|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | 27/11/2024 | | |  |  |  |  | |  | |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Assessors Name:** | | **Marianne Killick** | |  | |  | | | | **Review Date:** | | | Ongoing – as per government guidance updates | | | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Endorsed By:** | |  | | **Signature:** | |  | | **Position:** | |  | | | **Date:** | |  | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Description of assessment** | | | Risk assessment for fire and hygiene | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Location Details** | | | **Marianne Killick Acupuncture, 2 Clarkson Avenue, Wis** | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What are the hazards? | **Who might be harmed?** | Controls required. | Additional controls. | Action by who? | Action by when? | Done (date). |
| Spread of infection/eg common cold, flu, covid-19  FIRE | * **Patients** * **Location visitors** * **Practitioners** * **Vulnerable groups (high risk) patients/visitors/**   **practitioners/staff**   * **with a pre-existing medical condition, elderly or pregnant.** * **Anyone else who physically comes into contact with any of the above after entering/exiting the workplace/clinic.** | **Hand Washing**  **(patients, visitors, practitioner)**   * Hand washing facilities with soap and water in place. * <https://www.who.int/gpsc/clean_hands_protection/en/> * Drying of hands with disposable paper towels. * Gel sanitisers in any area where washing facilities not readily available. * Staff encouraged to protect skin by applying emollient cream regularly. <https://www.nhs.uk/conditions/emollients/>   **Handwashing (cont’d) – practitioners or anyone in direct physical contact with patients or otherwise inside workplace/clinic.**   * Handwashing (min 60 secs). * Prior to patient contact and in-between each patient. * Practitioners requested to attend free online training on correct handwashing technique for health professionals.   <https://openwho.org/courses/IPC-HH-en>  **Personal Protective Equipment (PPE)**   * Appropriate and unused PPE gear must be made available to whoever needs it within the workplace/clinic setting and it is to be suitable for the task on hand.     **Disposable gloves**  Disposable gloves to be provided to practitioners and any patient who requests them.  **Glove selection:**   1. Provide suitable protection for the task/situation. 2. Be the correct size 3. Hands should also be clean and dry before putting a glove on.   **Clinic soft furnishings**   * None: all chairs and treatment couches are covered with an easy wipe non porous material to avoid cross contamination.   **Clinic Hygiene**   * Ensure all surfaces are regularly cleaned throughout the day and at the start and end of each day.. * Ensure door handles, reception are cleaned in-between at the start of each day. * Ensure treatment couch is protected and cleaned in-between each patient use. Particular care given to face hole area. * Hard seats are preferable for easy cleaning.   Smoke alarm is fitted in the clinic  Fire extinguisher available in clinic  All electric cables have been professionally fitted and certified.  All electric equipment except programmable heaters/aircon to be switched off at wall when clinic not in use.  EXIT: There is a double door exit within 3-4m of all points of the clinic.  5 windows could also be opened and used as an exit by any able bodied moderately sized person. | Patients/visitors to be reminded on a regular basis to wash their hands for 20 seconds and practitioners 60 seconds before and after patient contact..  Water, soap and the importance of proper hand drying with paper towels.  Also remind to catch accidental coughs and sneezes in tissues – Follow Catch it, Bin it, Kill it and to avoid touching face, eyes, nose or mouth with unclean hands.  Tissues will be made available throughout the workplace/clinic.  Encourage staff to report any problems and carry out skin checks as part of a skin surveillance programme.  <https://www.hse.gov.uk/skin/professional/health-surveillance.htm> (Northern Ireland)   * **If anyone presents with cold symptoms, patients and practitioners may choose to wear disposable facemasks.**   **6 key steps to putting on and taking off a medical masks:**   1. Before you touch the mask you should wash your hands with alcohol-based hand rub if your hands are not visibly soiled for 20 to 30 seconds, or soap and water if your hands are visibly soiled for approximately 40 to 60 seconds. 2. Take a face mask and inspected for any tears or holes. 3. Orient which side is the top side of the mask. This is the side of the mask where the metal strip is. 4. Ensure proper side of the mask faces outwards. Usually this is the coloured side, so the colour side on the outside and the white side on the inside. 5. Place the mask to your face pinch the metal strip or stiff edge of the mask so it molds to the   shape of your nose and place the elastic loops behind your ears.   1. Pull down the mask’s bottom so it covers your mouth and your chin.  * **Medical mask removal** –  1. To take off the mask, remove the elastic loops from behind the ears while keeping them ask away from your face and clothes to avoid touching potentially contaminated surfaces of the mask. 2. Afterwards, discard the medical mask immediately in a non-touch bin. And finally, perform hand hygiene using either alcohol-based hand rub or if visibly soiled wash our hands with soap and water.   **How-To Guide for the Removal (Doffing) of Disposable Gloves:**   1. Pinch and hold the outside of the glove near the wrist area. 2. Peel downwards, away from the wrist, turning the glove inside out. 3. Pull the glove away until it is removed from the hand and hold the inside-out glove with the gloved hand. 4. With your un-gloved hand, slide your finger/s under the wrist of the remaining glove, taking care not to touch the outside of the glove. 5. Again, peel downwards, away from the wrist, turning the glove inside out. 6. Continue to pull the glove down and over the inside-out glove being held in your gloved hand. 7. This will ensure that both gloves are inside out, one glove enveloped inside the other, with no contaminant on the bare hands. 8. Dispose of gloves immediately and safely.   Patients are not alone in the clinic for more than a few minutes at any given point. |  |  |  |