**A picture containing drawing

Description automatically generatedCOVID-19 Social Distancing and Infection Control Risk Assessment Template**

**A picture containing food, table, drawing

Description automatically generatedfor community pharmacies (v2)**

**Introduction**

During the COVID-19 pandemic, Government guidance to pharmacy contractors and their staff is to:

* Seek to maintain two metre social distancing during the outbreak and if this is not practical;
* Seek to minimise the risks for pharmacy staff and patients; and
* Consider the use of Personal Protective Equipment (PPE) for direct patient contact and other appropriate use.

While pharmacy staff may decide to wear face masks when providing face to face care to patients, use of PPE alone cannot provide full protection from infection with the coronavirus; over-reliance on PPE, as opposed to also implementing other measures to support social distancing, is not an appropriate or sustainable approach to take. It is also essential that hygiene measures, such as regular hand washing, continue to be followed.

[**PSNC guidance on use of PPE**](https://psnc.org.uk/the-healthcare-landscape/covid19/personal-protective-equipment-ppe/)

All employers are required by law to protect employees and others from harm; that includes assessing risk in the workplace and taking action to eliminate any hazards, or if this is not possible, control the risk. COVID-19 creates new risks for pharmacy contractors and their teams and it is recommended that risk assessments for your workforce are undertaken at three levels:

* Organisational level;
* Whole workforce level; and
* Individual employee level.

If you employ five or more people, you must make a written record of your risk assessment.

General guidance on risk assessment is available from the Health and Safety Executive:

[**Health and Safety Executive guidance on managing risks and risk assessment at work**](https://www.hse.gov.uk/simple-health-safety/risk/index.htm)

[**Health and Safety Executive - Working safely during the coronavirus (COVID-19) outbreak**](https://www.hse.gov.uk/coronavirus/working-safely/index.htm)

HM Government has also issued [**guidance**](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19) to help employers, employees and the self-employed understand how to work safely during the coronavirus pandemic, which includes [**specific guidance for people working in retail environments**](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches)(‘Shops and branches’).

Emerging evidence shows that staff who are from a black, Asian, or minority ethnic (BAME) background should be given particular consideration in terms of the risks associated with acquiring a COVID-19 infection. Several risk assessment tools have been developed to help employers and employees to assess the level of risk that applies to an individual, which pharmacy contractors could use with all of their staff. Further information and links to some of the assessment tools is available on the [**NHS Employers website**](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff).

**Why review the situation now?**

All pharmacies have already put in place arrangements to support social distancing and to reduce the risk of spread of infections, but as the progress of the pandemic continues, it is clear that we will need to maintain social distancing and COVID-19 related infection control processes for many months to come, probably until the point at which a pandemic vaccine becomes available and a mass vaccination programme is undertaken in the UK.

As the pandemic continues and we all get used to living and working in a “new normal” situation, people’s consciousness of the need to maintain social distances at all times may reduce and consequently new or additional measures at each pharmacy may need to be taken to ensure distancing is maintained on an ongoing basis.

For many pharmacies, the peak demand of the early days of the pandemic has now diminished and as contractors and their teams may have a little more time to reflect on their experiences so far during the pandemic, now may be an opportune time to consider how well social distancing has been maintained and what else could potentially be done to ensure it continues to be maintained over the months to come. The emerging evidence on the differential impact of COVID-19 on people, particularly people from a BAME background, also provides a further reason to review risks and mitigations at this time.

This risk assessment template will help you to identify further potential changes which could be made to your pharmacy environment or procedures during the pandemic to increase the safety of staff and patients, by assisting all to maintain a two metre social distance from others, wherever possible, and ensure the ongoing application of other appropriate infection control procedures.

**How to complete the risk assessment**

Please complete this risk assessment tool as a team to help you identify potential risks and changes that could be made to the pharmacy environment or procedures.

After you have discussed as a team the findings of the initial risk review, please complete the reasonable measures to be taken section, detailing any changes that have been agreed and will be put in place. This will include changes to practices and procedures, but it should also capture what cannot be changed for practical reasons, as inevitably the environment of individual pharmacies will determine whether some changes are able to be implemented.

It is important to regularly review your assessment, both as Government and professional advice changes and also in view of your experience in the pharmacy and the changing risks for staff members.

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| --- | --- | --- | --- | --- | --- | --- |
| Pharmacy name: |  | | Address: |  | | |
| Date of assessment: |  | Assessment carried out by: |  | | Date of next review: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consideration** | **Initial assessment and measures already implemented to control risks** | **Additional measures to be taken to control risks** | **Person responsible for implementation** | **Target date** | **Date completed** |
| **The dispensary, medicines counter and consultation rooms** | | | | | |
| **1)** Is there any non-essential equipment that can be moved to make more space? For example, any moveable units or tables. Can some essential equipment or workstations be moved, to support social distancing? |  |  |  |  |  |
| **2)** Are there any non-essential items or equipment on the benches or the medicines counter that can be moved?  Has any clutter been cleared away? |  |  |  |  |  |
| **3)** Is the dispensary floor clear of all boxes and non-essential items to create as much space as possible? |  |  |  |  |  |
| **4)** Are you able to mark 2m zones on the floor using tape to help ensure only one colleague is within a zone at any time?  Can you amend the location of workstations to allow staff to work side-by-side or back-to-back, rather than face-to-face?  Can you install screens between workstations to create a physical barrier between staff working in close proximity to each other? |  |  |  |  |  |
| **5)** Have you installed screens on the medicines counter and elsewhere (where appropriate) to provide physical protection for staff? Ideally screens should extend well above head height. |  |  |  |  |  |
| **6)** Does your consultation room have two entrances, which may allow screening to be installed to separate staff and patients in the room? If that is the case, is there sufficient room to install screening? |  |  |  |  |  |
| **Working practices – ensure patient safety remains the highest priority** | | | | | |
| **7)** Can you undertake specific tasks at a different time, to help maximise social distancing?  Can some tasks be undertaken elsewhere in the pharmacy, e.g. using the consultation room or secondary dispensing locations, such as rooms used for MCA dispensing? |  |  |  |  |  |
| **8)** Is it possible to change the shift patterns of team members to reduce the number of staff in the pharmacy at any one time (dependent on workload)?  Could you deploy “isolated teams / shifts”, i.e. separate teams that do not meet, to reduce the risk of any viral transmission?  Can the scheduling of staff breaks be altered to support effective social distancing in staff rooms? |  |  |  |  |  |
| **9)** Are there any changes to the working practices and processes that can be made to reduce the number of staff that are dealing directly with patients and the public, and the direct contact of any such staff? For example, for staff working on the medicines counter, have procedures been changed so prescriptions and products are placed in a specific location, where the patient or customer will retrieve them, rather than handing them directly to them? |  |  |  |  |  |
| **10)** Are there any changes to the way in which medicines are delivered by wholesalers or couriers that could support social distancing?  For example, can you review where delivery drivers are asked to place boxes or tote trays to ensure they can maintain social distancing from staff? Likewise, could you review where empty tote trays and returns are placed for collection? |  |  |  |  |  |
| **11)** Can any changes be made to the process for arranging deliveries to shielded and other patients, including the use of appropriate volunteers?  Greater use of deliveries, including by volunteers, during the pandemic, could reduce the number of people visiting the pharmacy and help support social distancing. |  |  |  |  |  |
| **12)** Have regular cleaning rotas been implemented for all areas, including consultation rooms after use by a patient? Cleaning rotas should ensure high traffic areas within the pharmacy and items such as doors handles and counters which will be touched by patients and customers on a regular basis are cleaned multiple times each day.  Likewise, are high traffic/use areas and items within the dispensary and other non-public areas being cleaned on a regular basis, e.g. keyboards, mice and prescription baskets which are used by multiple staff members? |  |  |  |  |  |
| **13)** Have you reviewed how you handle medicines returned by patients for disposal, to reduce the risk of cross-infection?  Joint guidance has been issued on managing returned medicines by the national pharmacy bodies and it can be found via the PSNC website (link below). |  |  |  |  |  |
| **Patients and customers** | | | | | |
| **14)** Have you assessed the maximum number of people that can be in the public areas of the pharmacy, while being able to maintain a safe, social distance?  Are there any changes which can be made to the number or way in which, patients and customers come into and leave the pharmacy, to support social distancing and compliance with the maximum safe “capacity” of the public areas of the pharmacy?  For example, restricting the number of people that can be within the pharmacy at any one time.  Can any shelving units / gondolas be moved to create more space in the pharmacy for social distancing? |  |  |  |  |  |
| **15)** Are there any additional changes that can be made to help patients and customers to maintain a social distance from each other and from pharmacy staff?  Are posters or notices prominently displayed to remind patients and customers of the need for social distancing?  Do you encourage patients and customers to visit the pharmacy alone where possible, unless they need specific assistance?  Do you remind patients and customers who are accompanied by children, that they are responsible for supervising them at all times and following social distancing guidelines?  Have 2m gaps been marked on the floor using tape or other appropriate materials to guide patients and customers on keeping their distance?  Have you considered introducing a one-way flow system in the pharmacy to reduce congestion and contact between patients and customers?  Make sure any changes to entry, exit and queue management take into account reasonable adjustments for those who need them.  Can you use physical barriers, ropes or other materials to create a buffer area in front of the medicines counter?  Are any changes or resources also required outside the pharmacy to assist patients and customers to maintain a social distance and to manage queues, e.g. signage, barriers, a process for prioritising service for other healthcare professionals or pre-arranged volunteers collecting prescriptions for patients? |  |  |  |  |  |
| **16)** Are there any changes to the processes for the presentation of prescriptions and payment for prescriptions and medicines that can be made, e.g. encouraging the use of contactless payments? |  |  |  |  |  |
| **17)** Are there any changes that can be made to the conversations with patients on the telephone to ensure that those with COVID-19 symptoms do not present at the pharmacy? |  |  |  |  |  |
| **18)** Are there any changes required so the pharmacy can comply with the guidance in the NHS England and NHS Improvement Community Pharmacy SOP on dealing with a person suffering from COVID-19 who is too ill to return home and where an ambulance should be called? |  |  |  |  |  |
| **19)** If you cannot maintain a 2m distance from patients when in your consulting room, are there other ways you can facilitate confidential discussions with patients, including people with disabilities, such as a hearing impairment?  For example, can you restrict the flow of patients into the pharmacy, so a confidential discussion can be had with a patient in the public area of the pharmacy, without other people being able to overhear?  Alternatively, can a consultation happen by telephone (subject to any service requirements), to ensure privacy for the patient?  Or can a patient in the pharmacy sit in the consultation room, with pharmacy staff conducting the consultation from elsewhere in the pharmacy using an intercom, internal phone or by calling the patient on their mobile phone?  Are conversations with patients confidential, if appropriate? |  |  |  |  |  |
| **20)** Are you encouraging patients and customers to wear face coverings when visiting the pharmacy, including displaying posters to communicate this request? |  |  |  |  |  |
| **Pharmacy Staff** | | | | | |
| **21)** Are staff satisfied that they understand fully and are acting on the Government guidelines for staying at home when required, including as a result of any guidance provided by the NHS Test and Trace service?  Do they understand how they can access COVID-19 testing? |  |  |  |  |  |
| **22)** Do staff fully understand the current guidance on use and disposal of PPE (including use of facemasks), where this is available?  If staff are regularly moving from patient interactions (patient-facing on the medicines counter) to staff to staff interactions (working in the dispensing) it may be appropriate for such members to wear Type IIR facemasks.  Do staff also understand any guidelines on the best way to launder uniform/clothing worn at work to maximise hygiene? |  |  |  |  |  |
| **23)** Have hand-washing breaks been adopted within the pharmacy to ensure staff can wash their hands on a regular basis?  Are posters promoting hand hygiene prominently displayed within the pharmacy to act as a reminder to staff? |  |  |  |  |  |
| **24)** Have you undertaken a risk assessment for each member of staff including consideration of additional risks for a staff member, including whether the staff member is from a BAME community? |  |  |  |  |  |
| **25)** Have you considered the use of visors or eye protection for staff? |  |  |  |  |  |
| **26)** Are there any other suggestions and changes that pharmacy staff consider appropriate to reduce COVID-19 risks in the pharmacy? |  |  |  |  |  |

Guidance and links to further information on COVID-19 related topics can be found at [**psnc.org.uk/covid-19**](https://psnc.org.uk/covid-19)

If you have suggestions on how this document could be enhanced, please send them to[**COVID-19@psnc.org.uk**](mailto:COVID-19@psnc.org.uk)