

Suggested Guidance for Community Pharmacy Teams: Coronavirus (COVID-19) Risk Assessment (June 2020)

These documents include references to current government, NHS Employers, NHSE&I and PHE advice. Please note that references to items such as the social distance and the wearing of PPE in community pharmacies may change over time. Please ensure you follow the up to date guidance at the time.

What is a risk assessment?

Risk assessment is a careful examination of what could cause harm to people, whether you have taken enough precautions or should do more to prevent harm. It will help you identify and prioritise putting in place, appropriate and sensible control measures to ensure the best possible reduction of the risk of harm.

What are the principles of risk assessment?

You should:

1. Identify **what** can cause harm to staff members in the workplace
2. Identify **who** might be harmed and how
3. Evaluate the risks and decide on the **appropriate controls**, taking into account the controls that are already in place
4. **Record** the completed risk assessment
5. **Review** and update the risk assessment if there is a change

How does this relate to COVID-19?

Step 1 of the principle: (what can harm)

This is already known. COVID-19 is caused by a virus and therefore is classified as a biologic hazard. It spreads through contact with respiratory droplets produced by an infected person. This may be directly, for example if the infected person coughs within a 2-metre range or indirectly through touching surfaces where an infected droplet has landed, if they reach mouth, nose or eye of another person.

Step 2 of the principle (who might be harmed)

This has already been identified. In respect to COVID-19 there are three risk groups.

1. No additional risk
2. At risk: these are people who, because of their age, underlying medical condition, pregnancy (<28 weeks gestation) or ethnic background are known to be at increased risk of severe complications should they contract the virus.
3. High risk, also referred to as extremely vulnerable or shielding group: these are people with certain conditions that make them more susceptible to contracting the virus and at higher risk of severe illness.

Step 3 (evaluation and control measures)

The **risk assessment matrix** is designed to assist you to evaluate the risk and identify what control measures should be implemented to reduce the risk.

Step 4 (record)

As with all risk assessments, you must keep a record of the risk assessment in the staff member's personnel file

Step 5 (review)

If there is a change in a) personal circumstances of the staff member (for example the staff member notifies you that they are pregnant), b) work practices (e.g. the work area is designated as a COVID-19 area) or c) new information becomes available (e.g. evidence suggests there are further risk factors), you may have to review and update the risk assessment.

What does risk management mean?

Risk management is about taking practical steps to protect people from real harm and suffering. It does not necessarily mean stopping a certain activity but to identify the most reasonable way to eliminate or reduce the harm. 'Reasonable' in terms of risk management means balancing the level of risk against the measures needed to control it.

You might have heard the concept of [hierarchy of control](#) which means taking preventative measures to reduce the risk to the lowest reasonably practicable level. The list below is the Hierarchy of Control which sets out measures in the order you should consider them, along with suggested adjustments that may be applicable in a community pharmacy. Discuss with the staff member to identify the most reasonable and practicable solution:

1. Elimination – is it possible to remove or eliminate the risk altogether? **is it possible for the staff member to work from home?**
2. Substitution – is it possible to use a different process which is less hazardous? **is it possible for the staff member to work in a non-patient facing area?**
3. Engineering controls – is there equipment or methods to control the exposure to the risk? **screens, use of consultation room?**
4. Administrative Controls – are there other procedures to reduce the exposure risk e.g. signage and education about the risk? **Is it possible to triage patients so that the staff member subject of the risk assessment, can avoid having close contact with them? Is it possible to ensure social distancing measures are complied with in the workplace? Is it possible to reduce the duration of face to face contact with patients?**
5. Personal protective equipment (PPE) – what PPE is available to eliminate or reduce any residual risk not eliminated using the previous measures

FAQs

Q. As a manager, should I complete risk assessments with all my staff?

A. You must ensure that all staff are informed by appropriate means including verbal update and team emails that the risk assessment is available, and they can arrange with you or a delegated person to complete the risk assessment.

This is a collaborative process and staff members of BAME background as well as those who are classed as vulnerable due to an underlying medical condition or pregnancy are all encouraged to review the risk assessment. The staff member can arrange a meeting with their manager to complete the risk assessment if they wish.

The risk assessment is a legal obligation and you or your delegated person must arrange for the [risk assessment matrix](#) to be completed with the staff member when they ask.

Q. Does the risk assessment mean all BAME staff members should work from home or change their job role?

A. No, the [risk assessment matrix](#) contains examples of reasonable measures that should be considered in order to reduce the exposure. You should follow the hierarchy of control / risk management options as explained above. This includes whether the staff member can work from home or be redeployed. If these are not reasonable to implement, then the lower level of risk management hierarchy should be implemented.

Q. I have completed the risk assessment for a BAME staff member who is 58 years of age. Does he need to wear a mask for more protection?

A. The decision about PPE is based on how the virus is spread and the current recommendation in community pharmacies is that fluid resistant masks should be worn when it is not possible to remain 2m away from patients. The risk assessment should be completed with colleagues individually and risks managed accordingly.

It is imperative that ALL STAFF including those with a vulnerability because of underlying medical conditions, pregnancy and from ethnic background strictly follow the IPC advice regarding hand hygiene and appropriate PPE.

Q. How can we ensure that patients entering our community pharmacy do not have COVID-19?

A. In a community setting it is advisable to consider a reasonable way to identify patients that can have COVID-19. This may include displaying posters, banners or screens with messages to patients to not enter the pharmacy if they have COVID-19 symptoms. Triaging in advance to determine whether the patient or household members are symptomatic or isolating may also be appropriate.

Q. A member of my staff has told me that they have a medical condition therefore they are asking for a risk assessment for COVID-19. I did not have any knowledge of his condition and he has never asked for any adjustments. Can I ask him what their condition is?

A. He does not need to disclose his diagnosis and only needs to inform you that he has an underlying medical condition which is classed as a vulnerability in respect to COVID-19. You must not ask any question about the nature of the condition e.g. the diagnosis, symptoms, investigations or treatment that may lead to a disclosure of his medical condition. His declaration that he has a medical condition that categorises him as vulnerable is adequate to warrant the risk assessment if he wishes to have the assessment.

Q. Should I be thinking of carrying out a risk assessment for my staff currently working from home and will be returning soon.

A. In principle yes. Any member of staff who is vulnerable, pregnant or of BAME background must have a risk assessment should they wish. You should consider whether they can continue working from home as the first measure in the hierarchy of control.

Q. I have a number of BAME colleagues who are locum pharmacists and work for me regularly. Should I complete a risk assessment for them too?

A. Yes. In principle the risk assessment is a legal obligation and you or your delegated person must arrange for the [risk assessment matrix](#) to be completed with the staff member including those who work through an agency. For agency staff, the agency is also responsible to carry out a risk assessment. Therefore, if the agency staff ask you to complete a risk assessment, you should ask to discuss with their agency too to ensure the risk assessment is jointly undertaken between the employing agency and the pharmacy.

Glossary of Terms:

BAME abbreviation for Black, Asian, and Minority Ethnic: Cambridge Dictionary

IPC Infection prevention and control (WHO)

PPE Personal protective equipment