

# Risk Assessment Requirements for Operating Essential Private Healthcare Businesses

In order to carry out your healthcare business operations safely, the Committee for Health & Social Care require you to follow your regulatory body's guidelines. You are also required to carry out a risk assessment and demonstrate the measures that you will put in place to mitigate infection risks and preserve safety of all involved. Your risk assessment will be reviewed by the Medical Director and Public Health Team. Once approved you will need to notify the Director of Environmental Health and Pollution Regulation that your business will be operating and open the premises for inspection by Environmental Health, if required.

Please note that this risk assessment is purely in relation to operating a business in compliance with Public Health Services guidance and it does not release you from complying with other legal requirements (especially health and safety requirements) and other risk assessments may need to be revised to reflect changes in your working practices.

Please note the application for approval will be considered for essential healthcare, where delay of treatment may result in further harm. Applications are not required for critical workers such as GPs or dentists who have operated essential services and have already plans in place. Applications for non-essential healthcare will not be considered in Phase 2 of the Exit from Lockdown.

You should use the below as a template form. You need to observe Public Health advice and social distancing, where possible. Strict adherence to hygienic practice and protocols for decontamination of equipment should be in place. If there is a procedure that requires a face to face meeting you need to be able to demonstrate that this meeting is essential and all other opportunities to manage this should have been tried in advance.

Your risk assessment must include details of the following areas, including how risks will be managed in each area;



Applicant's name

Professional regulatory body registration

Regulatory body guidance for provision of services in COVID-19 context

Business name, address and contact details

Nature of your business, remote working activities and procedures you are applying for approval to undertake face to face

Number of people working within the business

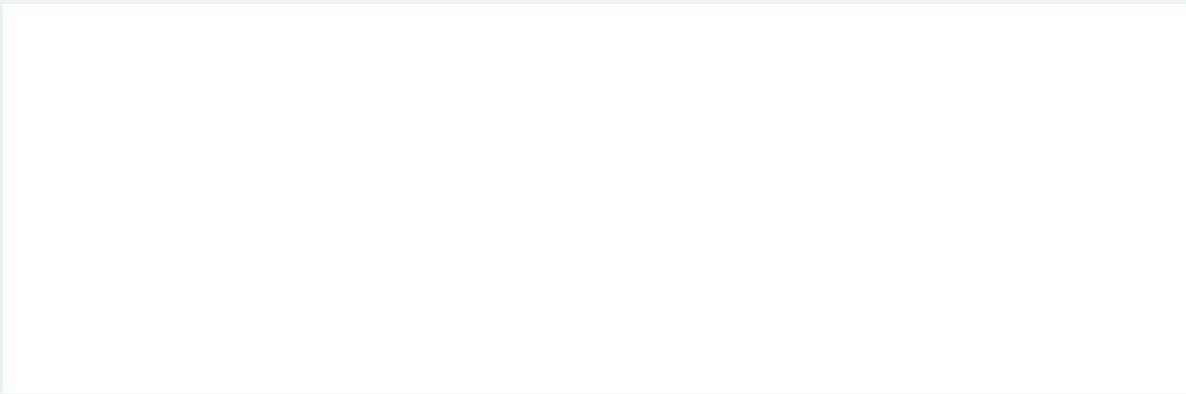
Description of premises where treatments/consultations will take place (please include waiting rooms, treatment rooms, toilets, reception areas...) Also describe frequency of cleaning, who will provide this service and products to be used

Use of shared facilities (including numbers of toilets and shared welfare facilities in relation to numbers of staff expected to work within the area)

Equipment likely to be used for the practice of your work (please include cleaning procedures, frequency and cleaning products to be used)



Hand washing facilities availability (please include location and if these will be shared with other staff or clients and availability of hand sanitizer)



Transport used to work and the use of vehicles and equipment that require more than one operator (vehicle sharing is not acceptable as social distancing cannot be maintained)



Work patterns / shifts to minimise staff interaction (e.g. staggered start and finish times)

How will chaperone arrangements be handled (if applicable) in terms of Covid risk?

Expected interaction with others outside the organisation  
(please include clients, deliveries staff...)

How many clients are you expecting to see per shift / staff member / day  
(please include time gaps between clients)

Will you be required to travel to or from hubs (e.g. to  
collect equipment, materials, visit clients, etc.)

If home visits are intended, please provide details on measures planned to reduce infection risk



Social distancing measures in place (from co-workers and clients)




Use of shared facilities (including numbers of toilets and shared welfare facilities in relation to numbers of staff)




Action to take in the event of staff members / clients showing symptoms



The number of vulnerable staff (including staff with chronic heart problems, asthma or other respiratory disease, chronic kidney or liver disease, insulin-controlled diabetes or poorly controlled diabetes, weakened immune system due to health conditions such as cancer, or treatment such as chemotherapy or immunosuppressive therapy, and pregnancy).



Please describe PPE (personal protective equipment) that you will be using if required – please include frequency of change and where you will source it from



**Risk assessments should be submitted to [publichealth@gov.gg](mailto:publichealth@gov.gg) and they will be considered as soon as feasible. Business operations (outside of the Public Health Services requirements and guidance) should not commence until you have received confirmation that the risk assessment has been approved.**