

## The Hierarchy of Controls:

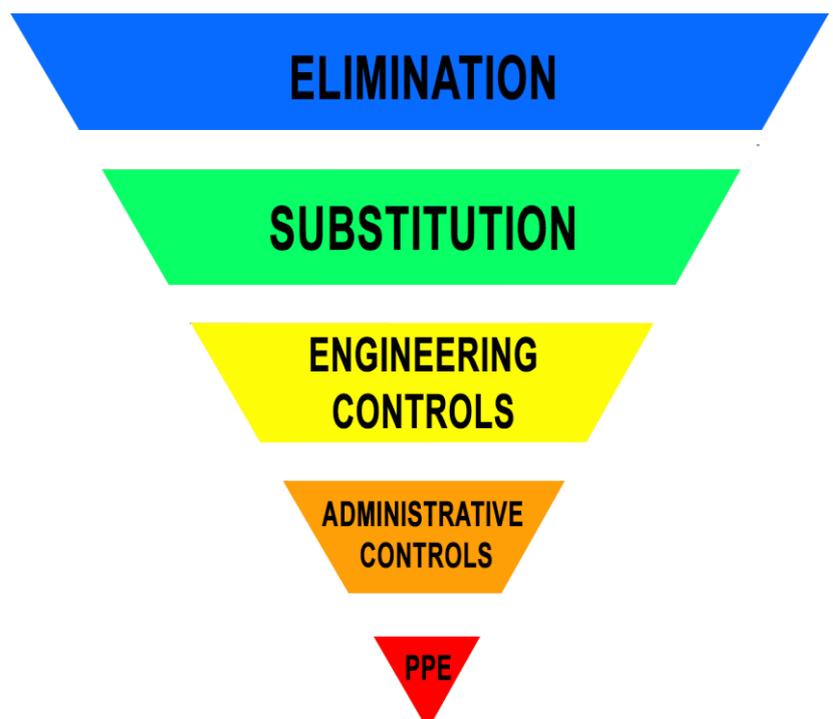
The latest update to the National IPC guidance for the management of COVID-19 was launched at the beginning of June 2021. There are no changes to the type of or level of PPE required in this update but there is an increased focus upon the implementation of the 'Hierarchy of Controls'.

The hierarchy of controls are a set of controls, presented in order, to control a given risk. In this situation the risk is COVID-19, but the risk can be anything. The controls in the hierarchy are always the same with the most effective risk reduction control (elimination) appearing first in the hierarchy.

Control	What does this mean?
1. Elimination	Redesign the job or substitute a substance so that the hazard is removed or eliminated
2. Substitution	Replace the process with a less hazardous one
3. Engineering Controls	Controlling aspects of the environment such as water supply or air etc..
4. Administrative controls	These are all about identifying and implementing the procedures you need to work safely. For example developing policies and procedures for managing patients with COVID-19, signage to indicate maximum room occupancy, social distancing posters etc..
5. Personal Protective Equipment (PPE)	Use of PPE should only be considered when all other controls are exhausted and where the risk can't be adequately controlled without it

The controls should always be worked through systematically with the last control, PPE, only being utilised where the other controls cannot reduce the risk sufficiently. If PPE is required all other controls should also be utilised to ensure reduction of the risk to the lowest level possible. Wearing PPE should be undertaken in combination with all the other risk reduction controls, it should never be seen as the only control measure.

Sometimes the hierarchy of risk reduction controls are presented as an inverted colour coded triangle as opposite:



**You can practically apply the hierarchy of controls to your work in an ambulance setting by doing the following:**



**Elimination: Mitigations include:**

- Triage and assess patients before arrival where possible i.e. scheduled care
- Remote working where possible, for office staff
- Twice weekly lateral flows, Vaccination of staff
- Self isolation of staff where necessary



**Substitution:** This is not generally possible for emergency healthcare to achieve as treatment needs to be carried out, the emphasis needs to be on the other controls however this could be achieved through increasing remote care and assessment, treatment and advice through 111, telecare hear and treat etc.



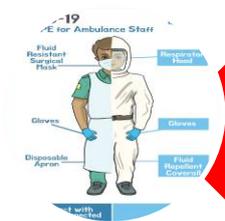
**Engineering controls: Mitigations include:**

- Ventilation - keep engines running and set to extract
- Review layout of offices and centres to ensure social distancing can be applied
- Use protective screens in offices and contact centres
- Limit number of patients in PTS vehicles, 1 metre apart as a minimum
- Stagger rota and shifts if possible



**Administration Controls: Mitigations include:**

- Dynamic Risk Assessment at all incidents
- Policies and procedures to follow, signage, posters, hand hygiene / hand hygiene training
- PPE training - Donning and Doffing
- Remote working , social distancing, good communications
- Twice weekly lateral flow testing



**PPE:**

- Ensure right PPE is worn at all times. Level 2 for all patients. Level 3 for AGPs
- FRSM for all patients
- Surgical masks to be worn when walking around buildings
- Monitoring of PPE

**If you require any further information about the hierarchy of controls or how you can utilise them in your work please contact the IPC team or your manager to discuss.**