# Appendix 1: Practical steps towards completing a local risk assessment for measles in healthcare settings

19 March 2024, Version 1.1

Purpose:

To support organisations, practices and employers to undertake a local risk assessment in the context of managing cases of suspected or diagnosed measles based on the measures as prioritised in the hierarchy of controls.

This includes:

A set of risk mitigation measures prioritised in the order: elimination, substitution, engineering, administrative controls, and PPE (including respiratory protective equipment [RPE]).

Risk assessments must be carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise what must be done to control the risk from the hazards associated with measles: this can be the employer, or a person specifically appointed to complete the risk assessment. Communication and consultation should take place with employees during this process and on completion of the risk assessment. [Risk assessment: Steps needed to manage risk - HSE](https://www.hse.gov.uk/simple-health-safety/risk/steps-needed-to-manage-risk.htm) [Managing for health and safety (hse.gov.uk)](https://www.hse.gov.uk/pubns/priced/hsg65.pdf)

The completed risk assessment can be used to populate local risk management systems.

* If there is a change in circumstances for whatever reason that invalidates the risk assessment and its’ findings, a new risk assessment must be carried out.
* Additionally, there is a need to regularly monitor the effectiveness of the identified control measures implemented and periodically review the assessment document. Triggers that may indicate the need for a review include increases in bed occupancy, increased rates of nosocomial infection and outbreaks in risk assessed areas.

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| **Trust/organisation/practice name** | **Date of initial assessment** | **Assessor’s name** | **Date of review** |
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| What are the hazards?What are the risks of harm associated with the hazard? | Who might be harmed and how? | Standard required | What further action do you need to take to control risks? |
| --- | --- | --- | --- |
| **Contracting or spreading Measles** | * Patients
* Staff
* Contractors
* Visitors/Other accompanying person/carer
 | **Regularly Monitor and Review:*** community prevalence of Measles
* number of outbreaks
* Staff immunity to measles
* UKHSA Guidance [National measles guidelines - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-measles-guidelines) and NICPM [NHS England » National infection prevention and control manual (NIPCM) for England](https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/)

**Regularly Monitor and Review:*** Organisational operational capacity, for example:
* staff absence
* Bed occupancy and operational matrixes that report on patient flow
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| **Contracting or spreading Measles** | * Patients
* Staff
* Contractors
* Visitors/Other accompanying person/carer
 | **Elimination** (physically remove the hazard)**Redesign the activity such that the risk of encountering the infection is removed or eliminated****Key mitigations** **Patients:** – check systems are in place to ensure that:* where possible and appropriate virtual alternatives are available to support consultations, diagnosis and treatment (telephone or online modes of access). The decision to offer virtual alternatives or delay appointments **must never compromise the patient’s clinical care**.
* screening, triaging and where appropriate testing is in place to enable early recognition and to clinically assess patients prior to face-to-face attendance to identify whether the patient has:
	+ had exposure to measles virus.
	+ been fully vaccinated with documented evidence of two MMR vaccine or a positive antibody tests for measles and rubella, in keeping with [national guidance](https://assets.publishing.service.gov.uk/media/5e021b9140f0b6665e80187b/Greenbook_chapter_21_Measles_December_2019.pdf) .
	+ has symptoms e.g., maculopapular rash, fever, cough, coryza, conjunctivitis

**Staff** – check systems are in place to ensure:* Patients with known or suspected measles should be cared for by those staff known to be immune to measles
* staff who are immunocompromised/pregnant should have a risk assessment undertaken to identify who may be at high risk of complications from infectious agents - this could be via occupational health/GP.
* consider restriction of non-essential staff and visitors in triage/care areas
* ensure staff working in clinical areas:
* have had the required health checks, immunisations (MMR) and clearance undertaken by a competent advisor (including those undertaking exposure prone procedures (EPPs); (Criteria 10, Health and Social Care Act Code of Practice [Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance)

**Visitors/Contractors:*** Restriction of visiting may be appropriate in outbreak situations.
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| **Contracting or spreading measles** | * Patients
* Staff
* Contractors
* Visitors/Other accompanying person/carer
 | **Substitution** (replace the hazard)**Replace the hazard with one that reduces the risk****Key mitigations:**This is not directly applicable for healthcare to achieve as treatment needs to be carried out, so emphasis needs to be on the mitigating risks via other controls. |  |
| **Contracting or spreading measles** | * Patients
* Staff
* Contractors
* Visitors/Other accompanying person/carer
 | **Engineering Controls** (Control, mitigate or isolate people from the hazard)**Design measures that help control or mitigate risks, such as ventilation, barriers, and screens.****Key mitigations:*** Ensure adequate ventilation systems are in place, ie mechanical/or natural national recommendations for minimum air changes are met as defined for the care area. This should be carried out in conjunction with organisational estates teams/specialist advice from ventilation group and/or authorised engineer on how best to achieve the recommended number of air changes as appropriate. See [HTM 03-01 Specialised ventilation for healthcare buildings](https://www.england.nhs.uk/publication/specialised-ventilation-for-healthcare-buildings/) and [section 2.5 of the NIPCM](https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-2-transmission-based-precautions-tbps/#2-5).

Maintenance and monitoring of ventilation systems should be in place to ensure that they remain effective and continue to provide the expected performance.[Ventilation in the workplace (hse.gov.uk)](https://www.hse.gov.uk/ventilation/)action is taken to mitigate the risk for areas (clinical and non-clinical) which are poorly ventilated or where existing ventilation systems are inadequate. (Considering size and number of people in the room). * if considering screens/partitions in reception/waiting areas ensure air flow is not affected and cleaning schedules are in place, consult with appropriate professional advice/facilities teams.
* where a clinical space has very low air changes and it is not practical to increase dilution effectively then consider alternative technologies with appropriate professional advice/facilities team.
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| **Contracting or spreading measles** | * Patients
* Staff
* Contractors
* Visitors/Other accompanying person/carer
 | **Administrative controls** (change the way people work)**Administrative controls are implemented at an organisational level (eg the design and use of appropriate processes, systems and provision and use of suitable work equipment and material) to help prevent the introduction of infection; and to control and limit the transmission of infection in healthcare.****Key mitigations** – check systems in place to ensure that:* services operate in a way which minimises the risk of spread of the virus to other patients.
* triaging and testing is undertaken to enable early recognition of measles.
* appropriate patient placement systems are in place for those who continue to be at higher risk of serious illness eg. Most at risk of complication are infants, pregnant and immunosuppressed.
* separation is maintained in space and/or time between patients with or without suspected measles, by appropriate:
	+ appointment and clinic scheduling
	+ patient placement for infectious patients in isolation.
* for patients who are known or suspected to be positive for measles, and treatment cannot be deferred, care should be provided via services that can operate in a way that minimises the risk of spread of the virus to other patients/staff/ individuals.
* there is provision of appropriate infection prevention & control education and compliance for staff, patients and visitors, and contractors who work in clinical areas.
* the provision of additional hand hygiene stations (alcohol-based hand rub) and signage, to ensure good hygiene practices in staff, contractors who work in clinical areas patients and visitors.
* regular cleaning regimes are followed, and compliance monitored, including shared equipment.
* an increase in cleaning frequency is considered beyond specified local and national schedules to mitigate risks, particularly when bed occupancy or face to face appointments rates are high.
* staff, contractors who work in clinical areas and patients comply with current public health measures. Staff or contractors who decline MMR are redeployed from clinical areas with vulnerable individuals i.e. children under 1, pregnant women and immunosuppressed individuals
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| **Contracting or spreading measle** | * Patients
* Staff
* Contractors
* Visitors/Other accompanying person/carer
 | **Personal protective equipment (PPE)/respiratory protective equipment (RPE)** (Protect the worker with personal protective clothing)**Employers are under a legal obligation – under the Control of Substances Hazardous to Health Regulations (COSHH) 2002** [Control of substances hazardous to health (Sixth edition) - L5 (hse.gov.uk)](https://www.hse.gov.uk/pubns/books/l5.htm) **to adequately control the risk of exposure to hazardous substances where exposure cannot be prevented.****PPE must** be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with [NHS England » Chapter 1: Standard infection control precautions (SICPs)](https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-1-standard-infection-control-precautions-sicps/) and [NHS England » Chapter 2: Transmission based precautions (TBPs)](https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-2-transmission-based-precautions-tbps/).**PPE is required for protection of individuals when, after working through the risk assessment, adequate control of exposure to the hazard cannot be achieved after applying the other Hierarchy of controls.****Key mitigations:**Systems in place to ensure that:* there is adequate supply and availability of PPE – including RPE – to protect staff, contractors who work in clinical areas, patients and visitors as indicated by PPE guidance.

all staff who are required to wear an FFP3 (RPE) mask have been fit-tested (this is a legal requirement)[Respiratory protective equipment at work: A practical guide HSG53 (hse.gov.uk)](https://www.hse.gov.uk/pubns/priced/hsg53.pdf).all staff (clinical and non-clinical) are trained in putting on, removing and disposing of PPE and there are adequate facilities for them to do this, reducing the risk of contamination and spread.* for reusable PPE, there are adequate facilities for cleaning and decontamination, and PPE is kept in in good working order.
* PPE ensembles, including type IIR masks and RPE should be used in accordance with current official guidance and / or guided by local risk assessment. Please check latest version of official guidance.
* visual reminders are displayed communicating the importance of compliance with Public Health measures specific to PPE. [Every action counts (england.nhs.uk)](https://www.england.nhs.uk/coronavirus/publication/every-action-counts/)
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