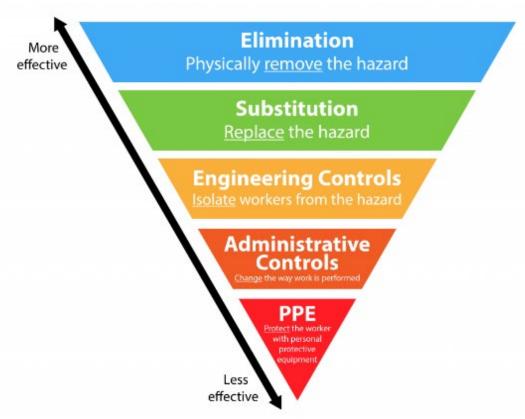


Managing the risk of COVID-19 using the Hierarchy of Controls

The hierarchy of controls model* is one which can be used to manage the risk of COVID-19 transmission. In this model, some controls are more effective and protective than others, but all controls can contribute to the reduction of risk.

The hierarchy consists of control strategies broadly grouped into five categories as per the diagram below. The hierarchy lists different risk avoidance or mitigation strategies in decreasing order of reliability. Multiple control strategies are used until you eliminate the hazard, or it is effectively minimised. These can be implemented at the same time and/or sequentially.

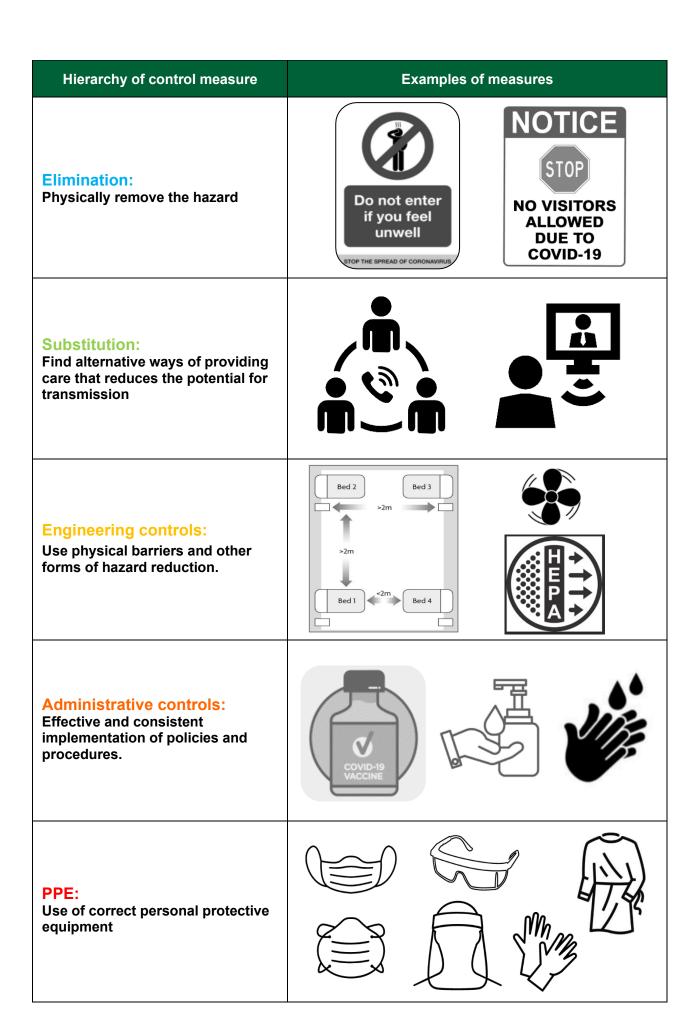
Infection prevention and control is not just one control strategy i.e. personal protective equipment (PPE); it is multiple control strategies that when used in combination reduce the risk of COVID-19 infection. Each strategy is important and plays a critical role in reducing risk.



Examples of each of the controls that can be used to reduce the risk of COVID -19 infection are outlined in the table on the following page.

*The National Institute for Occupational Safety and Health (NISOH)

Hierarchy of Control	Examples of measures
Elimination: Physically remove the hazard	 Proactively detect COVID-19 and prevent entry to the facility by screening staff and visitors Reduce number of visitors to facility. Review need for security to manage Reduce the number of entry points into the facility and monitor visitor/staff movements. Simplify visitor registration using Safe WA or Service WA Exclude staff from workplace if unwell Exclude staff exposed to COVID-19 without appropriate PPE Follow the WA Department of Health TTIQ plan.
Substitution: Find alternative ways of providing care that reduces the potential for transmission	 Physical distance - signage is detailed with simple messages that target all reading levels and targeted to resident needs Encourage dining and other group activities to take place outdoors as much as possible Modify in-group activities to ensure physical distancing Deliver food or stagger mealtimes to reduce crowding in shared dining areas Stagger the schedule for use of communal areas such as kitchens, living spaces, and recreation areas.
Engineering controls: Use physical barriers and other forms of hazard reduction.	 Conduct assessments of heating, ventilation, and air conditioning – consider use of portable air purifiers for communal areas Review facility design and set up, and staff break rooms ensuring physical distancing can be adhered to Cohort residents - grouping COVID positive residents in areas separate to COVID negative residents Space beds in shared bedrooms as far apart as possible.
Administrative controls: Effective and consistent implementation of policies and procedures.	 Vaccinate staff and residents Monitor residents for sign and symptoms of COVID-19 Increase cleaning frequency and review cleaning and disinfection procedures, paying attention to high touch surfaces and communal spaces Put up signs, posters, information sheets on public health social measures Educate residents and staff on basic infection control measures for respiratory infections, including hand hygiene, respiratory hygiene, and cough etiquette Ensure staff comply with hand hygiene and PPE requirements. Allocate surgical masks for source control for residents with respiratory symptoms to use when they are outside of their room.
PPE: Use of correct personal protective equipment	 Educate Staff on donning and doffing of PPE, and on infection prevention and control measures Ensure Fit testing and fit checking for those wearing Particulate Filter Respirators (PFRs), e.g. P2/N95 masks Ensure supply of PPE.



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