ENVIRONMENTAL SELF-ASSESSMENT CHECKLIST (COVID-19)

**Site/ Location: Department:**

Record the findings of the self-assessment by checking the appropriate boxes, adding comments where relevant. **Identified issues that cannot be rectified at the time of the self-assessment should be recorded on an action plan and escalated accordingly.**

| **Section 1: Sites** | **Yes, No, n/a** |  **Comment** |
| --- | --- | --- |
| 1.1 Has the need for attendance at the site by patients/visitors/staffing been clearly defined?  |  |  |
| 1.2 Has there been any public communication on new arrangements e.g. on website, Facebook, email, Twitter, local media? |  |  |
| 1.3 Has information been provided to individual patients prior to arrival advising of new arrangements and to manage expectations?  |  |  |
| 1.4 Is there appropriate standardised NHS signage at each entry point clearly stating advice about COVID symptoms, building opening/closing times if appropriate and when not to enter the building? |  |  |
| 1.5 Is signage clearly displayed outside the building? |  |  |
| 1.6 Is there a local telephone helpline visibly displayed for anyone with any queries prior to entering the building?  |  |  |
| 1.7 Are any adaptations required to the main access points to slow or limit access to the building?  |  |  |
| 1.8 Does access to the building need to be monitored by a physical presence to marshal or sign post visitors to the appropriate area, and check that visitors have confirmed appointments/valid reason for entering the building? |  |  |
| 1.9 Does the number and function of access/entry points need to be adjusted to manage flow/creation of separate areas etc.?  |  |  |
| 1.10 Has consideration been given to staggering arrival and departure times for staff attending work to reduce crowding? |  |  |
| 1.9 Has consideration been given to extending the opening times and closing times of buildings to accommodate social distancing and impact on availability of clinical and business activity? |  |  |
| 1.10 Is there a system in place to manage total number of booked appointments/patient visits?  |  |  |
| 1.11 Are there systems in place to manage overall numbers of staff on site at one time?  |  |  |
| 1.12 Has consideration been given to regular deliveries and uplifts from site, including reducing the frequency when possible? |  |  |
| 1.13 Are there clear instructions for delivery staff?  |  |  |
| 1.14 Is there a need for a separate drop off point which minimizes the need to go into /further into the building? |  |  |
| 1.15 Is there a defined & clearly marked route in/out and through the building? |  |  |
| 1.16 Has a fire risk assessment been completed to take account of different flows through the building?  |  |  |
| 1.17 Has the security of the building been compromised by new arrangements?  |  |  |
| 1.18 Is there a one way system in operation where corridors or spaces are under 2m wide? |  |  |
| 1.19 Are touch based security devices such as key pads in use in the building and if so consider alternatives e.g. swipe card systems? |  |  |
| 1.20 On entering the building, are hand sanitisers/hand washing facilities provided and easily accessed? |  |  |

| **Section 2: Waiting Rooms & Receptions** | **Yes, No, n/a** |  **Comment** |
| --- | --- | --- |
| 2.1 Is the reception area protected by screening? Please note any adjustments required to protect staff and maintain functions i.e. ability to be heard and hear patients. |  |  |
| 2.2 Are floor areas marked to maintain a 2m distance?  |  |  |
| 2.3 Does the waiting room need to be reconfigured to ensure safe distancing by removing surplus chairs? |  |  |
| 2.4 Is there a requirement to create additional waiting space?  |  |  |
| 2.5. Are there any hazards due to surplus furniture being stored?  |  |  |
| 2.6 Has the maximum number of people that can use the waiting room at any one time been identified and is this clearly displayed?  |  |  |
| 2.7 Is there a lift in use and if so, has the maximum occupancy for each lift been identified and clearly displayed? Hand sanitiser should be provided for the operation of lifts.  |  |  |
| 2.8 Is there signage to encourage use of stairs if possible to free up lift capacity for those that require it? |  |  |
| 2.9 Is there a need to regulate use of high traffic areas including reception areas, waiting rooms, corridors, lifts and walkways to maintain social distancing? |  |  |
| 2.10 Are the arrangements for calling people to the clinic room clear and have they been designed to avoid crossover of patients in corridor areas and to minimise distance? |  |  |
| 2.11 Have areas been de- cluttered to remove non wipe-able shared materials? (magazines/leaflets)  |  |  |
|  2.12 Have all the useable clinic areas been identified?  |  |  |
| 2.13 Is the maximum occupancy level displayed outside of all rooms including clinic areas and toilets? |  |  |
| 2.14 Is there sufficient access to toilets from clinic and reception areas (particularly if different areas are being used)? |  |  |
| 2.15 Is there appropriate notices in toilets re hand washing and disposal of hand towels? |  |  |
| 2.16 Has surplus furniture/items in clinic rooms been removed and is there scope to rearrange furniture to minimise face to face contact where possible? |  |  |
| 2.17 Is there sufficient stock of essential supplies of PPE and other items available in clinic areas without the need for additional trips to shared storage areas? |  |  |
| 2.18 Has a recent Control of Infection audit been undertaken and have any issues been addressed?  |  |  |
| 2.19 Has consideration been given to management of occupancy levels by use of centralised clinic booking systems which are regularly and closely monitored? |  |  |
| 2.20 Is there sufficient provision of hand washing facilities and hand sanitiser provided at key points in revised layout? |  |  |
| 2.21 Are there sufficient general waste bins available? |  |  |
| 2.22 Are areas well ventilated? Are there arrangements in place to open/close windows?  |  |  |
| 2.23 Is there a need to review domestic cleaning frequency in key areas including clinic areas, common areas such as toilets, reception areas etc.? |  |  |

| **Section 3: Office Space**  | **Yes, No, n/a** |  **Comment** |
| --- | --- | --- |
| 3.1 Has consideration been given to minimising the need for staff to attend in person?  |  |  |
| 3.2 Is there a need to review systems and processes to minimise risk and manage capacity?  |  |  |
| 3.3 Has the layout of the workspace been reviewed to allow people to work further apart from each other? |  |  |
| 3.4 Have seats/workstation been removed or moved further apart to reduce density and maximise opportunities for social distancing to 2 m? |  |  |
| 3.5 Are social distancing measures clearly displayed i.e. use of floor tape? |  |  |
| 3.6 Has the maximum number of people per room identified and clearly displayed?  |  |  |
| 3.7 Are staff encouraged to open windows when appropriate to improve ventilation and air flow? |  |  |
| 3.8 Has the use of screens to separate people from each other where social distancing at minimum is not practicable been considered? |  |  |
| 3.9 Is there a ready supply of cleaning materials and sanitiser available for staff to self-clean equipment, desk areas, keyboards & phones? |  |  |
| 3.10 What shared equipment’s and office supplies have been reduced or removed?  |  |  |
| 3.11 Are staff aware of the need to clear their workspaces and remove all waste and belongings from the work area at the end of a shift? |  |  |
| 3.12 Has consideration been given on how to reduce risk at shared printers/photocopiers? |  |  |
| 3.13 Is there a need for staff induction in new procedures etc. as staff return to work? |  |  |
| 3.14 Are staff changing facilities adequate? |  |  |

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| **Section 4: Meeting Space**  | **Yes, No, n/a** |  **Comment** |
| 4.1 Are all staff aware of and have access to alternative remote working tools to avoid in-person meetings i.e. Microsoft Teams software? |  |  |
| 4.2 Is there clear guidance that defines when it would be considered appropriate to utilise meeting rooms? |  |  |
| 4.3 Have maximum occupancy levels been identified and is this clearly displayed on booking forms and outside/inside the room?  |  |  |
| 4.4 Has the layout of the meeting room been revised to observe recommended social distancing? |  |  |
| 4.5 Have surplus chairs been removed to discourage use? |  |  |
| 4.6 Have hand sanitisers and wipes been provided in meeting rooms with clear instructions for use before/after each meeting? |  |  |
| 4.7 Are there clear instructions for the meeting facilitator to maintain social distancing and to encourage open windows when appropriate to improve ventilation and air flow |  |  |

**Completed sections**

**Section 1: Sites**

**Section 2: Waiting Rooms & Receptions**

**Section 3: Office Space**

**Section 4: Meeting Space**

**Self-assessment Date: Sign off Date:**

Self-assessment Undertaken By: Signed off by: