A Risk Assessment Tool

REDUCING THE RISK OF COVID-19 IN THE COMMUNITY PHARMACY

June 2020 www.the-pda.org
About the PDA

The Pharmacists’ Defence Association (PDA) is a not-for-profit defence association and trade union for pharmacists. It is the only organisation that exclusively looks after the interests of employee and locum pharmacists across all sectors of pharmacy, currently with a membership of more than 31,000, the PDA is the largest representative membership body for pharmacists in the UK and this membership continues to grow. Delivering more than 5,000 episodes of support provided to members who have found themselves in a critical incident situation in the last year alone, provides the PDA with a rich vein of up to date experiences which inform policy and future strategy. This experience has recently been informed by the very considerable number of Covid-19 related issues being faced by members. The practical experience gained in supporting members at the coal face is further enhanced by regular member surveys and focus group interactions. The proposals put in this document are largely built upon this experience and the lessons that emerge.

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1. The Context
Covid-19 and Community Pharmacy

2. Risk Assessment Tool and Managing the risk:
Guidance and forms to support identification and assessment of the risks within the pharmacy. A practical guide to risk reduction following assessment.

3. Background reading
Providing those undertaking any assessments with helpful background.
Covid-19 is an exceptional circumstance; a global pandemic which poses a risk which has altered the way that all people live and work. The likelihood is that many of these alterations in lifestyle and especially those seen in the workplace will be permanent and they will affect different sectors of society in different ways, and especially within premises that provide healthcare.

Because those feeling unwell will require the support of healthcare professions, this puts healthcare staff into a much riskier working environment. These additional risks will affect every member of staff that works in, or patient that visits, a healthcare premises. Experience gained as society has moved through the crisis has shown that frontline healthcare workers, by the very nature of their activity and their workplace, have borne a disproportionate burden of the risk of acquiring Covid-19.

Similarly, evidence from hospitals has shown that up to a fifth of patients with Covid-19 in several hospitals contracted the disease over the course of the pandemic while already being treated there for another illness.\textsuperscript{1}

Many other experiences indicate that the impact of Covid-19 is complex. Groups within society, such as those with existing underlying conditions, the elderly and those from Black, Asian and minority ethnic (BAME) backgrounds are particularly at risk. The BAME issue is particularly relevant to pharmacy as 43% of pharmacists come from a BAME background\textsuperscript{2}. It is apposite to note that of the four pharmacists who at the time of producing this risk management tool, have tragically lost their lives to this virus, all of them came from BAME backgrounds.

A virus is unlike most of the health and safety risks in the workplace. It does not discriminate and can be passed in either direction between employee to a member of the public, or between employees, or even by touching a contaminated surface.

Pharmacies are NHS facilities which are paid from the public purse. The public rightly expects that all staff and the public itself are adequately protected from acquiring or transmitting Covid-19 within a healthcare facility. One of the lessons learned during the crisis, is that there has been a population shift away from other parts of the healthcare system, such as GP practices and A&E departments and into community pharmacies who have seen a significant increase in the numbers attending. This means that the need to concentrate on reducing the risks of Covid-19 are even greater in a community pharmacy than might be seen in these other parts of the system.

To instil confidence in both the staff who work in a pharmacy and the public who frequent it, employers MUST have in place processes that reduce the risk of Covid-19. For this to be achieved, each pharmacy must first be risk assessed to establish the current position, it then becomes possible to establish measures that reduce the risks in the workplace that may underpin the confidence that the public expect.
Status of this Document:

This risk management tool has been produced for the purposes of being used as part of an overall risk assessment of pharmacies required of employers and is specifically designed to minimise the risks generated by Covid-19.

This document recognises two important factors:

1. That the people best placed to identify the risks are those physically working in the pharmacy, those who fully appreciate the circumstances in the workplace.

2. That the Responsible Pharmacist is responsible for the safe and effective operation of the pharmacy and therefore has an important role to play in undertaking the assessment and establishing the appropriate risk management regime and then raising any concerns on safety with their employer.

It is recommended that those individuals who will be involved either in undertaking any assessments, or those who are charged with the task of ensuring that an employer’s legal responsibility can be properly discharged should familiarise themselves with Section 3 of this document as this helps to identify good practice in relation to infection control. It also identifies good ideas that have already been applied in the community pharmacy setting.

In particular, the British Standards Institution Report entitled ‘Safe working during the Covid-19 pandemic – general guidelines for organisations’ (May 2020) provides a powerful backdrop to this community pharmacy initiative.

This PDA initiative will enable pharmacy employers and Responsible Pharmacists to:

1. Identify risks from Covid-19 for both employees and members of the public in a community pharmacy setting using a framework.

2. Understand what needs to be done to reduce the risks.

3. Demonstrate that a systematic approach is being taken to address the risks.

4. Put in place a transparent mechanism and action plan that allows issues of concern to be raised with the employers.

This document DOES NOT abrogate the legal duty of employers to ensure that both a risk assessment is undertaken and that appropriate risk mitigating measures are put in place, but it does help employers to satisfy that legal duty.

THE POLICY OF THE PDA

A summary…

The PDA will work towards securing:

1. A firm commitment from all pharmacy owners to implement measures to protect staff, locums and members of the public and others entering a pharmacy by introducing measures to minimise the risk of coronavirus transmission.

2. A commitment from every pharmacy owner to comply with the requirement to undertake a risk assessment at individual, premises and pharmacy team level.

3. Measures appropriate to the situation, as identified by a risk assessment, are implemented to reduce the risks of transmission of Coronavirus.
4. For funding for safety measures from the government to assist pharmacy contractors with their implementation.
5. Regulatory standards to be enforced on pharmacy owners, superintendents, chief pharmacists and line-managers to ensure a safe working environment.

The Legal Position

Health and safety legislation places a legal duty on employers to ensure safety in the workplace.

“Health and safety law places duties on organisations and employers, and directors can be personally liable when these duties are breached: members of the board have both collective and individual responsibility for health and safety.”

Workers, both employed and self-employed locums, have a duty to take care of their own health and safety and that of others who may be affected by their actions at work. Workers must work with employers and co-workers to support the legal requirements. However, in reality, it will be the employer who controls the resources who will be in a position to ensure that all reasonable measures are put in place so that their employees work in a healthy and safe environment and that their welfare is considered in any work activity.

Under health and safety legislation, employers have an obligation to ensure that any potential risk from disease or infection is eliminated or controlled. Under public liability arrangements pharmacy owners have an obligation to similarly protect members of the public and others coming into the pharmacy.

Employers are required to undertake a risk assessment to protect employees from exposure to hazards including biological hazards such as Covid-19. Such a risk assessment should always involve employees and it is they who may bring any findings from such a risk assessment or issues that they are concerned about to the attention of the employer. Based on the risk assessment, the employer must then decide whether there is enough protection for employees. Employers must then generate a clearly defined statement on any potential risks, this statement must also spell out what action it proposes to take to reduce any inherent risks.

Under health and safety regulations, employers must also recognise either a union representative or any member of staff elected by fellow work colleagues to make representations to the employer on matters affecting the health and safety of those present.

Employers also have a legal duty under RIDDOR regulations (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) to make a formal report to the Incident Contact Centre if any of their staff contract Covid-19 which results in death, serious illness or absence from work for seven days or more and which could reasonably have been contracted whilst at work.

The Professional and Regulatory Position

Over and above the legal requirements, there are several regulatory requirements.

The GPhC Standards for owners of pharmacy premises, Standard 3 states:

“The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.”
Standard 2.3 states:

“Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public”

Failure to observe the requirements of health and safety legislation could not only cause harm but would also be a breach of pharmacy regulatory standards.

THE POSITION OF THE PDA

The philosophy behind the health and safety legislation recognises that both employees and employers will have a role in ensuring that a safe working environment exists.

Operationally however, the majority of the physical and process changes that may be required to reduce the risks of infection transmission can only be made with the approval of the employers as it is they and not the employees or locums who control the financial resources. The thrust of the responsibility thus falls on the shoulders of the employer.

PDA members have provided many examples that demonstrate the unhelpful tension that often exists between employers and employees around safety during this pandemic. Examples include pharmacists being given direct instructions not to wear PPE irrespective of any judgement made or concerns expressed by the Responsible Pharmacist or team members. This places not only staff, but also members of the public at risk. In some instances, where concerns about safety have been raised by locums acting in their RP capacity, they are told that they will not be re-booked.

Failure by an employer to put in place measures for risk reduction could lead to harm to employees, members of the public and others entering the pharmacy.

Case law shows that the penalties for employers who disregard the concerns of their employees are extremely severe. In the event that an employee is harmed and for example becomes infected at work, particularly in circumstances where it can be shown that the employee’s prior concerns have been ignored by an employer, then the employer becomes significantly more liable.

In a landmark case (Simmons vs British Steel PLC, House of Lords, April 29th, 2004) where an employer refused to act on the concerns of an employee about safety issues, the employee sustained an injury and psychological trauma. The employee was awarded nearly £500,000 in compensation. This case has clear implications for pharmacy employers.

THE POLICY OF THE PDA ON REDUCING THE RISK FROM COVID-19 IN COMMUNITY PHARMACY

The PDA will seek to ensure;

1. A firm commitment from all pharmacy owners to implement measures to protect staff, patients and customers by introducing measures to minimise the risk of coronavirus transmission.

The PDA will work with pharmacy bodies, relevant external organisations, with pharmacy employers and members to encourage a proactive and committed approach to implementing these safety enhancing measures. The PDA will lobby the Governments of each of the four UK nations to ensure that there is a focus upon safety in pharmacies.
In the event that a PDA member contracts Covid-19 and it can be shown that risk management suggestions made by employees have been disregarded by the employer and there is evidence to show that this caused the individual to contract Covid-19, then the PDA will robustly pursue the employer on behalf of the member. The PDA will seek a prosecution under health and safety legislation, compensation for the member through civil action and referral of the employer to the regulator for disciplinary action for a breach of regulatory standards.

2. A requirement for every pharmacy owner to undertake a risk assessment at individual, premises and pharmacy team level.

Building upon the foundations of legislation, professional codes and available research, it is evident that in order to comply with these requirements, risk assessments of each pharmacy must be undertaken and a corresponding clearly-defined statement on the potential infection risks would need to be produced and made available in the pharmacy.

The PDA will not only encourage employees and employers to undertake a risk assessment, it has produced and made available a risk assessment tool specific to pharmacy which enables such a risk assessment to be undertaken.

The risk assessment is a living document that will need to be reviewed frequently especially as the situation on Covid-19 evolves.

The risk assessment tool will enable both employees and employers to:

- Identify the risks.
- Consider whether any of the activities undertaken in the pharmacy may increase the risk of infection e.g. the use of consultation rooms, use of shared pens, acceptance of cash and paper money, allowing large numbers of the public to occupy the premises simultaneously.
- Consider whether any modifiable physical aspects of the pharmacy increase the risk of infection e.g. cramped dispensaries, narrow aisles, clutter.
- Identify any employees at higher risk. It will help to identify the most vulnerable members of staff and aid the development of a specific policy on protecting them.
- Consider the findings of the risk assessment and instigate staff consultation to establish whether existing precautions are adequate or should be improved.
• Record measures that have been taken to reduce infection risk in the workplace. This record must be communicated to all members of staff and should be made available for inspection on the pharmacy premises.

• Periodically review the findings of the risk assessment. The policy should be amended in light of any new developments.

3. Measures appropriate to the situation, as identified by a risk assessment, are implemented to reduce the risks of transmission of Covid-19.

An appropriate assessment would identify whether the pharmacy in question is in a low, medium or high-risk category and in particular, enables the staff to identify specific areas of activity that may need attention.

Consequently, it will be possible to identify and implement measures which are most appropriate to the situation. The PDA risk assessment tool contains lists of measures which may be used in response to an adverse risk assessment. By making this tool available, the PDA aims to engage the Responsible Pharmacists in the pharmacy in helping to establish safer working environments and to encourage employers to focus on the issues of infection control and to employ the necessary risk management measures.

Managing the Risks.

The factors that can have a great influence on the levels of infection risk in the pharmacy will broadly fall into five categories. By analysing each category, it is possible to produce a checklist of practical options which may need to be employed to ensure that the risk of transmission of infection can be reduced to a minimum. Broadly, the categories are:

• The design, operation and layout of the pharmacy
• Prevention measures
• Workforce assessments – both collective and for individual staff
• Contingency planning in the event of staff being exposed to Covid-19:
• General Infection control measures

4. Funding for safety measures from the government to assist pharmacy contractors with their implementation.

The PDA will bring the need for funding support to the attention of the relevant government bodies in England, Scotland, Wales and Northern Ireland and will also support organisations who negotiate funding.
with the government to secure the funds that may be needed to employ any changes required. While we want to work with pharmacy employers and others to secure additional financial support from government, limited resources in no way lessen the obligation for employers to make their workplaces safe in the meantime.

5. Regulatory standards to be enforced on pharmacy owners, superintendents, chief pharmacists and line-managers to ensure a safe working environment.

Regulatory standards make it very clear that pharmacist employers need to ensure the safety of members of the public.

With the unique risk posed by the Coronavirus to both staff and members of the public in a community pharmacy, we urge the UK pharmacy Regulators to ensure that pharmacy owners have in place both the processes that can identify any risks in the first place and the procedures and measures required to minimise the risk of infection for their staff and members of the public that come in to the pharmacy.

The PDA is prepared to work with the UK pharmacy regulators to ensure that this happens.
Guidance and forms to support identification, assessment and reducing the risks in community pharmacy

All employers have a duty of care to their staff and also to the customers who enter their pharmacy premises. Additionally employers have a legal responsibility to ensure the Health and Safety of their staff and this means that employers have to ensure that all workplaces (to include staff areas and areas open to members of the public) are safe to occupy and work within. An important component of this responsibility is the need to undertake a workplace risk assessment to establish what risks may be evident. It is clear that that those members of staff at the coal face are much closer to the daily operations and therefore have a much better understanding of not only of the risks, but also on the solutions that may mitigate these risks. Employers should encourage the involvement of employees in assessing the risks of Covid-19 in their pharmacies; this would improve their ability to ensure the Health, Safety and wellbeing at work during the crisis.

The Responsible Pharmacist regulations require the Responsible Pharmacist (RP) to ensure the safe and effective operation of the pharmacy, for this reason, the RP as a clinically qualified healthcare professional familiar with concepts of risk management and infection control, is ideally placed to not only undertake the risk assessment, but also to engage directly with the staff in the pharmacy so as to generate recommendations to the employer on how best to reduce the risks for staff and members of the public who come to the pharmacy.

Assessing and then acting upon the risks of Covid-19, is a process that is already at work in many NHS settings. The NHS risk reduction framework (below) sets out the structured process that should be used to assess the risks and then to minimise them. A good example of a broad NHS risk management framework is the one produced by the Faculty of Occupational Medicine of the Royal College of Physicians. Reproduced below, it sets out the structured process that should be used to assess the risks and then to reduce them.

2. RISK ASSESSMENT TOOL

Employers have a duty of care requiring them, as far as reasonably practicable, to secure the health safety and welfare of their employees. This includes an equitable approach to effective risk management and risk reduction of potential workplace hazards, for all staff which requires:

HOW TO USE THE RISK ASSESSMENT TOOL

COVID-19 Risk Reduction Framework for Healthcare Workers

EMPLOYERS TO SCORE HEALTH SAFETY AND WELL-FARE OF EMPLOYEES INCLUDING:

WORKPLACE ASSESSMENT

WORKFORCE ASSESSMENT

INDIVIDUAL ASSESSMENT

AGE AND ETHNICITY:
- BAME ETHNICITY AGED ABOVE 55, PARTICULARLY IN THOSE WITH CO-MORBIDITIES
- WHITE EUROPEAN ETHNICITY AGED OVER 60

SEX:
- Males at higher risk

UNDERLYING HEALTH CONDITIONS INCLUDING:
Clinical vulnerable groups including:
- Hypertension
- Cardiovascular Disease (CVD)
- Diabetes Mellitus (DM)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Obesity

PREGNANCY
- All pregnant women should have risk assessment.
- Women > 28 weeks pregnant or have underlying condition should be recommended to stay at home.
- Women < 28 weeks pregnant should only work in patient facing roles where risk assessment supports this.

☑️ EMPLOYERS TO DISCUSS IMPLICATIONS AND TO TAKE APPROPRIATE MEASURES TO MITIGATE RISK OF COVID-19 INFECTION RISK TO NHS STAFF

THE COMMUNITY PHARMACY RISK ASSESSMENT TOOL

The risk assessment tool enclosed has been designed to specifically reflect the risks seen in a community pharmacy setting, whilst it contains many useful ideas on how to identify and then minimise risks, it is recognised that no two pharmacies are the same and therefore each may need a slightly different approach in managing the risks during the pandemic. Furthermore, as well as there being further additional ideas that the staff and/or the RP in the pharmacy may find of greater relevance, the GPhC and the various Pharmacy representative bodies have all produced lists of measures (see Section 3).

The intention of this Community Pharmacy Risk Assessment tool is so that it can be used by the staff of the pharmacy to kick-start the systematic process of workplace assessment. Those assessing the risk, should tick the red, amber or green column adjacent to the risk described.

In this Assessment, the following convention is used;

a) ‘must’ indicates an absolute requirement
b) ‘should’ indicates a recommendation
c) ‘may’ indicates a permission
d) ‘can’ indicates a possibility

Once the assessment is completed, the RP using ideas provided in the ‘Reducing the risk’ column (or others, as these are not an exhaustive list), may use the employer referral letters provided in this resource to make recommendations to their employer regarding the implementation of risk management measures. It is recommended that such an assessment is undertaken regularly during the period of the pandemic so that further opportunities to improve how the management of risks related to Covid-19 can be established in what is in effect a rapidly changing situation.

Accessibility of the completed Risk Assessment:

This risk assessment must not simply be a one off tick box exercise, undertaken once and then forgotten about, it needs to be a living document that is constantly updated as circumstances in the pharmacy and with the pandemic change. Furthermore, every community pharmacy will have more than one Responsible Pharmacist working on the premises at one time or another (even if that is just to cover a day off or holidays), some will operate with job share and locum pharmacists. It is important that the completed risk assessment document is available to all RPs and that it is left in a prominent position, probably alongside the usual SOPs that each Responsible Pharmacist will need to review before completing the RP register (or Pharmacy Record).

Just as the preservation of the RP register is the legal obligation of the pharmacy owner, similarly the accessibility of this document enabling a Responsible Pharmacist to discharge their obligation to secure the safe and effective running of the pharmacy is clearly the responsibility of the pharmacy owner.

The community pharmacy risk assessment tool is split into 5 sections

1. The design, operation and layout of the pharmacy
2. Prevention measures
3. Workforce assessments – both collective and for individual staff
4. Contingency planning in the event of staff being exposed to Covid-19:
5. General Infection control measures
How to use this risk assessment tool

We recognise that every pharmacy is unique and tools such as this need to be adapted to fit an individual pharmacy context. This tool has been designed to enable the user to easily print the sections that need to be completed.

<table>
<thead>
<tr>
<th>Basic Information about the Pharmacy Premises.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Address of Pharmacy</td>
</tr>
<tr>
<td>Date on which this assessment completed</td>
</tr>
<tr>
<td>Completed by (full name)</td>
</tr>
<tr>
<td>Position</td>
</tr>
</tbody>
</table>
### 1. THE DESIGN, OPERATION AND LAYOUT OF THE PHARMACY

#### Workplace Assessment:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Can staff working in the dispensary maintain the 2m rule?</strong></td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>In very small dispensaries Perspex screens separating the workstations/areas and/or if PPE is available and is in use then this may reduce the assessment to amber. Consideration can also be given to increasing the size of the dispensary by giving up some of the retailing area of the pharmacy. This may reduce the rating to green.</td>
</tr>
<tr>
<td><strong>Can staff working on the Pharmacy Counter maintain the 2m rule?</strong></td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>If this is not possible, then the use of PPE would reduce the rating to amber. Consideration can also be given to setting up two counter areas in the pharmacy – one that deals with prescriptions only, the other that deals with OTC meds only. This could result in the staff becoming more distanced. This may reduce the rating to green.</td>
</tr>
<tr>
<td><strong>Can staff working on the Pharmacy Counter maintain the 2m rule with members of the public?</strong></td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>The use of Perspex screens and/or PPE would reduce the risk to amber. The use of a physical barrier such as a table in an isle some distance away from the actual counter may reduce the rating to green.</td>
</tr>
<tr>
<td><strong>Do you have a designated isolation space for suspected cases of COVID-19?</strong></td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>If staff can usher a member of the public exhibiting symptoms into an isolation space in the pharmacy this reduces risks to other members of the public and to staff.</td>
</tr>
<tr>
<td><strong>If your pharmacy accepts cash payments, then is the risk of transmission reduced by an operating procedure? (If no cash payments accepted then skip to next question.)</strong></td>
<td></td>
<td>Yes is green or amber. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>The rating Depends on the robustness of the operating procedure. Such an operating procedure should involve handwashing after any cash has been handled. Many retail outlets have restricted the method of payment to card payments.</td>
</tr>
<tr>
<td><strong>Does your pharmacy only accept card payments? (no cash transactions)</strong></td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>Many retail outlets have restricted transactions to card only. This significantly reduces the risk rating.</td>
</tr>
<tr>
<td><strong>Is the card payments system contactless?</strong></td>
<td></td>
<td>Yes is green. No is amber.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>A contactless card payment system significantly reduces the risk of transmission through touch.</td>
</tr>
<tr>
<td><strong>Have the preventative measures established in the pharmacy been communicated to all the staff members working in the pharmacy?</strong></td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>All staff members to include any locums, should be familiarised with the safety measures that have been put in place, detailing the required ways of working. This should include what is expected of them, what they should expect from the employer and what they should do to raise concerns or report safety incidents</td>
</tr>
</tbody>
</table>

**Enter total number of Green, Amber and Reds at end of this section**
## Consultation Room

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your pharmacy use the consultation room at all?</td>
<td>[Green, Amber, Red]</td>
<td>No is green. Yes is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td>The use of the consultation room should be discouraged. If the consulting room is used for essential activities only (such as supervised consumption) and PPE is used, then the rating may be reduced to amber.</td>
<td></td>
</tr>
<tr>
<td>Is it possible to socially distance in the consultation room in your pharmacy?</td>
<td>[Green, Amber, Red]</td>
<td>Yes is amber. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td>As it is an enclosed space, any use of the consultation room raises the inherent risk to at least amber. If the consultation room must be used at all, then it is vital that either 2m social distancing can be observed or PPE is used. If PPE is used, then the rating may reduce to amber.</td>
<td></td>
</tr>
<tr>
<td>Can you provide for a chaperone in a socially distanced manner?</td>
<td>[Green, Amber, Red]</td>
<td>Yes is amber. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td>As it is an enclosed space, any use of the consultation room raises the inherent risk to at least amber. Chaperone, pharmacist and patient should each keep 2m apart from each other. If this is impossible, then PPE should be used, and this may reduce the rating to amber.</td>
<td></td>
</tr>
<tr>
<td>Is the consultation room in your pharmacy in use intermittently both for consultations and as an emergency isolation space for suspected Covid-19 infected patients?</td>
<td>[Green, Amber, Red]</td>
<td>No is green if no use of consultation room. Amber if not used intermittently. Yes is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td>As it is an enclosed space, any use of the consultation room raises the inherent risk to at least amber. If an emergency leaves no alternative other than to use the consultation room as an isolation space, then a deep-clean process undertaken by a person wearing full PPE should be rigorously observed before any reuse of the consultation room.</td>
<td></td>
</tr>
<tr>
<td>Is the consulting room routinely cleaned after each patient consultation inside the room?</td>
<td>[Green, Amber, Red]</td>
<td>Yes is amber. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td>As it is an enclosed space, any use of the consultation room raises the inherent risk to at least amber. One of these is that the virus can be deposited on surfaces by a carrier and left for another person to acquire through touching the contaminated surface. Cleaning the consultation room routinely minimises this risk.</td>
<td></td>
</tr>
</tbody>
</table>

Enter total number of Green, Amber and Reds at end of this section
## Workload

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Are staffing levels being increased to reflect increased cleaning and workload levels?</strong></td>
<td>Green</td>
<td>Yes is green. No is red.</td>
</tr>
</tbody>
</table>

### Reducing the risks

If there has been an increase in workload, but no reduction in opening hours and no additional staff is allowed then this introduces the risk of risk minimisation measures breaking down due to lack of time. E.g. reduced time for handwashing, cleaning worksurfaces etc. If an arrangement is reached with the employer either for extra staff to be made available or time freed up for the existing staff to enable cleaning or both, then this risk may be reduced to amber or green.

| **Is the pharmacy being allowed to reduce its opening hours (in line with NHS rules) to catch up with dispensing and cleaning of the pharmacy** | Green | Yes is green. No is red. |

### Reducing the risks

If there is a blanket head office ban on reducing the hours, with no consultation with the Responsible Pharmacist then this indicates that maintaining the operation of the business is the overriding imperative and that the safety of the local situation is not being fully considered. This will likely result in either inappropriate solutions being imposed, or no solutions being considered. Reaching an agreement with the employer to reduce the opening hours so as to catch up with the workload and clean the pharmacy may reduce the risk to amber or green depending on the extent of the agreements reached.

| **Is a home delivery service operated by your pharmacy and has it reduced the numbers of patients visiting or the time they spend in the pharmacy?** | Green | Yes to both questions is green. No to one or both is red. |

### Reducing the risks

Properly organised home delivery services can reduce the number of patients in your pharmacy and the amount time that they spend waiting for the medicines to be dispensed. Deliveries of medicines to those patients who are shielding, or self isolating provides a valuable public service and reduces the risks in the pharmacy.

### Enter total number of Green, Amber and Reds at end of this section

16
## 2. PREVENTION MEASURES

### Members of the public

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Does signage and posters displayed in the pharmacy advise patients NOT to enter if they have any symptoms of Covid-19?</strong></td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Raising the awareness of the public as to the dangers of attending a pharmacy with symptoms of Covid-19 is an important component of risk reduction. Employees should source the relevant posters online from the NHS and then display them prominently. This may reduce the risk rating to green.</td>
</tr>
<tr>
<td><strong>2. Are clear floor markings in place to ensure the public can maintain a 2m distance from others?</strong></td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Any initiatives designed to remind the public about and to encourage them to socially distance will reduce risks. Putting in place posters and floor or wall markings to encourage social distancing is a good way of reducing the risk rating. Workwear and badges are now available for workers which emphasise the importance of the 2m rule. If these are worn, when it has not been possible to establish floor markings, then this may reduce the risk rating to amber.</td>
</tr>
<tr>
<td><strong>3. If the pharmacy is small and patients would be unable to maintain a 2m distance unless numbers allowed to enter are controlled, is there a one in one out protocol in place?</strong></td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Gatherings of members of the public at close quarters is a risk laden activity. Many retail outlets have successfully observed a one in one out policy. This, however, requires extra personnel to maintain the order required.</td>
</tr>
<tr>
<td><strong>4. Does the pharmacy have a hatch that is used to manage the need for members of the public to enter the pharmacy?</strong></td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Putting in place simple practical measures to reduce the need to unnecessarily enter the pharmacy reduces the risk for patients and staff. A hatch can reduce the numbers entering the pharmacy. It also gives more confidence and choice to those members of the public who would prefer not to enter the confines of a retail setting. In some cases, pharmacies have restricted the entire access to the service to a hatch only operation, this is often most useful when the staff situation has been severely depleted and the service now needs to be restricted.</td>
</tr>
<tr>
<td><strong>5. If a patient does come to the pharmacy and is showing signs of Covid-19, are there measures in place to isolate that person to prevent others from being infected?</strong></td>
<td>Yes is green. If measures are in place, but no isolation area is available then it is amber, if no measures and no isolation area then it is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Inevitably at some stage members of the public will present at the pharmacy exhibiting symptoms of Covid-19. A suitably robust contingency plan must be in place and all staff members need to know what that plan is. This alone can reduce a risk rating to amber.</td>
</tr>
<tr>
<td><strong>6. Have measures to encourage patients to telephone rather than visit the pharmacy (for example to request repeats) been established?</strong></td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Encouraging simple measures such as inviting members of the public to call or email rather than visit if not necessary reduces risks for patients and staff alike. This can be achieved through posters in the pharmacy window, messages inserted in bags used to deliver medication, notices left on the pharmacy website or even emails sent to regular patients.</td>
</tr>
<tr>
<td><strong>7. Is an enhanced delivery facility for basic items like paracetamol for patients who are self-isolating thus reducing the need for them to come to the pharmacy been established?</strong></td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Many self-isolating patients might need only P medicines if they are self isolating. A facility offering a delivery service to self-isolating patients reduces the risks as otherwise they may be left with no alternative other than to visit the pharmacy.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Tick one box</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Is there a protocol/agreement with local surgeries to reduce patients coming into the pharmacy?</strong></td>
<td>1</td>
<td>Yes is green or amber depending on the scope of the agreement. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>Good lines of communication and a written protocol with local surgeries reduces the risk of inappropriate referrals to the pharmacy from the surgery and vice versa. The more comprehensive the arrangements in place, the more likely this is a green risk rating</td>
</tr>
<tr>
<td><strong>Are there measures in place for people to sign prescription exemptions with confidence?</strong></td>
<td></td>
<td>Yes is green or amber. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>Asking patients to sign their prescriptions with their own pens or having a selection of pens available that are routinely cleaned after use may reduce the risk for members of the public as well as staff members who inevitably end up handling the pens.</td>
</tr>
<tr>
<td><strong>Enter total number of Green, Amber and Reds at end of this section</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2. PREVENTION MEASURES continued...  
#### Staff

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Have physical screens at all the pharmacy counters been put in place to protect staff?</strong></td>
<td>☢️</td>
<td>Yes is green. Partial screening in certain areas only is amber. No is red.</td>
</tr>
<tr>
<td><strong>Reducing the risks</strong></td>
<td></td>
<td>The installation of Perspex screening should reduce the risk rating. It is particularly helpful in small pharmacies where the 2m social distancing rule may be difficult to observe.</td>
</tr>
</tbody>
</table>

| **Have staff been encouraged to practice respiratory hygiene at all times?** | ☢️ | Yes is green. No is red. |
| **Reducing the risks** | | Through training and raising awareness, the implications of coughing or sneezing into their arms or into disposable tissues may reduce the risk rating. Disposable tissues should be made available in the pharmacy and bins for their safe disposal must be available. A range of posters are available from the NHS and the WHO supporting risk reduction activities. |

| **Have staff been encouraged to routinely wash hands during their shift?** | ☢️ | Yes is green. No is red. |
| **Reducing the risks** | | Transmission of the coronavirus is either through airborne droplets being inhaled, or by being picked up from surfaces manually, with fingers then being exposed to eyes or mouth. Through training and awareness, the implications of keeping the hands regularly washed for at least twenty seconds in soap and water reduces the risk and the risk rating. A range of posters are available from the NHS and the WHO supporting risk reduction activities. |

| **Have risk mitigating measures been established for staff in a higher risk category?** | ☢️ | Yes is green. No is red. |
| **Reducing the risks** | | There are a range of options and these will be driven by individual circumstances. What risk mitigating processes have been put in place for staff in higher risk groups? These can include the redeployment of staff in a higher risk category into a lower risk environment/duty. |

| **Can staff maintain the 2m rule during their rest breaks?** | ☢️ | Yes is green. No is red. |
| **Reducing the risks** | | Larger staff areas might allow this, where this is not possible, developing a specific rota system around rest breaks is a good way of keeping the numbers occupying the rest areas simultaneously to a minimum. Creating temporary new areas that staff can use for rest break purposes, perhaps outside at the rear of the pharmacy is also a way of reducing the number of staff that will be using the staff room at any one time. Establishing a policy that sets out a maximum number of staff that may occupy the staff rest areas is another way of reducing the risk rating. |

| **Do staff support an effective and frequent waste disposal programme?** | ☢️ | Yes is green. No is red. |
| **Reducing the risks** | | Routine and frequent waste disposal will ensure that any waste materials that may be carrying fragments of the virus such as paper towels, tissues or used protective equipment which could act as a potential source of re-infection is removed from the premises as a priority. |

| **Has the pharmacy arranged working in shift patterns to reduce cross transmission between staff? Either in a morning on and afternoon off system or one or more days on and one or more days off.** | ☢️ | Yes is green. No is red. |
| **Reducing the risks** | | This might not always be possible for small teams, but consideration should be given to working in new ways due to the pandemic. Splitting teams is a method which reduces transmission between staff members in a way which improves the resilience of the pharmacy operation. If splitting teams is not possible, a plan should be prepared identifying the measures that would be implemented to ensure the delivery of the pharmacy service if simultaneously all members of staff either became ill or had to self-isolate at the same time. |

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**Enter total number of Green, Amber and Reds at end of this section**

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19
3. WORKFORCE ASSESSMENT BOTH COLLECTIVE AND FOR INDIVIDUAL STAFF

Overall workforce assessment

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an individual risk assessment for each member of staff been undertaken? (A template has been provided).</td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td>A risk assessment of individual staff members in relation to coronavirus is an absolute and minimum requirement that all employers must undertake.</td>
<td></td>
</tr>
</tbody>
</table>

| If a risk assessment has been undertaken, have any emerging issues been addressed? | If yes and issues fully addressed then green. If issues only partially addressed then amber. If no then red. |
| Reducing the risks | The process of addressing issues that emerge from a risk assessment is one that should involve the staff members involved. Written records of any conversations held in this regard must be kept. |

| High risk groups: Is a protocol in place or have discussions been held to establish how staff (including the pharmacist) that are considered to be at high risk of infection or adverse outcomes from Covid-19 can be protected? | Yes is green. No is red. |
| Reducing the risks | If an assessment is carried out without a clear action plan it may also become red. An action plan dealing with the main issues only is amber. An action plan dealing with all the issues identified as requiring attention may be green. |

| Have the additional risks for BAME team members been considered? | Yes is green. No is red. |
| Reducing the risks | BAME groups are at higher risk from Covid-19. If the individual risk assessment takes BAME issues into account, then it may be classed as amber. A green may only be given IF any issues have been or are in the process of being addressed within the ensuing action plan. |

Enter total number of Green, Amber and Reds at end of this section

Individual Staff assessments:

Employers are required to undertake an assessment of individual members of staff. Employers must establish whether members of staff are clinically vulnerable, are in a household with somebody who is clinically vulnerable, are caring for someone who may be clinically vulnerable or they have protected characteristics and are entitled to additional reasonable adjustments. Additionally, employers should establish whether members of staff need additional support to protect their psychological health or wellbeing. For members of staff who exhibit higher (red) risk ratings, the option of the safest possible roles within the pharmacy, those that would allow for social distancing at all times should be considered. If this is not possible, then the employers need to consult with the affected employee to consider the use of additional safety measures. An individual staff assessment should be undertaken at the start of the risk assessment process, staff should be notified that if their circumstances change, then they should ask for an updated individual risk assessment to be undertaken.

Examples:

* Health conditions / specific risks that should be considered (this list is not exhaustive – refer to latest NHS advice)
  * Hypertension and cardiovascular disease
  * BAME ethnicity – data shows that BAME higher risk
  * Diabetes Mellitus (DM)
  * Chronic Kidney Disease (CKD) or liver disease
  * Lung conditions COPD / asthma / bronchitis / emphysema
  * Obesity – BMI over 40 considered risk
  * Age / Gender – BAME over 55 and non BAME over 60 – also male gender at greater risk.
## Individual Staff assessment:

**CONFIDENTIAL:** Individual staff assessments; to be completed by those with line management responsibility or the responsible pharmacist for each pharmacy team member.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth: (age in years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Gender: Are you a male?
- **Reducing the risks:** Males have been disproportionately affected and thus this should be considered as part of the overall risk assessment.
- **No is green. Yes is red.**

### Ethnicity: Are you from a Black, Asian or minority ethnic (BAME) background?
- **Reducing the risks:** The BAME group is not homogenous in terms of its risk of exposure to Coronavirus. African men are the highest risk other members of the BAME category have lower risks. The risk assessment must follow the latest current advice and be specific to that individual. The use of red or amber risk rating could be applied.
- **No is green. Yes is red.**

### Age: Are you over 55? (Only answer if NOT from a BAME background)
- **Reducing the risks:** Initial data indicates that age 55 is the risk threshold for non-BAME individuals. Consideration must be given as to what measures may be adopted to reduce the risk for any staff member in this higher risk category.
- **No is green. Yes is red.**

### Age: Are you over 60? (Only answer if NOT from a BAME background)
- **Reducing the risks:** Initial data indicates that age 60 is the risk threshold for non-BAME individuals. Consideration must be given as to what measures may be adopted to reduce the risk for any staff member in this higher risk category.
- **No is green. Yes is red.**

### Do you have a disability that requires an adjustment in the workplace?
- **Reducing the risks:** Employers are required to provide additional reasonable workplace adjustments, if they do so, this reduces the risk rating to amber or green.
- **No is green. Yes is red.**

### Do you have a body mass index (BMI) of 40 or above?
- **Reducing the risks:** The tool to determine BMI is on the NHS website.
- **No is green. Yes is amber or red.**

### Underlying health conditions: Do you have any health condition or compromised immunity? *
- **Reducing the risks:** *The current list is detailed on previous page but the latest advice should be checked when deciding how to follow up on any assessment.
- **No is green. Yes is red.**

### Caring responsibilities: Do you have any caring responsibilities for someone who is clinically vulnerable?
- **Reducing the risks:** Employers should make adjustments to reduce the risk of infection being passed on via their employee to a clinically vulnerable individual that they are caring for.
- **No is green. Yes is red.**

### Living with vulnerable individuals: Do you live in a household with somebody who is clinically vulnerable?
- **Reducing the risks:** Employers should make adjustments to reduce the risk of infection being passed on via their employee to a clinically vulnerable individual living in their household.
- **No is green. Yes is red.**

### Has an assessment of your psychological health and well-being been undertaken by your employer and acted upon?
- **Reducing the risks:** Referral to psychological and wellbeing support is a way that an employer can reduce the risk rating.
- **Yes is green or amber. No is red.**

### To be completed for female staff only

### Pregnancy: Are you more than 28 weeks pregnant?
- **Reducing the risks:** This is a high risk group according to latest Government advice. Women more than 28 weeks pregnant SHOULD NOT be in direct patient-facing roles. Amber may be for those less than 28 weeks pregnant, however those from a BAME background should avoid face-to-face contact. This means no frontline work where there is sustained community transmission and this will need to be kept under review.
- **No is green. Yes is red.**

**Enter total number of Green, Amber and Reds at end of this section**
### 4. CONTINGENCY PLANNING IN THE EVENT OF STAFF BEING EXPOSED TO COVID-19

Processes in place in the event of staff being exposed to Covid-19:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are arrangements in place to enable any member of staff (especially the pharmacist) who feels unwell or who may be exhibiting typical symptoms of Covid-19 (persistent cough, high temperature or loss of taste and smell) to leave the pharmacy, go home and self-isolate?</td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Thinking through such eventualities prior to them occurring is an important and necessary measure that should be established for all pharmacy services. An agreement and an understanding reached after consultation with all members of staff followed by the creation of a clear written SOP / protocol for this reduces the risk rating.</td>
</tr>
<tr>
<td>Is there a process in place to try to ascertain the likelihood of whether other team members may have been infected during the incubation period from the member of staff who is now showing symptoms?</td>
<td>Yes is green or amber. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>A team member might have exhibited symptoms only after a few days have passed. This means that other staff members might have acquired the infection from that person whilst they were asymptomatic. A simple process, or even a checklist that is established in advance of such an eventuality may reduce the risk rating to amber or green depending on its robustness. This can involve sending out the respective staff members for a coronavirus test, or it can include additional measures such as monitoring the temperature of staff members and/or asking them to complete a self-assessment survey. Most importantly of all, these measures are only robust if the results of their findings are capable of being risk assessed and acted upon.</td>
</tr>
<tr>
<td>In light of the national Track and Trace system which has been established to control the pandemic, are all members of staff encouraged to carry mobile phones whilst at work?</td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Upholding authoritative actions called for as part of a national Public Health initiative is part of a professional requirement placed upon pharmacy owners, employers and individual pharmacists. Whilst historically, staff working in a pharmacy are required not to carry mobile phones whilst at work, such restrictions must not only be removed in response to the pandemic, but the carrying of mobile phones must be actively encouraged by employers.</td>
</tr>
<tr>
<td>Are arrangements in place to enable any member of staff (especially the pharmacist) who is contacted by the national Track and Trace service and told to leave their place of work, to go home and self-isolate?</td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>This will increasingly become a likelihood as the Track and Trace system becomes more established. Measures to reduce the risk rating may include;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A &amp; B teams; Dividing the pharmacy team into 2 or more shifts that never work at the same time, so that they cannot be impacted by contact with a staff member of the other shift.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Preparing a compliment of locums by making them familiar with the pharmacy ahead of any track and trace consequences and calls for self-isolation so that if the incumbent regular pharmacist and/or pharmacy technician needs to self-isolate another is readily available to keep the pharmacy open.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Agreeing in advance how, in the worst-case scenario, staff from several pharmacies from different businesses in a local area may work together to maintain a service from one premises in a locality.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Considering now, how those isolating but not sick might still be able to undertake meaningful work at home in a way that still helps the public, but in a way that maintains the self-isolation, keeps patient data protected and which is compliant with regulations.</td>
</tr>
<tr>
<td>Is there a temperature assessment policy (or similar) to include a logging system in place for all members of staff as they start their shift in the pharmacy?</td>
<td>Yes is green. No is red.</td>
<td></td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>This is potentially an early identifier and reduces the risk of infecting others. Another method of checking for earlier signs of Covid-19 infection is the use of an oximeter, which measures blood oxygen saturation. This would help to identify those who may not yet have a raised temperature but may already be Covid-19 positive. Putting in place vigilance systems may reduce a risk rating. Those members of staff showing symptoms of Covid-19 should be sent for a test and sent home to self-isolate pending results.</td>
</tr>
</tbody>
</table>
## 5. GENERAL INFECTION CONTROL MEASURES

**Overarching Infection Control Measures to protect the health of the public**

The employer should establish processes and procedures that are designed not only to keep the workplace clean, but also to implement systems that reduce the risk of transmitting the infection not just for staff members but also for members of the public and others entering the pharmacy.

### Overall infection control

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are hand sanitisers available for all patients to use as they enter the pharmacy?</td>
<td><img src="https://example.com/green.png" alt="Green" /> <img src="https://example.com/amber.png" alt="Amber" /> <img src="https://example.com/red.png" alt="Red" /></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Ideally, such hand sanitisers should be available near to the entry points of the pharmacy. Members of the public should be encouraged to use these as they help to prevent them from spreading any infection to items that they handle whilst browsing. Posters available from the NHS can be used to support such an exercise.</td>
</tr>
<tr>
<td>Are disposable hand towels available at all times?</td>
<td><img src="https://example.com/green.png" alt="Green" /> <img src="https://example.com/red.png" alt="Red" /></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Hanging towels that can become wet and be impregnated with the virus should be avoided and even hot air hand dryers can create airstreams that increase the risk of droplet spread. Disposable hand towels are the preferred option if there is a satisfactory and safe system for their disposal in place.</td>
</tr>
<tr>
<td>Do staff wear gloves to protect them from handling prescriptions/paperwork or items touched by patients?</td>
<td><img src="https://example.com/green.png" alt="Green" /> <img src="https://example.com/red.png" alt="Red" /></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>This may provide an additional level of protection, especially for those with broken skin such as those with fresh cuts or grazes, or for those suffering with eczema.</td>
</tr>
<tr>
<td>Is there a documented cleaning process within the pharmacy?</td>
<td><img src="https://example.com/green.png" alt="Green" /> <img src="https://example.com/amber.png" alt="Amber" /> <img src="https://example.com/red.png" alt="Red" /></td>
<td>Yes is green or amber. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>A clear and robust cleaning process must be in place and a record of undertaking it must be kept. Such a policy must be capable of being adapted in the event of a higher risk incident e.g. a patient who has Covid-19 unexpectedly enters the pharmacy, or a member of staff falls ill. Reliance on ad hoc cleaning alone could have the effect of increasing the risk.</td>
</tr>
<tr>
<td>Is there a routine deep clean process in the pharmacy?</td>
<td><img src="https://example.com/green.png" alt="Green" /> <img src="https://example.com/red.png" alt="Red" /></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>The interval and process and materials used for the deep clean must be clearly stipulated and followed. Failure to deep clean the pharmacy at routine intervals or when high risk incidents occur increases the risk to staff and patients. A routine documented deep clean process reduces the risk rating.</td>
</tr>
<tr>
<td>Is there a routine disinfecting process in place for the Pharmacy counter and other frequently touched surfaces after each patient?</td>
<td><img src="https://example.com/green.png" alt="Green" /> <img src="https://example.com/amber.png" alt="Amber" /> <img src="https://example.com/red.png" alt="Red" /></td>
<td>Yes is green or amber. No is red.</td>
</tr>
<tr>
<td>Reducing the risks</td>
<td></td>
<td>Public areas need to be regularly cleaned to prevent passing on the infection to other members of the public and staff. A range of solutions can be adopted. In the most extreme situations, in an area that is known for high levels of infection, a policy where counters are wiped down with antiseptic solution after each transaction, or at very short intervals may be considered, in others a cleaning rota involving routine cleanings, the frequency of which is determined by the volume of transactions can be established. Whichever solution is adopted, a written protocol should be created. In any event, cleaning stations should be installed and over and above the scheduled cleaning processes, the staff should be encouraged to routinely wipe down work surfaces, pens, door handles, shopping baskets etc.</td>
</tr>
</tbody>
</table>
## Overall infection control (continued)

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Tick one box</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do staff safely wear the relevant face mask?</td>
<td></td>
<td>Yes is green. No is amber or red.</td>
</tr>
<tr>
<td>Reducing the risks:</td>
<td></td>
<td>This question relates to the relevant face masks; those used in clinical situations with FRSM properties capable of stopping airborne droplets. Those employers providing safety masks made of clothing material, provide very little protection from prolonged exposure to members of the public.</td>
</tr>
<tr>
<td>Do staff safely wear a visor?</td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td>Reducing the risks:</td>
<td></td>
<td>This is an additional level of protection (i.e. in addition and not as a substitute) for face masks. Visors may stop airborne droplets from entering the body via the cornea of the eye. Their use will improve the risk rating.</td>
</tr>
<tr>
<td>Are staff being prevented or discouraged from wearing PPE?</td>
<td></td>
<td>No is green. Yes is red.</td>
</tr>
<tr>
<td>Reducing the risks:</td>
<td></td>
<td>Under no circumstances should the use of PPE be prohibited by employers as such a policy will expose them to the risk of infection. It will also cause anxiety and stress and affect the well-being of team members.</td>
</tr>
<tr>
<td>Is the pharmacy able to secure PPE and cleaning materials as needed via the normal wholesaler supply channel?</td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td>Reducing the risks:</td>
<td></td>
<td>Should difficulty in obtaining PPE supplies be encountered, these should be sourced elsewhere. It is the responsibility of the employer to do so. If all else fails, staff members should source and purchase their own PPE and claim this money back from the employer. This would reduce the risk rating to amber as it is likely not to be a comprehensive and enduring arrangement, nor can their quality be relied upon.</td>
</tr>
<tr>
<td>Is there any ventilation available in the pharmacy?</td>
<td></td>
<td>Yes is green. No is red.</td>
</tr>
<tr>
<td>Reducing the risks:</td>
<td></td>
<td>Ventilation disperses any airborne particles of the Coronavirus. This can be achieved through the opening of windows or through forced mechanical ventilation such as fans or extractors.</td>
</tr>
</tbody>
</table>

Enter total number of Green, Amber and Reds at end of this section
Using the Risk Assessment Classification calculator

The numbers of respective red, amber and green scores should be entered at the foot of each section. These should then be transferred to the table below. It will then be possible to identify at a glance how each of the areas performs.

This tool can then be used in two ways simultaneously.

1. Creating A Framework:
   Use the tables to identify those areas with a majority of Green ratings, these are likely to be relatively well risk managed. Those identified as having a majority of Red risk ratings are unsatisfactory and should be prioritised as the ones in need of urgent attention. A range of risk management measures are contained in the ‘Reducing the risk’ sections underneath each row, however, whilst they contain many useful ideas on how to identify and then minimise risks, they are only provided to demonstrate the working mechanism of this Risk Assessment Tool.
   It is recognised that no two pharmacies are the same and therefore each may need a slightly different approach in managing the risks during the pandemic. As well as there being additional ideas that the staff and/or the RP in the pharmacy may find of greater relevance than the examples provided for illustrative purposes, the GPhC, the various Pharmacy representative bodies, the NHS and WHO have all produced lists of additional measures (see Section 3).
   The intention of this Community Pharmacy Risk Assessment tool is so that it can be used by the staff of the pharmacy to kick-start the systematic process of workplace assessment. Those assessing the risk, should tick the red, amber or green column adjacent to the risk described.
   In this way, the risk assessment and management exercise seeks to secure a majority of green ratings in each of the areas under scrutiny. Importantly, like any risk management tool it cannot guarantee the safety of staff, but it does at least provide a systematic approach and a framework to enable pharmacy teams to establish the level of the risk of infection for their pharmacy and then focus upon activity that will reduce that risk.

2. A System Improvement Process
   Even if a section receives an overall majority of green ratings, a continual system improvement process should be installed which seeks to routinely re-visit the assessment with a view of constantly seeking to remove any red ratings by implementing risk management measures that reduce the red ratings to amber or green.

<table>
<thead>
<tr>
<th>Risk Assessment Table</th>
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<tbody>
<tr>
<td>Identify the colour of the rating seen most frequently for each section</td>
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<tr>
<td>Workplace</td>
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<tr>
<td>Consultation Room</td>
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<tr>
<td>Workload</td>
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<tr>
<td>Prevention measures (members of the public)</td>
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<tr>
<td>Prevention measures (staff)</td>
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<tr>
<td>Overall workforce assessment</td>
</tr>
<tr>
<td>Individual staff assessments</td>
</tr>
<tr>
<td>Processes in place in the event of staff being exposed to Covid-19:</td>
</tr>
<tr>
<td>General Infection control</td>
</tr>
</tbody>
</table>
**ACTION PLAN PROPOSAL**

<table>
<thead>
<tr>
<th>Issue identified in need of attention</th>
<th>Target risk rating</th>
<th>Measures to be implemented</th>
<th>Target date for implementation</th>
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**Identify the areas that need urgent attention and list the measures that need to be implemented.**

**What to do in the event of an unsatisfactory outcome.**

A majority of red ratings in any section in the Risk Management Assessment tool will establish whether more measures need to be installed. Should this be the case then a menu of additional measures can be considered and a plan for future risk reduction can be developed by the user. Ideas for additional measures are provided in the ‘reducing the risk’ section below each row, but these are not an exhaustive list (see Section 3 for references on additional measures). Employees undertaking the assessment may consider organising a consultation with fellow employees to discuss which risk reduction measures might be best used to reduce the risks of infection. Employers are advised at this stage to commit to consulting with staff and to involve them in the deployment of any additional measures. Employee’s should give a copy of their risk assessment to their employer and discuss their findings and concerns with them. In consultation with the employer, a specific action plan to be followed should be agreed. The PDA can assist members with such conversations with employers.

**Raising concerns with employers**

Raising concerns that may emerge from undertaking the risk assessment can be done in a variety of ways, but importantly, it must be done in a way that can produce a record. This might be via email, or via other forms of correspondence. To this end, the template letters described on the following pages may be used to enable Responsible Pharmacists or others to raise their concerns and put their suggestions on reducing the risks to their employers. It is important to note, that being involved in this process, DOES NOT abrogate the legal duty of employers to ensure that both a risk assessment is undertaken and also that appropriate risk mitigating measures are put in place, but it may make it easier for the employers to exercise that legal duty.

**A statement upon the risks**

A natural component of Health and Safety philosophy is that whether the assessment indicates that current measures are satisfactory or not, the employer must produce a clearly defined statement on the risks in that pharmacy and such a statement must be made available to all members of staff. This should outline the date and the findings of the most recent assessment and a list of the steps (if any are needed) that are to be taken together with an implementation timetable.
Dear [Owner, Area Manager or superintendent Pharmacist name]

Considering the special risks associated with the current pandemic, I have recently undertaken an assessment of the pharmacy to identify the risks associated with Coronavirus at [XYZ Pharmacy, 123 Safe Way, Anytown, UB6 0YD.] I have used the risk assessment tool provided by my union and the intention of this exercise is to reduce the risk of transmission of Covid-19 in the pharmacy.

This exercise has identified issues that may affect the health and safety of staff and the members of the public who may rely on the pharmacy.

ALTERNATIVE PARAGRAPH A:

The risk assessment, which considers the existing measures in place, has identified areas in which the risks are worryingly high and the exercise has therefore identified remedial measures which would reduce that risk. I would welcome the opportunity of sharing my findings with you and note that the key issues are.

*Insert both the list of concerns and the proposed remedial measures.*

ALTERNATIVE PARAGRAPH B:

I know we have already discussed these matters, but it seems appropriate to summarise them again below to help you in addressing them as soon as possible.

EXAMPLES OF ISSUES TO RAISE (based on actual member queries already raised with the PDA):

- We are unable to ensure a 2m social distance at all times and the corporate SOP prohibits the wearing of any PPE.
  *Suggestion: We ask that the SOP is changed. We ask that Perspex screens are erected to mitigate this risk.*

- I have been verbally informed by the non-pharmacist manager that locums must provide their own PPE.
  *Suggestion: If locums cannot source any PPE, this places the staff in the pharmacy at risk and it is suggested that they are allowed to use PPE provided to the regular personnel by the employer.*

- There are no alcohol gel disinfectant dispensers available for use by members of the public upon entering the pharmacy.
  *Suggestion: We recommend that a hand sanitisation station is established near the front door.*

- There are times in the day when the pharmacy is congested with dozens of members of the public.
  *Suggestion: It is recommended that a maximum number of customers is agreed and that this is then administered on a one in one out basis.*

- There is no facility to offer deliveries of non-prescription items to those advised to self-isolate thus increasing the risk that they may visit the pharmacy personally to obtain items such as paracetamol.
  *Suggestion: It is recommended that such a service forms an extension of the normal prescription delivery service.*

- Pharmacy personnel are prohibited from carrying mobile phones in the pharmacy and are therefore excluded from the possibility of being contacted and protected by the national Track and Trace initiative.
  *Suggestion: This policy should be reversed.*

I am drawing your attention to these issues I am concerned for the safety of all who work here and also because there is a regulatory and statutory legal requirement placed upon all employers to address the risks to staff and patients in pharmacy premises.

I hope you will be able to respond soon.
STATEMENT UPON THE RISKS OF Covid-19 TRANSMISSION
A “Covid-19 Transmission” risk assessment was carried out in [XYZ Pharmacy, 123 Safe Way, Anytown, UB6 0YD], on Monday June 1st 2020.

Risk Assessment: The risk assessment established that the Pharmacy had risks identified as majority RED in certain areas.

Risk Management: The risk management assessment indicated that additional measures were required in the areas of
   a) Use of consultation room
   b) Workload and time for cleaning
   c) Prevention measures

Results of staff consultation: Consequently, after consultation with the staff: it was agreed that the following measures would need to be implemented:
   a) Use of the consultation room would be prohibited as of immediate effect
   b) The pharmacy hours would be reduced by 1 hour per day to enable the proper and uninterrupted cleaning of the pharmacy; as of June 15th
   c) Clear floor markings setting out 2m distances would be installed on the pharmacy shop floor as of 7th June.

We would ask that the employer notes and agrees these proposals or alternatively discusses alternatives that may offer the equivalent protection as a matter of urgency.

The next Risk Assessment is due to be carried out on June 28th 2020.

Signed

The Responsible Pharmacist
3. ADDITIONAL RESOURCES FOR BACKGROUND READING

Examples of Good Practice noted by the GPhC Regulator:

As the GPhC inspectors travel around the various pharmacies and assist them by working as pharmacists during the pandemic, they identify measures being taken by numerous pharmacies to manage them safely and they have publicised these good ideas on the GPhC’s website. It incorporates key elements relevant to the pharmacy setting. It also incorporates the higher risk for BAME groups that should be considered. (Click on the links provided to read the articles)

[Visit our website: www.the-pda.org]

Managing access to pharmacy services safely

**Pharmacy type**
Community

**Pharmacy context**
covid-19

**Relevant standards**
• 1.1 The risks associated with providing pharmacy services are identified and managed

**Why this is notable practice**
The pharmacy is managing the increased demand for emergency counter backups and health and personal care products. It is doing this to minimise the risk of contact between these high-risk patients and other people at high risk.

**How the pharmacy did this**
The pharmacy has implemented an urgent pharmacy service to incorporate key elements relevant to the pharmacy setting. It also incorporates the higher risk for BAME groups that should be considered.

[Click on the links provided to read the articles]

https://inspections.pharmacyregulation.org/knowledge-hub/notable-practice/managing-access-to-pharmacy-services-safely-227

Splitting the pharmacy team to support service continuity during the COVID-19 pandemic

**Pharmacy type**
Community

**Pharmacy context**
covid-19

**Relevant standards**
• 1.1 The risks associated with providing pharmacy services are identified and managed

**Why this is notable practice**
The pharmacy’s business continuity plan is regularly updated, with the working patterns were changed to ensure that team members of the team are not at risk of cross-infection. The pharmacy also incorporates key elements relevant to the pharmacy setting.

**How the pharmacy did this**
The pharmacy has implemented an urgent pharmacy service to incorporate key elements relevant to the pharmacy setting.

[Click on the links provided to read the articles]


Using feedback from pharmacy team members to inform the safe delivery of pharmacy services

**Pharmacy type**
Community

**Pharmacy context**
covid-19

**Relevant standards**
• 2.3 Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services

**Why this is notable practice**
This SuperPharmacy (CIC) is profiling pharmacy team members with regular opportunities to discuss their concerns and the pharmacy worked with team members to develop the opportunity to express concerns and find out what changes could be made to address them.

[Click on the links provided to read the articles]


Reducing interruptions during the dispensing process by supporting a team member to work remotely.

**Pharmacy type**
Community

**Pharmacy context**
covid-19

**Relevant standards**
• 4.1 Pharmacy services are managed and delivered safely and effectively

**Why this is notable practice**
The pharmacy is supporting a team member in the dispensing process by delivering medicines by supporting a team member to work remotely.

[Click on the links provided to read the articles]


Proactive steps to reduce the risk of transmitting COVID-19

**Pharmacy type**
Community

**Pharmacy context**
covid-19

**Relevant standards**
• 1.1 The risks associated with providing pharmacy services are identified and managed

**Why this is notable practice**
Proactive measures are in place to reduce the risk of transmission of the virus between patients and staff between street簡単に

**How the pharmacy did this**
The pharmacy had introduced social distancing measures in the dispensing by creating clearly marked working areas which are placed at appropriate distances in the pharmacy. The pharmacy also incorporates key elements relevant to the pharmacy setting.

[Click on the links provided to read the articles]


Effective use of a local urgent pharmacist cover scheme.

**Pharmacy type**
Community

**Pharmacy context**
covid-19

**Relevant standards**
• 4.1 The pharmacy services provided are accessible to patients and the public

**Why this is notable practice**
The pharmacy has established a partnership with other organisations to reduce the need for the pharmacy to close during the COVID-19 pandemic.

**How the pharmacy did this**
The local pharmacist (Community) was able to work alongside the pharmacy team and take on some of the workload.

[Click on the links provided to read the articles]


representing your interests

Visit our website: www.the-pda.org
Advice from CPO of England to all employers of pharmacists:

**Scheme extended to locums**

An NHSE&I official clarified during the webinar that the scheme would also extend to locum pharmacists.

“It’s about whether the pharmacist has been working delivering NHS services in an environment where in the previous 14 days they could have contracted the virus from contact with patients or service users... it’s about situational risk rather than employment status,” they said.

Mr Ridge also referred to recent findings indicating that BAME individuals appear to be at greater risk of dying from Covid-19 and said: “I expect pharmacy employers, be that the NHS or others, to carry out a risk assessment and put in place measures to mitigate those risks. I’ll be paying very close attention to those matters.”

NHSE&I primary care director Nikita Kanani said a risk assessment tool would soon be available to community pharmacies to help reduce the risks faced by BAME staff members. The tool will address issues at workplace, workforce and individual levels, she said.

https://www.pharmacynetworknews.com/ridge-life-assurance-covers-all-team-members
Examples of clear explicit Guidance issued:

**Covid-19: Social Distancing, Protecting yourself and your teams**

All frontline pharmacy teams are understandably concerned about protecting themselves from exposure to Covid-19. We share this concern and recognise the important steps that those providing frontline services can take to preserve continuity of vital, safe, pharmacy services.

It is important that pharmacy professionals, superintendents, responsible pharmacists, chief pharmacists and owners are aware that public health advice continues to emphasise social distancing is the most effective protection against the spread of Covid-19.

All pharmacy settings should consider how social distancing (at least two metres) can be achieved. If it is not possible to maintain the two metre distance the entrance of the pharmacy should be closed and entry controlled so that two metre distance can be maintained. This is to protect staff and users of the pharmacy.

This does not negate the need for all pharmacy teams to have access to appropriate PPE for specific instances where it is a necessary addition to social distancing measures, for example when working in small dispensaries.

**Protecting Staff**

Social distancing is crucial for preventing the spread of contagious illnesses such as COVID-19 which can spread through coughing, sneezing and close contact. By minimising the amount of close contact with others, chances of catching and spreading the virus to others is reduced.

Practical steps for pharmacies to protect staff by minimising the risk of spreading COVID-19:

Put clear signage on the door advising people NOT to enter the pharmacy if they have symptoms of COVID-19. Screen patients BEFORE they enter the pharmacy and limit the number of people allowed in at any one time to ensure social distancing.

Provide a two metre area between staff and customers, by sitting a table at the pharmacy door, chairs in front of the counter or by segregating sections of the pharmacy for customers and staff. Use tape to mark floors or physical barriers to encourage this. If you have a dispensing hatch or screen use it. Provide a dedicated ‘prescription pick up’ area so medicines are not handed directly to customers.

If possible, telephone patients when their prescription is ready for collection to avoid waiting within the pharmacy. If a patient is suspected of having COVID-19 and has already entered the pharmacy they should be isolated in line with guidance and Personal Protective Equipment should be worn by pharmacy staff providing care.

Follow good infection control procedures. Surfaces must be cleaned regularly for decontamination, sanitising, disinfecting. Surfaces national infection prevention guidance recommends that disposable non-porous gloves and a fresh solution of general purpose detergent & water be used. Staff should wash their hands frequently with soap and hot water. Provide hand sanitiser for staff and customers.


**Example of clear Professional Guidance on when to use PPE:**

In which pharmacy could you maintain a social distance greater than 2m at ALL times?

What does this new PHE guidance on PPE mean for me if I work in a Community Pharmacy or General Practice?

If you can maintain a social distance of 2 metres at all times (from patients AND other staff) then you are not required to wear any PPE. It is still very important you wash your hands often and for 20 seconds or more.

If you cannot maintain a social distance of 2 metres at all times (from patients and other staff) then it’s recommended that you wear a Fluid Resistant (Type III) Surgical Mask (FRSM). This can be worn for a full session [see FAQ below]. It is still very important that you wash your hands often and for 20 seconds or more.

When wearing an FRSM it is important to still maintain social distance (2 metres) wherever possible (staff and patients/public).

What is meant by sessional use regarding PPE?

A single session refers to the period of time where a pharmacy team member is in the pharmacy or general practice. A session ends when the pharmacy team member leaves the pharmacy area or general practice.

Once the PPE has been removed it should be disposed of safely, and not reused or recycled. The duration of a single session will vary depending on the clinical activity being undertaken.

Examples of advice that identifies the problems faced by community pharmacy:

Q. The sourcing of PPE through wholesalers is another financial burden for contractors. What is PSNC doing to ensure pharmacies have access to PPE and that the cost of PPE purchased through wholesalers is accounted for?
PSNC is pressing DHSC and NHSE&I to ensure that pharmacy teams have access to the PPE they need from the PHE stockpile. We are also working to ensure that the cost of PPE is reflected in the additional pandemic funding we are seeking for the sector.

Q. It is not possible for staff to maintain 2 metres social distancing in our small dispensary. What is the guidance on use of PPE within a small dispensary?
Public Health England’s (PHE) updated guidance on the use of personal protective equipment (PPE), published on 2nd April 2020, recommends the use of fluid-resistant surgical masks (FRSM) in pharmacies when working in an area with possible or confirmed cases and where pharmacy teams are unable to maintain 2 metres social distance from patients.

The PHE guidance does not recommend use of FRSM where staff do not have contact with patients, e.g. staff working solely in the dispensary. However, we recognise that in most pharmacies, staff cannot confine their work to a single area of the premises, which is either patient-facing or with no direct dealings with patients. It is therefore likely that many pharmacy contractors and their teams will decide that staff working in multiple locations throughout the pharmacy premises may need to wear FRSM.

Q. PPE remains an issue for community pharmacy, when can we expect an update on community pharmacy having access to the PHE PPE stockpile?
PPE from the stockpile is being supplied on a weekly basis to three mainline wholesalers (AAH, Alliance Healthcare and Phoenix Healthcare). Please note this update on availability of PPE from wholesalers (29th April 2020).

Examples of notable Proactive Behaviours:

All pharmacies in Northern Ireland receive PPE visors

All community pharmacies in Northern Ireland are being issued with protective visors to provide “an extra level of protection” over and above the NI Department of Health’s PPE guidelines.

Examples of poor behaviours by certain owners of large pharmacy chains:

Sources and Resource Links:


General Pharmaceutical Council:

Royal Pharmaceutical Society:

National Pharmacy Association - posters to use during pandemic

Pharmaceutical Services Negotiating Committee:

Community Pharmacy Scotland:

Public Health Authorities:

Faculty of Occupational Medicine: Risk Reduction Framework (as seen on pages 10-11)

Poster resources:
https://coronavirusresources.phe.gov.uk/nhs-resources-facilities/resources/

NHS – Community Pharmacy Standard Operating procedures:

Welsh Government:

British Standards Institute:

World Health Organisation – Public information posters
https://www.who.int/infection-prevention/campaigns/clean-hands/WHO_HH-Community-Campaign_finalv3.pdf?ua=1
https://www.who.int/westernpacific/news-multimedia/infographics/covid-19

General Poster resources
Hand washing:

Respiratory hygiene: