line manager and their symptoms and isolation will be reviewed inline with current PHE guidance to agree a RTW to work date and any adjustments that may be needed.	
3.7	All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms or are contacted by the Test and Trace Service . Staff are to be aware to turn off the cobtact tracing element in the test and trace app whilst at work	Essential	All staff have been trained on the symptoms of COVID-19 and know what action to take in line with PHE and NHSE guidance. Symptoms posters are available at all clinic and admin locations and policies are available on the organisations intranet site. Evidence 1.13.1, 1.18.1	
4. Maintain 2m social distancing, where possible				
Key Lines of Enquiry				Assurance Met

4.1	All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas, i.e. use of perspex screens at reception and between administration desks if necessary.	Essential	Risk assessments completed for all office sites and updated inline with guidance. Perspex screens installed between desks where appropriate and all staff working from home or 2 metres apart where possible. Where staff are not able to wear masks due to regular telephone usage, masks are worn when leaving their desk and disposing of them when removed. Floor markings and posters used as visual reminder to observe social distancing. All clinical staff trained to keep 2 metre distance from patients and colleagues where possible. Full PPE worn including FFP3 masks worn for clinics where social distancing not possible. Are clinical staff wearing masks sessionally whether social distancing in situ or not ? Yes. Limited access to kitchen facility of maximum 2 people, to be socially distanced at all times and wearing masks Please confirm , are masks being worn at all times	
4.2	Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	Essential	All staff breaks staggered and maximum of 2 people allowed in kitchen area at any time to maintain social distance.	
4.3	Clear signage and visual prompts are used to remind patients of social distancing (including outside main entrance).	Essential	Clear signage and visual prompts are used to remind patients of social distancing (including outside main entrance). Put in place at all locations following risk assesment	
4.4	One-way system is implemented on stairs and at entrance and exits.	Essential	Appointments are staggered and patients are requested to wait away from entrance, patients are escorted seperately from the waiting area by HCA to avoid overcrowding. One way systems are In place where estates allow, the above provides risk reduction and avoidance of path crossing where buildings have one entrance/ exit or stair case.	
4.5	Separate entrance and exit should be utilised where possible.	Non-Essential	As this is not possible in all GP practice locations patients are directed to wait away from the entrance/ exit and socially distanced and are escorted into clinic rooms by the HCA.	
4.6	Waiting areas are organized to promote social distancing. Where this cannot be maintained patients are asked to wait outside or in their cars.	Essential	All waiting areas are organized to promote social distancing. In most cases this is not possible and patients are asked to wait outside or in their cars and escorted into the buidling by the HCA.	
4.7	All areas are well ventilated to provide an adequate supply of fresh air, either via natural sources or mechanical systems. If a centralised ventilation system is used that removes and recirculates air to different rooms; HSE guidance recommends that you turn off the recirculation mode and set the system to use an outside air supply (i.e. extraction mode); where extraction mode is not possible use a fresh air supply from alternative methods (i.e. open window).	Essential	HEPA air filtration units are sited in all clinic rooms to ensure adequate air change for consultations and potential ENT AGP procedures. Evidence is provided in: 4.7.1 ENT Clinics Standard Operating Procedure_V2.0 4.7.2 Risk Assessment of UV AIR filtration units 4.7.3 Risk Assessment air change by location	
4.8	If portable fans are used, there should be a regular cleaning programme, planned preventative maintenance programme. Fans should not be directed to open doors.	Essential	Portable fans are not used	
5. Where people cannot be 2m apart, manage transmission risk				
Key Lines of Enquiry				Assurance Met

5.1	Arrangements are in place for patients arriving without face coverings and reasonable adjustments are made for any patient who is unable to wear a face covering, following a risk-based approach balancing the health and needs of staff and patients	Essential	Patients are asked to attend appointments wearing a face mask as part of the appointment booking and confirmation process. Where patients advise they are exempt the consulting clinicians is advised prior to the appointment and alternatives are available where clinically appropriate i.e. Face Shield. Wear patients attend without a face mask but are not exempt a mask is provided by the HCA. Evidence: 1.3.1, 1.3.2, 1.3.3	
5.2	Ensure staff are given face masks according to their working area, i.e. Type IIR for Clinical areas Type 1 or Type 11 for Non-Clinical areas FFP3/Respiratory Hood for AGP's	Essential	staff are provided with Adequate PPE according to their work area. Evidence: 1.5.1, 1.5.2	
5.3	If aerosol generating procedures (AGPs) for medium and high risk patients are being undertaken enhanced PPE is used, including FFP3 masks/respiratory hood and gowns. Staff wearing each FFP3 model must have passed fit testing.	Essential	Enhanced PPE is adopted for all potential AGPs. Evidence: 1.5.1, 1.5.2	
5.4	PPE must be available in all clinical areas where PPE must be worn.	Essential	PPE is available at all clinical sites, stock is actively monitored to ensure no lapse in supply	
5.5	Patients suspected to have symptoms of COVID-19 are advised to get tested promptly.	Essential	Confirmed: Evidence 1.8.1	
5.6	Patients attending for routine appointments who display symptoms of COVID-19 are managed appropriately i.e. isolated in a room away from others; staff wear PPE; Ensure that an adequate assessment is undertaken. All necessary IPC requirements are followed to reduce risk of transmission.	Essential	As above	
5.7	Appointment times should allow for decontamination of frequently touched items or equipment between patients.	Essential	Appointment times allow for decontamination of frequently touched items or equipment between patients.	
5.8	All staff (clinical and non- clinical) have appropriate COVID-19/IPC training (hand hygiene, donning and doffing, decontamination), in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe.	Essential	All staff (clinical and non- clinical) have appropriate COVID-19/IPC training (hand hygiene, donning and doffing, decontamination), in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe. In line with previous SOP, policies and guidance provided. Individual staff training is documented within training logs and monitored on the master HR log which is managed by the HR department	
5.9	A record of staff training is maintained as evidence of above.	Essential	As above	
5.10	Adherence to PHE national guidance on the use of PPE is regularly audited i.e. clinical & non clinical staff wearing surgical masks if 2 m distancing cannot be maintained.	Essential	Confirmation of adherence to PPE guidance and protocols are documented by clinicians/ HCAs using the End of day checklists. Checklists are regularly audited by the HCA manager to ensure compliance Evidence: Appendix 1.17.1	
5.11	Guidance on hand hygiene, including drying, should also be clearly displayed in all public toilet areas as well as staff areas.	Essential	Hand hygiene posters are displayed in all public and staff toilet areas. Evidence: Appendix 5.11.1 Hand Hygiene Poster	
5.12	Staff understand the requirements for changing all clothing / uniforms daily and for laundering it at home.	Essential	All staff have been trained on the Standard operating procedure for PPE and Uniform. The SOP is available to all staff for reference on the organisations intranet Evidence: Appendix 1.5.1	
5.13	There is a staff changing area available with lockers allocated. These are cleaned between uses	Non-Essential	Clinics are run from shared primary care space; lockers are available in some instances	

5.14	Appropriate donning and doffing areas have been identified as per IPC PHE Guidance . PPE should be donned outside of the room/ area if seeing COVID-19 patients	Essential	Clinics are run from shared primary care space therefore separate donning/ doffing areas are not consistantly available. Only individuals with no symptoms or known recent COVID-19 contact/exposure will be booked/ consulted. In the unforeseen attendance of a suspected COVID19 patient procedures provide clear PPE donning and doffing protcols which have been reviewed and approved by HV IPC leads. Evidence: 1.8.1	
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Date documents received from provider:
12 May 2021

Date documents reviewed :
24 May 2021

Gaps in Assurance	Mitigating Actions	Date Completed

COVID-19 Secure Assessment		
Gaps in Assurance	Mitigating Actions	Date Completed

Gaps in Assurance	Mitigating Actions	Date Completed

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