

## COVID-19 Risk Assessment May 2020

### **Background:**

In response to the COVID-19 pandemic and in line with decisions made by our HEI partners, in March 2020 Kingston Education Centre (KEC) took the decision to suspend its GP consultation service and student placements.

As the pandemic moves to a new phase and the national “lockdown” restrictions begin to ease, KEC is beginning to consider the options for re-opening the KEC service to patients and students. This document aims to document and calculate the identified risks in order to aid senior management decision making.

The table in the first section of this document assesses the risks relating to each of the considered options relating to patient, staff and student safety, and the impact these risks may have on business continuity/viability, reputation and relationships with stakeholders. It then identifies actions which may manage or completely mitigate these risks, and re-assesses/re-calculates the individual risks taking into account the mitigating actions.

The concluding section summarises the calculated risk for each option and provides a recommendation for the preferred option, for the consideration of senior management.

Appendix A outlines the risk definitions and ratings criteria used in this document.

### **Options considered:**

1. KEC remains closed to patients and students until such time that the coronavirus pandemic has completely ended
2. Re-open KEC face to face service to patients and students immediately
3. Re-open KEC face to face service to patients and students as of the new academic year (September 2020)

**Risk categories:**

		Impact				Almost certain permanent disablement or death/closure of business
		No impact on individual/business	Minor impact on individual/business	Serious impact on individual/business	Major impact on individual/business	
Probability	Extremely unlikely	1	2	3	4	5
	Unlikely	2	4	6	8	10
	Possible	3	6	9	12	15
	Likely	4	8	12	16	20
	Almost certain	5	10	15	20	25

\*\* See category definitions in Appendix A\*\*

1. KEC remains closed to patients and students until such time that the coronavirus pandemic has ended			
Risk	Risk rating	Mitigation plan	Revised risk rating (if mitigation plan is implemented)
1. Failure to have placements available at the stage that universities begin requiring them will undermine relationships with HEIs and damage our reputation as a	<b>Probability Possible</b> Would largely depend on the approach of other placement providers – if we're the only provider taking this approach, the likelihood of relationship damage would increase.	Research approach being taking by other placement providers and align our position with theirs.  Liaise with HEIs to explain our approach and re-opening plan; maintain channels of communication with HEIs in	<b>Probability Unlikely</b> By aligning with other placement providers, we can ensure that we are not being put at a disadvantage. Maintaining channels of communication will reduce likelihood of relationship damage.

<p>placement provider, resulting in a reluctance for universities to place students with us in future.</p>	<p><b>Impact</b> <u>Major</u> Significant impact on service feasibility should HEIs lose confidence and fail to place students with us.</p>	<p>order to maintain relationships.</p> <p>Ensure that firm bookings for placements are only made once we are sure about re-opening schedule, in order to avoid having to cancel at short notice/inconvenience HEIs.</p> <p>Look into alternative ways that a service can be provided – e.g. students viewing online consultations remotely.</p>	<p><b>Impact</b> <u>Major</u> Impact of risk unchanged.</p>
<p>2. Financial risk to viability of business resulting from lack of income from student placements.</p>	<p><b>Probability</b> <u>Unlikely</u> Day to day running of KEC service is funded primarily from placement income; however, costs would be significantly reduced by suspending the service (e.g. no GP salary costs)</p> <p><b>Impact</b> <u>Serious</u> Day to day running of KEC service is funded primarily from placement income; should this income cease in the long-term, the viability of the service would be impacted.</p>	<p>Costs associated with the running of the service have already been minimised (e.g. redundancy of the one member of staff who worked exclusively for KEC), suspension of GP contracts. No further actions could reduce the probability of impact of this risk.</p>	<p><b>Probability</b> <u>Unlikely</u> Unchanged</p> <p><b>Impact</b> <u>Serious</u> Unchanged</p>
<p>3. GP staff disengage</p>	<p><b>Probability</b></p>	<p>Prioritise KEC GPs for work in</p>	<p><b>Probability</b></p>

<p>from service and find alternative work due to job insecurity, particularly as it will be difficult to predict when the service will re-open.</p>	<p><b>Unlikely</b> All GPs are employed on zero hours contracts and most have been redeployed to other KGPC services e.g. hot clinic and extended hours. Locum work is in short supply currently; reducing the possibility of GPs going to work elsewhere; however, it is unclear whether this will remain the case elsewhere, particularly if other services were to open before KEC.</p> <p><b>Impact</b> <u>Minor</u> Sufficient number of GPs working for the service who have flexible working patterns, that cover could likely be found should some disengage; unlikely that they will all find alternative work. Other GPs working in other KGPC services who could cover if necessary.</p>	<p>other KGPC services, to ensure that they continue to have work and don't seek employment externally.</p> <p>Maintain regular contact with KEC GPs to keep them updated on likely opening dates and keep them engaged.</p>	<p><b>Unlikely</b> (Unchanged) Insufficient mitigating actions to impact rating.</p> <p><b>Impact</b> <u>Minor</u> (Unchanged) Mitigation plan does not affect potential impact.</p>
<p>4. KEC staff having no role whilst the service is closed; difficulty redeploying these staff due to difficulty in predicting when the</p>	<p><b>Probability</b> <u>Extremely unlikely</u> All KEC staff except GPs have substantive roles elsewhere in the organisation and perform KEC role in addition to their core</p>	<p>Low risk, no mitigation required.</p>	<p><b>Probability</b> <u>Extremely unlikely</u> No change</p> <p><b>Impact</b> <u>None</u></p>

<p>service will re-open.</p>	<p>role. All of these staff have taken on significant additional work in response to the COVID pandemic and are therefore being kept busy.</p> <p><b>Impact</b> <u>None</u> KEC staff are employed in roles elsewhere in the organisation.</p>		<p>No change</p>
<p>5. Failure to make KEC patient appointments available for practices to book their staff into undermines relationships with referring practices</p>	<p><b>Probability</b> <u>Unlikely</u> Service move to be sited with an established GP practice will ensure a route for patients to be referred. Only a small number of appointments available at KEC each day (6), resulting in practices not having a significant reliance on KEC to ensure their patients are seen.</p> <p><b>Impact</b> <u>Serious</u> Practices failing to refer patients would significantly impact on the ability to provide placements.</p>	<p>Communicate reasons for delayed opening, and proposed re-opening schedule with practices in order to manage expectations.</p> <p>Once service re-opens, work with practices to promote availability of appointments (via emails/PM newsletter/site visits) in order to ensure that they are aware that appointments can be used.</p>	<p><b>Probability</b> <u>Extremely unlikely</u> Promoting appointments and maintaining communication channels will reduce likelihood of relationship breakdown. Practices have historically been fast in becoming familiar with booking into KEC appointments.</p> <p><b>Impact</b> <u>Serious</u> (Unchanged) Mitigation plan does not change impact of risk.</p>
<p>6. Lack of available placements for students, impacting</p>	<p><b>Probability</b> <u>Possible</u> Depending on whether other</p>	<p>Offer students opportunities for remote observation of consultations in other KGPC</p>	<p><b>Probability</b> <u>Possible</u> (Unchanged) Mitigation plan</p>

<p>their ability to complete their university course.</p>	<p>HEIs follow the same approach and delay offering placements.</p> <p><b>Impact</b> <u>Serious</u> Impact will vary depending on the course.</p>	<p>services via video link.</p> <p>Flexibility with offering placements following re-opening to enable as many students to experience placements as possible.</p>	<p>unlikely to significantly impact probability.</p> <p><b>Impact</b> <u>Serious</u> (Unchanged) Mitigation plan unlikely to change impact.</p>
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2. Re-open KEC service to patients and students immediately			
Risk	Risk rating	Mitigation plan	Revised risk rating (if mitigation plan is implemented)
<p>1. University student placements have not yet been re-started, and are unlikely to start before September, resulting in there being very few students requiring placements.</p>	<p><b>Probability</b> <u>Likely</u> From discussions with universities, it appears that the majority are working towards reinstating student placements as of September 2020. The majority of student courses have been paused.</p> <p><b>Impact</b> <u>Serious</u> Financial viability impacted short-term due to lack of income from student placements, but paying for GP salaries.</p>	<p>Liaise with universities to establish whether they would be willing to begin sending students prior to the end of term; however this is unlikely to make a difference due to timescales and university position.</p>	<p><b>Probability</b> <u>Likely</u> Unchanged – mitigation plan unlikely to make a significant different.</p> <p><b>Impact</b> <u>Serious</u> Unchanged – mitigation plan unlikely to make a significant different.</p>

<p>2. Inability to provide a service due to lack of premises - lease on Hollyfield House offices expires at the end of June and the new premises at the CI Tower will not be ready until mid-September.</p>	<p><b>Probability</b> <u>Almost certain</u> Notice on the HH lease has already been submitted; work at the CI Tower has not yet started and is likely to take at least 8 weeks.</p> <p><b>Impact</b> <u>Major</u> Lack of premises from the end of June makes delivering a service almost impossible.</p>	<p>1. Only provide a service in June (whilst HH is available) OR 2. Find a way to deliver consultations from a temporary location throughout July (e.g. extending HH lease, finding alternative temporary facility).</p>	<p><b>Probability</b> <u>Likely</u> The two options presented as part of the mitigation plan only offer part-solution (option 1) or provide a solution which may not be possible to deliver in the timescale.</p> <p><b>Impact</b> <u>Serious</u> Significant impact to financial viability of business if short-term accommodation needs to be paid for. The administrative burden of opening the service for June only would be disproportionate to the benefit derived.</p>
<p>3. Staff member, patient or student contraction of COVID-19 via contact with an infected staff member or patient in communal areas</p>	<p><b>Probability</b> <u>Possible</u> Guidelines suggest that airborne infection is possible where contact is made within 2 metres of an infected individual</p> <p><b>Impact:</b> <u>Minor or serious</u> dependent on severity of resultant illness.</p> <p>Note: increased likelihood of</p>	<p>Reduce the risk of symptomatic patients attending the building by:</p> <ul style="list-style-type: none"> <li>- Triaging all referrals to identify patients suitable for remote consulting. Carrying-out remote consulting with patients where appropriate, only inviting patients for a face to face consultation where assessment/ diagnosis/treatment cannot</li> </ul>	<p><b>Probability</b> <u>Unlikely</u> Only inviting patients to attend clinics where they cannot be safely assessed/treated remotely, and of those, minimising risk of symptomatic individuals attending the building, will significantly reduce the risk of infection; as will the wearing of PPE.</p>

	<p>experiencing severe symptoms for individuals who fall into the following categories:</p> <ul style="list-style-type: none"> <li>- Age (<math>\geq</math> 70 years)</li> <li>- Underlying health conditions (in particular hypertension, diabetes and CHD)</li> <li>- High BMI</li> <li>- BME heritage</li> </ul> <p>We do have a small number of staff who fit one or more of these categories (particularly amongst our GPs), and it is likely that any students being placed with us will fall into one or more of the categories.</p> <p>Although there is an increased likelihood of severe symptoms for individuals in the categories above, severe symptoms can also be experienced indiscriminately regardless of these factors.</p>	<p>be carried-out remotely.</p> <ul style="list-style-type: none"> <li>- Information provided to all patients on confirming appointment booking and in reminder text message that they should not attend the appointment if they or a member of their household has COVID-19 symptoms (new continuous cough, temperature of 37.8°C, loss of or change in sense of taste or smell)</li> <li>- During booking process, establish whether the patient falls into the high-risk “shielding” group – make alternative arrangements for these patients)</li> <li>- Posters displayed on front door of building advising of the above</li> <li>- Reception staff to ask patients whether they are symptomatic, with a protocol in place to advise staff of action to take if symptomatic patient attends and cleaning/isolation protocol and facilities in place.</li> <li>- Alcohol gel available at entrance and on reception</li> </ul>	<p><b>Impact</b> <u>Minor</u> By eliminating patients in the “shielding” group, it is more likely than not that should a patient contract COVID, they will get mild symptoms.</p>
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		<p>desk for patient use.</p> <ul style="list-style-type: none"> <li>- PPE available for both staff and patients. Patients asked to don PPE on arrival in the building.</li> <li>- Staggered appointment times to reduce the number of patients on the premises/in the building at a time.</li> <li>- Patients requested to attend appointment alone where possible</li> <li>- Chairs in waiting area and reception desk arranged to allow for 2m social distancing</li> </ul>	
<p>4. Contraction of COVID-19 between staff members/students</p>	<p><b>Probability:</b> <u>Possible</u> Guidelines suggest that airborne infection is possible where contact is made within 2 metres of an infected individual. It is likely that in the course of the working day, members of staff will come within 2M of one another.</p> <p><b>Impact:</b> <u>Minor or serious</u> dependent on severity of resultant illness.</p>	<p>Reduce the risk of symptomatic staff attending the building by:</p> <ul style="list-style-type: none"> <li>- Risk assessing all staff and students, making arrangements for those identified as high risk to work remotely where possible.</li> <li>- Making all staff aware of government guidelines on self-isolation if they or a member of their household is symptomatic</li> <li>- Setting up staff areas to</li> </ul>	<p><b>Probability</b> <u>Unlikely</u> Mitigating actions reduce the likelihood of cross contamination.</p> <p><b>Impact</b> <u>Minor</u> Risk assessing staff and students, enabling home working for staff in high risk groups, and refusing students in</p>

	<p>Note: increased likelihood of experiencing severe symptoms for individuals who fall into the following categories:</p> <ul style="list-style-type: none"> <li>- Age (<math>\geq</math> 70 years)</li> <li>- Underlying health conditions (in particular hypertension, diabetes and CHD)</li> <li>- High BMI</li> <li>- BME heritage</li> </ul> <p>We do have a small number of staff who fit one or more of these categories (particularly amongst our GPs), and it is likely that students being placed with us will fall into one or more of the categories.</p> <p>Although there is an increased likelihood of severe symptoms for individuals in the categories above, severe symptoms can also be experienced indiscriminately regardless of these factors.</p>	<p>allow for social distancing</p> <ul style="list-style-type: none"> <li>- Providing all staff with government recommended PPE</li> <li>- Providing staff with hand washing facilities and alcohol gel</li> </ul> <p>Students to observe consultations remotely from another room where possible.</p>	<p>high risk groups for placements, will result in likelihood of those remaining only suffering mild symptoms should they contract the virus.</p>
<p>5. Staff member, patient or student contraction of COVID-19 via contact with infected</p>	<p><b>Probability</b> <u>Unlikely</u> Research has concluded that an individual touching a</p>	<ul style="list-style-type: none"> <li>- Remove any non-essential items which may pose an infection risk (toys/magazines, etc)</li> </ul>	<p><b>Probability</b> <u>Extremely unlikely</u> Risk already low due to low contraction rate via contact with</p>

<p>objects/surfaces</p>	<p>contaminated item and then touching their face is an unlikely source of infection.</p> <p><b>Impact</b> <u>Minor or serious</u> dependent on severity of resultant illness.</p> <p>Note: increased likelihood of experiencing severe symptoms for individuals who fall into the following categories:</p> <ul style="list-style-type: none"> <li>- Age (<math>\geq 70</math> years)</li> <li>- Underlying health conditions (in particular hypertension, diabetes and CHD)</li> <li>- High BMI</li> <li>- BME heritage</li> </ul> <p>We do have a small number of staff who fit one or more of these categories (particularly amongst our GPs), and it is likely that students being placed with us will fall into one or more of the categories.</p> <p>Although there is an increased likelihood of severe symptoms for individuals in the categories above, severe symptoms can</p>	<ul style="list-style-type: none"> <li>- Schedule of regular decontamination of communal surfaces and equipment (including door handles, chairs, desks, IT equipment, stationery)</li> <li>- Couch roll to be used for patient couches, replaced between patients</li> </ul>	<p>infected objects; enhanced cleaning will reduce the risk further.</p> <p><b>Impact</b> <u>Minor</u></p> <p>By risk assessing staff and students and eliminating those in the “shielding”/ high risk group group, it is more likely than not that should a patient contract COVID, they will get mild symptoms.</p>
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	<p>also be experienced indiscriminately regardless of these factors.</p>		
<p>6. Staff member, patient or student contraction of COVID-19 during close proximity during examination</p>	<p><b>Probability:</b> <u>Possible</u> Guidelines suggest that airborne infection is possible where contact is made within 2 metres of an infected individual. Many of the examinations carried-out during appointments require proximity closer than 2M.</p> <p><b>Impact:</b> <u>Minor or serious</u> dependent on severity of resultant illness.</p> <p>Note: increased likelihood of experiencing severe symptoms for individuals who fall into the following categories:</p> <ul style="list-style-type: none"> <li>- Age (<math>\geq</math> 70 years)</li> <li>- Underlying health conditions (in particular hypertension, diabetes and CHD)</li> <li>- High BMI</li> <li>- BME heritage</li> </ul> <p>We do have a small number of staff who fit one or more of these categories (particularly amongst</p>	<ul style="list-style-type: none"> <li>- 2m social distancing to be observed during the consultation except for the time spent actively carrying-out the examination.</li> <li>- <u>Recommended PPE</u> to be worn including: <ul style="list-style-type: none"> <li>o Gloves (disposed of between patients)</li> <li>o Apron (disposed of between patients)</li> <li>o Clinical mask (sessional)</li> <li>o Eye protection (sessional)</li> </ul> </li> </ul> <p>Students to observe consultations remotely from another room where possible.</p>	<p><b>Probability</b> <u>Unlikely</u> Remote observation, use of PPE and social distancing will significantly reduce the probability.</p> <p><b>Impact</b> <u>Minor</u> By risk assessing staff and students and eliminating those in the “shielding”/ high risk group group, it is more likely than not that should a patient contract COVID, they will get mild symptoms.</p>

	<p>our GPs), and it is likely that students being placed with us will fall into one or more of the categories.</p> <p>Although there is an increased likelihood of severe symptoms for individuals in the categories above, severe symptoms can also be experienced indiscriminately regardless of these factors.</p>		
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3. Re-open KEC service as of the new academic year (September 2020)			
Risk	Risk rating	Mitigation plan	Revised risk rating (if mitigation plan is implemented)
<p>1. GP staff disengage from service due to having to find alternative work between now and September (GPs are employed on zero hours contracts).</p>	<p><b>Probability</b> <u>Unlikely</u> As KEC appointments are provided primarily for the purpose of student observation, clinics do not usually run during university holiday periods; therefore, the GPs would expect not to have KEC work during the summer recess period (mid-July until</p>	<p>Ongoing engagement with staff via emails and calls.</p> <p>Promote involvement of staff by including them in plans for service re-location and new timetable/curriculum.</p> <p>Ensure that KEC GPs continue to be prioritised for work across other KGPC services.</p>	<p><b>Probability</b> Unlikely (no change) Mitigating actions will help reduce probability but not sufficiently to downgrade rating.</p> <p><b>Impact</b> Minor (no change).</p>

	<p>mid-September). Many of the GPs working for KEC have been accommodated in other KGPC services (e.g. the Hot Clinic) during the pandemic.</p> <p><b>Impact</b> <u>Minor</u> Sufficient number of GPs working for the service in order to cover any gaps should GPs leave.</p>		
<p>2. Failure to make KEC patient appointments available undermines relationships with referring practices</p>	<p><b>Probability</b> <u>Unlikely</u> As KEC appointments are provided primarily for the purpose of student observation, clinics do not usually run during university holiday periods; therefore, the practices would not expect appointments to be available during the summer recess period (mid-July until mid-September). In addition, the number of patients accessing primary care has significantly decreased during the pandemic, and therefore, it is unlikely that practices are in need of the additional</p>	<p>Plan comms for Practice Managers to provide information about the arrangements for opening KEC, including dates, new location and information on the proposed start date for KEC appointments</p>	<p><b>Probability</b> <u>Extremely unlikely</u> Promoting appointments and maintaining communication channels will reduce likelihood of relationship breakdown and the risk of practices losing confidence in our ability to provide a service.</p> <p><b>Impact</b> <u>Serious</u> (Unchanged) Mitigation plan does not change impact of risk.</p>

	<p>appointment capacity offered by KEC. KGPC continues to run extended hours services and the COVID Hot Clinic, which maintains the links and relationships with practices.</p> <p><b>Impact</b> <u>Serious</u> KEC relies on local practices referring patients to the service; therefore, any disruption in patients being referred will significantly impact the service.</p>		
<p>3. Failure to make KEC patient appointments available until September results in practice staff becoming unaccustomed to booking patients into the service.</p>	<p><b>Probability</b> <u>Possible</u> A significant amount of work was carried out with practice staff when KEC was first established to ensure staff were aware of the availability of KEC appointments and familiar with the booking process, and this is more likely to be lost the longer the service is closed. However, as the service would ordinarily have been closed over the summer recess, there would always have been this risk. In addition, practice staff will</p>	<p>KEC service is moving to be co-located with an established GP practice (CI Tower); therefore, strong links will be established with staff at this practice and there will be a good awareness amongst them of the service re-opening and of the availability of appointments.</p> <p>Good relationships have been built with staff in other practices since the opening of KEC, and therefore, there are already links established to allow for re-engagement with these staff to promote the service.</p> <p>The service was well received during</p>	<p><b>Probability</b> <u>Extremely unlikely</u> Mitigating actions described will address the risk of practice staff failing to book patients into the service due to unfamiliarity.</p> <p><b>Impact</b> <u>Serious (no change)</u> Mitigating actions do not change the impact rating.</p>

	<p>continue to book patients into KGPC Extended Hours and Hot Clinic services, which uses the same system/process as the KEC appointments.</p> <p><b>Impact</b> <u>Serious</u> KEC relies on local practices referring patients to the service; therefore, any disruption in patients being referred will significantly impact the service.</p>	<p>the time it ran from September to March; so we have a good reputation to capitalise on when liaising with staff.</p> <p>Experience has shown that visiting practices and meeting with reception staff is the most effective way to promote the service; on that basis, a programme of practice visits will be put in place prior to the service opening.</p>	
<p>4. Reduction in patients accessing primary care due to concerns about COVID-19, resulting in insufficient numbers of patients being booked into the service.</p>	<p><b>Probability</b> <u>Extremely unlikely</u> During the pandemic, from February onwards, the number of patients accessing Primary Care reduced significantly. To date (end of May) numbers of appointments being used are gradually increasing, and likely to continue to do so as time progresses; but, it is unknown whether the numbers of patients will return to pre-pandemic levels by September.</p> <p>However, as of August 2020,</p>	<p>The prevalence of the virus (whether there is a “second peak”, etc) cannot be influenced; however, action can be taken to encourage patients to attend appointments, e.g.:</p> <ul style="list-style-type: none"> <li>- Ensuring that patients feel safe to attend appointments by having safety measures in place (screening, social distancing, PPE), and making these known to patients when appointments are offered (ask reception staff to provide information, include details in appointment confirmation text message, provide info on website).</li> <li>- KGPC to support practices in</li> </ul>	<p><b>Probability</b> <u>Extremely unlikely (no change)</u> Mitigating actions insufficient to impact probability rating.</p> <p><b>Impact</b> <u>Minor</u> Plan for alternative shadowing opportunities for students reduces the impact of any lack of patients to shadow in the main KEC service.</p>



	<p>KEC will be co-located with a GP practice, and this will ensure a stream of patients which can be referred into KEC clinics.</p> <p><b>Impact</b> <u>Serious</u> KEC relies on local practices referring patients to the service; therefore, any disruption in patients being referred will significantly impact the service.</p>	<p>opening up their own services to encourage patients back to primary care.</p> <ul style="list-style-type: none"> <li>- Reviewing the shadowing opportunities available to students to ensure that alternative arrangements (e.g. shadowing other clinics and services) are available if needed.</li> </ul>	
<p>5. KEC staff having no role whilst the service is closed.</p>	<p><b>Probability</b> <u>Extremely unlikely</u> The majority of KEC staff have a dual role across KEC and KGPC, and have been heavily involved in KGPC's COVID-19 response work. Staff whose roles are exclusively with KEC are as follows: <i>KEC Administrator</i> – continues with role remotely, liaising with universities and arranging timetables for the next academic year. <i>KEC Receptionist</i> – Due to uncertainty about the timescale for re-opening KEC and the</p>	<p>No further action required.</p>	<p><b>Probability</b> <u>Extremely unlikely</u></p> <p><b>Impact</b> <u>Minor</u></p>

	<p>inability to temporarily re-deploy or furlough, this member of staff has been made redundant.</p> <p><b>Impact</b> <u>Minor</u> These members of staff are low-cost due to pay scale and number of hours worked.</p>		
<p>6. Financial risk to business resulting from lack of income from student placements.</p>	<p><b>Probability</b> <u>Extremely unlikely</u> KEC's largest expense is GP salaries, which are not paid whilst KEC is closed (all KEC GPs are employed on zero hours contracts). Other staff working for KEC perform other roles within KGPC, and their salaries are therefore accounted for. As of the end of June, KEC will be vacating the Hollyfield House location and moving to the Cl Tower once building work is complete in August; therefore, no accommodation/premises expenses relating to KEC will be incurred during this period.</p> <p><b>Impact</b> <u>Serious</u></p>	<p>Costs associated with the running of the service have already been minimised (e.g. redundancy of the one member of staff who worked exclusively for KEC). No further actions could reduce the probability of impact of this risk.</p>	<p><b>Probability</b> <u>Extremely unlikely</u> Unchanged</p> <p><b>Impact</b> <u>Serious</u> Unchanged</p>

	<p>KEC's financial viability is predicated on income from student placements; therefore, interruption in this income would have significant impact on the future of the service.</p>		
<p>7. Staff member, patient or student contraction of COVID-19 via contact with an infected staff member or patient in communal areas</p>	<p><b>Probability:</b> <u>Possible</u> Guidelines suggest that airborne infection is possible where contact is made within 2 metres of an infected individual</p> <p><b>Impact:</b> <u>Minor or serious</u> dependent on severity of resultant illness.</p> <p>Note: increased likelihood of experiencing severe symptoms for individuals who fall into the following categories:</p> <ul style="list-style-type: none"> <li>- Age (<math>\geq</math> 70 years)</li> <li>- Underlying health conditions (in particular hypertension, diabetes and CHD)</li> <li>- High BMI</li> <li>- BME heritage</li> </ul> <p>We do have a small number of staff who fit one or more of</p>	<p>Reduce the risk of symptomatic patients attending the building by:</p> <ul style="list-style-type: none"> <li>- Triage all referrals to identify patients suitable for remote consulting. Carrying-out remote consulting with patients where appropriate, only inviting patients for a face to face consultation where assessment/ diagnosis/treatment cannot be carried-out remotely.</li> <li>- Information provided to all patients on confirming appointment booking and in reminder text message that they should not attend the appointment if they or a member of their household has COVID-19 symptoms (new continuous cough, temperature of 37.8°C, loss of or change in sense of taste or smell)</li> <li>- During booking process, establish whether the patient falls into the high-risk "shielding" group – make alternative arrangements for these patients)</li> <li>- Posters displayed on front door of</li> </ul>	<p><b>Probability</b> <u>Unlikely</u> Only inviting patients to attend clinics where they cannot be safely assessed/treated remotely, and of those, minimising risk of symptomatic individuals attending the building, will significantly reduce the risk of infection.</p> <p><b>Impact</b> <u>Minor</u> By eliminating patients in the "shielding" group, it is more likely than not that should a patient contract COVID, they will get mild symptoms.</p>

	<p>these categories (particularly amongst our GPs), and it is likely that students being placed with us will fall into one or more of the categories.</p> <p>Although there is an increased likelihood of severe symptoms for individuals in the categories above, severe symptoms can also be experienced indiscriminately regardless of these factors.</p>	<ul style="list-style-type: none"> <li>- building advising of the above</li> <li>- Reception staff to ask patients whether they are symptomatic, with a protocol in place to advise staff of action to take if symptomatic patient attends and cleaning/isolation protocol and facilities in place.</li> <li>- Alcohol gel available at entrance and on reception desk for patient use.</li> <li>- PPE available for both staff and patients. Patients asked to don PPE on arrival in the building.</li> <li>- Staggered appointment times to reduce the number of patients on the premises/in the building at a time.</li> <li>- Patients requested to attend appointment alone where possible</li> <li>- Chairs in waiting area and reception desk arranged to allow for 2m social distancing</li> </ul>	
<p>8. Contraction of COVID-19 between staff members</p>	<p><b>Probability:</b> <u>Possible</u> Guidelines suggest that airborne infection is possible where contact is made within 2 metres of an infected individual. It is likely that in the course of the working day,</p>	<p>Reduce the risk of symptomatic staff attending the building by:</p> <ul style="list-style-type: none"> <li>- Risk assessing all staff and students, do not allow those who are identified as high risk to return to performing face to face appointments</li> <li>- Making all staff aware of</li> </ul>	<p><b>Probability</b> <u>Unlikely</u> Mitigating actions reduce the likelihood of cross contamination.</p> <p><b>Impact</b></p>

	<p>members of staff will come within 2M of one another.</p> <p><b>Impact:</b> <u>Minor or serious</u> dependent on severity of resultant illness.</p> <p>Note: increased likelihood of experiencing severe symptoms for individuals who fall into the following categories:</p> <ul style="list-style-type: none"> <li>- Age (<math>\geq 70</math> years)</li> <li>- Underlying health conditions (in particular hypertension, diabetes and CHD)</li> <li>- High BMI</li> <li>- BME heritage</li> </ul> <p>We do have a small number of staff who fit one or more of these categories (particularly amongst our GPs), and it is likely that students being placed with us will fall into one or more of the categories.</p> <p>Although there is an increased likelihood of severe symptoms for individuals in the categories above, severe symptoms can</p>	<p>government guidelines on self-isolation if they or a member of their household is symptomatic</p> <ul style="list-style-type: none"> <li>- Setting up staff areas to allow for social distancing</li> <li>- Providing all staff with government recommended PPE</li> <li>- Providing staff with hand washing facilities and alcohol gel</li> </ul> <p>Students to observe consultations remotely from another room where possible.</p>	<p><u>Minor</u> Risk assessing staff and students, enabling home working for staff in high risk groups, and refusing students in high risk groups for placements, will result in likelihood of those remaining only suffering mild symptoms should they contract the virus.</p>
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	<p>also be experienced indiscriminately regardless of these factors.</p>		
<p>9. Staff member, patient or student contraction of COVID-19 via contact with infected objects/surfaces</p>	<p><b>Probability</b> <u>Unlikely</u> Research has concluded that an individual touching a contaminated item and then touching their face is an unlikely source of infection.</p> <p><b>Impact</b> <u>Minor or serious</u> dependent on severity of resultant illness.</p> <p>Note: increased likelihood of experiencing severe symptoms for individuals who fall into the following categories:</p> <ul style="list-style-type: none"> <li>- Age (<math>\geq</math> 70 years)</li> <li>- Underlying health conditions (in particular hypertension, diabetes and CHD)</li> <li>- High BMI</li> <li>- BME heritage</li> </ul> <p>We do have a small number of staff to fit one or more of these categories (particularly</p>	<ul style="list-style-type: none"> <li>- Remove any non-essential items which may pose an infection risk (toys/magazines, etc)</li> <li>- Schedule of regular decontamination of communal surfaces and equipment (including door handles, chairs, desks, IT equipment, stationery)</li> <li>- Couch roll to be used for patient couches, replaced between patients</li> </ul>	<p><b>Probability</b> <u>Extremely unlikely</u> Risk already low due to low contraction rate via contact with infected objects; enhanced cleaning will reduce the risk further.</p> <p><b>Impact</b> <u>Minor</u> By risk assessing staff and students and eliminating those in the “shielding”/ high risk group group, it is more likely than not that should a patient contract COVID, they will get mild symptoms.</p>

	<p>amongst our GPs), and it is likely that students being placed with us will fall into one or more of the categories.</p> <p>Although there is an increased likelihood of severe symptoms for individuals in the categories above, severe symptoms can also be experienced indiscriminately regardless of these factors.</p>		
<p>10. Staff member, patient or student contraction of COVID-19 during close proximity during examination</p>	<p><b>Probability:</b> <u>Possible</u> Guidelines suggest that airborne infection is possible where contact is made within 2 metres of an infected individual. Many of the examinations carried-out during appointments require proximity closer than 2M.</p> <p><b>Impact:</b> <u>Minor or serious</u> dependent on severity of resultant illness.</p> <p>Note: increased likelihood of experiencing severe symptoms for individuals who fall into the following categories:</p>	<ul style="list-style-type: none"> <li>- 2m social distancing to be observed during the consultation except for the time spent actively carrying-out the examination.</li> <li>- <u>Recommended PPE</u> to be worn including: <ul style="list-style-type: none"> <li>o Gloves (disposed of between patients)</li> <li>o Apron (disposed of between patients)</li> <li>o Clinical mask (sessional)</li> <li>o Eye protection (sessional)</li> </ul> </li> </ul> <p>Students to observe consultations remotely from another room where possible.</p>	<p><b>Probability</b> <u>Unlikely</u> Remote observation, use of PPE and social distancing will significantly reduce the probability.</p> <p><b>Impact</b> <u>Minor</u> By risk assessing staff and students and eliminating those in the “shielding”/ high risk group group, it is more likely than not that should a patient contract COVID, they will get mild symptoms.</p>

	<ul style="list-style-type: none"> <li>- Age (<math>\geq 70</math> years)</li> <li>- Underlying health conditions (in particular hypertension, diabetes and CHD)</li> <li>- High BMI</li> <li>- BME heritage</li> </ul> <p>We do have a small number of staff who fit one or more of these categories (particularly amongst our GPs), and it is likely that students being placed with us will fall into one or more of the categories.</p> <p>Although there is an increased likelihood of severe symptoms for individuals in the categories above, severe symptoms can also be experienced indiscriminately regardless of these factors.</p>		
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**Summary and conclusion:**

	<b>Option 1:</b> KEC remains closed to patients and students until such time that the coronavirus pandemic has ended			<b>Option 2:</b> Re-open KEC face to face service to patients and students immediately			<b>Option 3:</b> Re-open KEC face to face service as of the new academic year (September 2020)						
	<b>Risk to the business</b>			<b>Risk to individuals</b>	<b>Risk to the business</b>		<b>Risk to individuals</b>		<b>Risk to the business</b>			<b>Risk to individuals</b>	
<b>Before mitigation plan is put into practice</b>	12	6	4	0	12	20	7.5	7.5	4	6	9	7.5	7.5
	1	6	9				5	7.5	3	2	3	5	7.5
<b>Total</b>	<b>38</b>			<b>0</b>	<b>32</b>		<b>27.5</b>		<b>27</b>			<b>27.5</b>	
<b>If mitigation plan is fully actioned</b>	8	6	4	0	12	12	4	4	4	3	3	4	4
	1	3	9				2	4	2	2	3	2	4
<b>Total</b>	<b>31</b>			<b>0</b>	<b>24</b>		<b>14</b>		<b>17</b>			<b>14</b>	
<b>Conclusion:</b>	<p><b>Option 1:</b> Discounted – Even with mitigation plan in place, the level of risk remains unacceptable in some areas, particularly around the ongoing viability of the business. No risk to individuals due to this option not involving seeing patients; however, the unacceptable level of risk to the business outweighs this.</p> <p><b>Option 2:</b> Discounted - Even with mitigation plan in place, the level of risk remains unacceptable in some areas, particularly around the ongoing viability of the business. The risk to individuals is adequately managed by implementing the mitigation plan; however, this is outweighed by the high level of risk to the business relating to the impact on financial viability caused by securing temporary accommodation, and the service incurring GP salary costs without receiving any income from placements.</p> <p><b>Option 3:</b> Adopted – This is the lowest risk option overall. In addition, all risks relating to this option are adequately addressed by implementing the mitigation plan, bringing all identified risks down to an acceptable level.</p>												

## Appendix A – Category definitions

<b>IMPACT</b>	<b>Description</b>
1 No impact	No injury; no impact on service delivery or reputation of the practice; little or no financial loss.
2 Minor	Resulting in minor injury or illness; possible of a slight impact on service delivery; some minor short-term financial loss.
3 Serious	Temporary incapacity requiring medical treatment; some service disruption; potential for adverse publicity; temporary significant impact on service delivery; short-term impact on financial viability.
4 Major	Major injury; severe service restriction, possibly irreversible; adverse publicity impacting on reputation; long-term impact on financial viability.
5 Catastrophic	One or more deaths; national media interest resulting in severe loss of confidence in the service; irreversible impact on financial viability threatening the future of the service.

<b>LIKELIHOOD</b>	<b>Description</b>
1 Extremely unlikely	The risk may occur (or re-occur) but only in exceptional circumstances
2 Unlikely	Do not expect the risk to occur (or re-occur) but is possible
3 Possible	The risk might occur (or re-occur) at some time
4 Likely	The risk will probably occur (or re-occur)
5 Almost certain	The risk is expected to occur (or re-occur) in most circumstances

Score	Risk Level	Risk mitigation measures
1-3	<b>Low</b>	On or below this level a risk may be acceptable. Existing controls should be monitored and adjusted where necessary to ensure that the risk remains within acceptable limits.
4-6	<b>Moderate</b>	On or below this level a risk may be acceptable. Management action must be specified and assurance must evidence that action to reduce or eliminate the risk are effective.
7-12	<b>High</b>	This level of risk is unacceptable. Action to manage the risk must be specified and monitored at a senior level. When considering options for a new course of action, any option carrying this level of risk must not be selected.
13-25	<b>Significant</b>	Immediate action needed. Must be referred to the appropriate senior level and an action plan started immediately to reduce the risk level, either by strengthening controls or eliminating the risk. When considering options for a new course of action, any option carrying this level of risk must not be selected.