The Hierarchy of Controls:

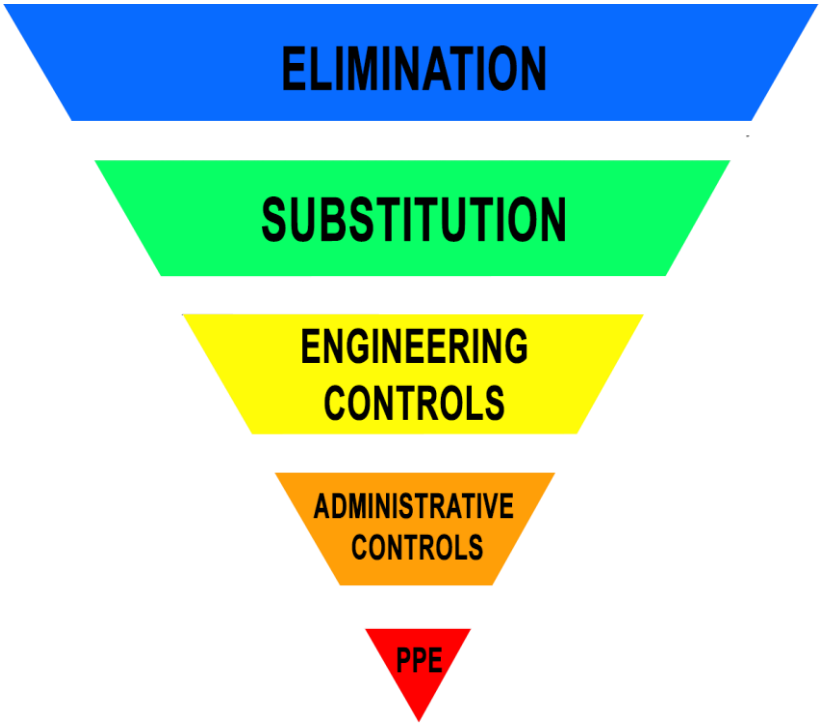
The latest update to the National Infection Prevention and Control guidance for the management of respiratory infections has been announced with a transitional step-down approach to a new 'business as usual' model from April 2022. Whilst there are some changes to the type of or level of PPE required in this update there is also 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 respiratory infections, 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 ventilation 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 an infectious disease, signage to indicate maximum room occupancy, 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 lowestlevel possible. PPE 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:



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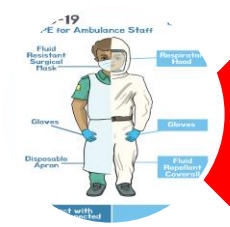
You can practically apply the hierarchy of controls to your work in an ambulance setting by doing the following:

Elimination: **Mitigations include:**
Triage and assess patients before arrival where possible i.e. scheduled care
Agile workingfor office staff
Vaccination of staff
Staff testing such as lateral flow testing
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
Where there is no mechanical ventilation regular opeming of windows
Review layout of offices and centres to ensure safe working environment.
Use protective screens in offices and contact centres as best practice

Administration Controls: Mitigations include:
Dynamic Risk Assessment at all incidents and in all areas
Policies and procedures to follow, signage, posters, hand hygiene / hand hygiene training
PPE training - Donning and Doffing
Agile working, Increased communications - bulletins/ reminders/ newsletters/ posters/team briefs
Twice weekly lateral flow testing or latest testing guidance



PPE:
Ensure right PPE is worn at all times as deemed by local risk assessment
FRSM for all patients and all patient facing staff and where deemed necessary by risk assessment
Surgical masks to be available in non-clincial areas and worn in high risk areas

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.