**Resuming General Ophthalmic Services**

**Risk Assessment Checklist**

**Introduction**

NHS England and Improvement in the North West, have developed this resource to support optical practices re-opening for General Ophthalmic Services (GOS). The latest guidance and Standard Operating Procedure (SOP) can be accessed via the link below.

<https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/>

**Aim**

The checklist is aimed at encouraging practices to risk assess and safely re-open their doors to patients and their staff. The checklist presents a list of points to consider rather than definitive specific actions.

This is not an exhaustive list and optical practices should consider their individual practice requirements. The changing COVID-19 landscape may lead to further changes in guidance, optical practices should regularly review updated guidance from NHSE/I and College of Optometrists and the government.

Professional bodies have already produced and issued advice and continue to do so. This checklist is designed to complement these sources rather than supersede them. College of Optometrists guidance can be found below

**College of optometrists**

<https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html?utm_source=social-media&utm_medium=graphics&utm_campaign=COVID-19>

The following organisations have issued guidance for their members.

* Association of Optometrists
* Association of British Dispensing Opticians
* Federation of Dispensing opticians

**Checklist to prepare for re-opening**

|  |  |  |
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| **Action** | **Completed** | **Comments** |
| **1.    Premises** | | |
| 1.1 Carry out a risk assessment of the practice to identify the measures required to minimise the risk of COVID-19 transmission. |  | This should include premises, protocols and procedures.  Further information is available from the Health and Safety Executive  <https://www.hse.gov.uk/news/assets/docs/working-safely-guide.pdf> |
| 1.2 Fixed Site - Review Government guidance on shops and branches. Some practices may also need to consider the guidance on offices |  | <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches>  <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres> |
| 1.3 Domiciliary – Review the government guidance working in other people’s homes |  | <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes> |
| 1.4 Notice/poster is displayed stating that patients with suspected or confirmed COVID-19 should not enter the practice |  | <https://www.college-optometrists.org/uploads/assets/e94fa717-85d7-456e-9d13698e41015f5b/dd45ddb9-0f16-45e0-9a22f16f14923793/COVID-19-in-practice-symptoms-poster-england.pdf> |
| 1.5 Remove unnecessary items from all areas within the practice |  | e.g. pen holders, magazines, and toys |
| 1.7 Place posters and signage in the practice e.g. hand and respiratory hygiene. |  | Example posters are available from:  [National Infection Prevention and Control Manual, Best practice How to wash hands](http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-1-best-practice-how-to-hand-wash/).  [National Infection Prevention and Control Manual Respiratory hygiene ‘Catch it, bin it, kill it’](http://www.nipcm.scot.nhs.uk/resources/respiratory-hygiene-catch-it-bin-it-kill-it/). |
| 1.8 Plan hand hygiene facilities for patients e.g. handwashing sinks or alcohol-based hand rub (ABHR). |  | Air hand dryers should not be used at this time.  Providing hand sanitiser in multiple locations |
| 1.9 Practice Layout - Plan how to facilitate physical (social) distancing in reception, waiting room and other communal areas. |  | e.g. marking out physical (social) distancing spacing, use of tape, physical barriers/screens, removing chairs. |
| 1.10 Fit reception areas with breath shield panels |  | Also consider breath guards for optical equipment where needed. |
| 1.11 physically arrange work areas to maintain social distancing. |  | Think about number of front of house staff and where they are situated. |
| 1.12 Replace any open bins with pedal operated lid bins. |  |  |
| 1.13 Rearrange staff areas to maintain social distancing |  | Consider staggering breaktimes, encouraging staff to use outside locations if safe to do so.  Encourage staff to use individual items of equipment where possible e.g. staplers, pens, not making drinks for each other  Socially distance in communal areas. |
| 1.14 Air Conditioners |  | If you use an air conditioner that recirculates the air, contact the manufacture to ask if any filters will trap the virus  <https://www.hse.gov.uk/coronavirus/legionella-risks-during-coronavirus-outbreak.htm#air-conditioning> |
| 1.15 Airflow |  | Where possible leave windows / doors open |
| 1.15 Consider payment options available |  | Payment options such as using contactless/cashless payment to be encouraged |
| 1.16 Consider eGOS |  | <https://pcse.england.nhs.uk/services/ophthalmic-payments/pcse-online/> |
| 1.17 Review and consider practice continuity plan / policy |  | Review your business continuity plan, consider if any changes are required. template policies available from QIO website  <https://www.qualityinoptometry.co.uk/policy/?policy=139> |
| **2.    Pre-screen / Consulting Room Facilities** | | |
| 2.1 Is the consulting room clean and tidy? |  |  |
| 2.2. Is the pre-screen area clean and tidy? |  |  |
| 2.3. Consider adjustments to pre-screen / consulting room layout |  | Minimising the length of time a practitioner is within close proximity to the patient  e.g. move desk further away |
| 2.4  Consider adjustments to practice equipment |  | Consider repositioning equipment to maximise social distancing |
| 2.5 Access to a wash hand basin, hand soap and hand gel available |  | Consider moisturiser, particularly for staff with conditions such as eczema / dermatitis |
| 2.6 70% iso-propyl wipes available in all areas |  |  |
| 2.7 Plan out cleaning regime between patients |  | e.g. cleaning chair, optical equipment, etc |
| 2.8 Ensure adequate supply of consumables |  | e.g. alcohol wipes, ophthalmic drugs, etc |
| 2.9  Appropriate waste disposal processes in place |  | e.g. change open bins to pedal bins with lids for general waste  Clinical waste must be disposed of appropriately – included in guidance below. |
| **3. Practice procedures** | | |
| 3.1 Develop procedures for returning to practice, including: |  | For ease of team reference consider documenting some or all these processes. |
| * + 1. Patient movement / journey through the practice |  | If possible/necessary implement one-way entry/exit point |
| * + 1. Patient appointment booking |  | Consider testing times to allow cleaning in between patients and maintaining social distancing |
| * + 1. Remote patient triage prior to attendance |  | Screening questions and guidance in SOP  <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/> |
| * + 1. Medical history completion |  | Try to facilitate this being done remotely where possible. |
| * + 1. PPE |  | PPE should always be worn before entering the room where the patient is, put the PPE on in the following order   * 1. single use disposable plastic apron   2. fluid resistant surgical mask (sessional use, based on risk assessment)   3. reusable face or eye protection (sessional use, based on risk assessment)   4. single use gloves   Public Health England have produced a poster for clinicians which can be displayed in practices:  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878056/PHE_COVID-19_visual_guide_poster_PPE.pdf>  PPE can be ordered using the link below  <https://primaryeyecaresupplies.co.uk/> |
| * + 1. Appointment protocols |  | Consider frequency of appointments |
| * + 1. Cleaning procedures: * Environmental cleaning * Standard Infection Control Precautions * Transmission Based Precautions |  | * It may be useful to create a list of surfaces and areas that require more frequent cleaning than previously e.g. door handles. This can be added to the practice cleaning schedule. * Decide on what cleaning is required between patients. * Decide on how frequently you need to clean the work area / equipment e.g. cleaning at the end of each use if equipment is shared between people or between shift changeovers; * Use 70% iso-propyl alcohol wipes |
| 3.1.9 Appointment payment options |  | Where possible use electronic payment / contactless |
| 3.1.10 Use of toilet facilities |  | Cleaning procedures for staff when using toilet facilities |
| 3.1.11 Staff working patterns |  |  |
| 3.1.12 Good tissue practice |  | ‘Catch it, kill it, bin it’ - for patients and staff by having tissues and pedal operated covered bins readily available. |
| 3.1.13 Team communication |  |  |
| 3.1.14 Practice has reviewed Lone and where necessary updated Lone Worker Policy |  | Sample policies can be downloaded from QIO  <https://www.qualityinoptometry.co.uk/policy/?policy=77> |
| 3.1.14 Team reporting of COVID-19 status |  | Guidance in SOP  <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/> |
| 3.1.15 Dealing with known or suspected COVID-19 symptoms in practice |  | Guidance in SOP  <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/> |
| 3.2 Prioritise appointments on the basis of clinical need |  |  |
| **4.    Staff** / PPE | | |
| Completion of BAME & health risk assessment |  | Guidance in SOP  <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/> |
| 4.1 Ensure that staff undergo training to prepare for changes to practice processes, including: |  |  |
| * + 1. Infection prevention and control. |  | Guidance in SOP  <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/> |
| * + 1. Decontamination – Cleaning processes. |  |  |
| * + 1. Donning and doffing of PPE. |  |  |
| * + 1. Disposal of PPE |  |  |
| * + 1. Handwashing |  | <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/> |
| * + 1. Scenario based training for patient management and procedures. |  |  |
| * + 1. Administrative tasks including any changes to payment methods and appointment protocols. |  |  |
| * + 1. Updated policies and procedures |  |  |
| 4.2 Clinical staff are familiar with:   * College of Optometrists guidance and have been supported if additional training is required. * Local referral protocols, including those put in place to support patient care during / following COVID-19 |  | Guidance available from College of Optometrists |
| 4.3 Making staff aware of available resources e.g. mental health, resilience, self-care. |  |  |
| 4.4 Where possible group staff in clinical bubbles |  | Part-time staff doing same shifts reduces the risk of all staff members self-isolating if confirmed case identified |
| 4.5 All staff are aware of the symptoms of possible COVID-19 and are aware they do not attend the Practice if they exhibit any symptoms in line with Government guidance |  |  |
| 4.6 Devising a protocol for all staff to follow if they or someone they live with develops symptoms, including whether they should apply for a COVID-19 test. |  | https://www.nhs.uk/conditions/coronavirus-covid-19/ |
| **5 .Patients** | | |
| 5.1 A protocol is in place to pre-screen patients over the phone the day before their appointment, and on arrival, to establish that they are not exhibiting symptoms of Covid-19. |  | Guidance in SOP  <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/> |
| 5.2 Appointment diaries have been rearranged to allow extra time between patients for cleaning and limit contact with other patients.   * Add in extra time between patients. * Communicate new appointment schedule to staff.   Consider specific time slots for shielded patients preferably first or last appointments of the day |  |  |
| 5.3 Consider patient communications (Letters, answer machine, website, social media) to advise of reopening changes (treatment options, requirement to book appointments in advance, symptoms, etc). |  |  |
| 5.4 Consider advice for patients on what to do/expect when attending the practice for an appointment. |  | This will be based around the protocols you have devised. |
| **6 .External** | | |
| 6.1 Inform external organisations of practice reopening date e.g. NHSE/I area team. |  |  |
| **7 Infection and Prevention Control** | | |
| 7.1 A Refreshed Infection & Prevention Control Policy is in place considering COVID-19 |  |  |
| 7.2. Practice has completed the infection control audit |  | Infection control audit available on QIO.  <https://www.qualityinoptometry.co.uk/audit/> |
| 7.3 Practice has reviewed and is following College of Optometrists Infection Control guidance |  | <https://guidance.college-optometrists.org/guidance-contents/safety-and-quality-domain/infection-control/> |
| 7.4 Practice has available Personal Protective Equipment (PPE) for all staff who are providing care within a two-metre radius |  |  |
| 7.5 The Practice cleaning protocol has been updated.   * All communal areas cleaned daily * Consulting room and dispensing areas cleaned between patients. * Surfaces that will be touched regularly by different individuals like door handles, table tops and light switches cleaned frequently |  |  |
| 7.6 Where necessary, equipment manufacturers have been contacted to understand how to disinfect equipment effectively. |  |  |
| 7.7 Appropriate cleaning products are available |  |  |
| 7.8 Where possible soft furnishings have been replaced by hard non-porous surfaces |  |  |
| 7.9 Hand sanitiser stations are made available throughout the Practice |  |  |