Ashtead Chartered Physiotherapy and Osteopathy Clinic
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Adapting practice: Infection risk assessment and mitigation guide

This document provides a written record of the heightened infection control measures that this clinic has put into place to ensure the safety of all staff and patients during COVID-19.

This risk assessment and mitigation record has been undertaken in conjunction with review of the iO's guidance 'Infection control and PPE' and 'Adapting practice guide' available from here. In this document you will find the following:

- **Table 1:** This is an overview of the measures I have taken that will form my clinic policy for operating during COVID-19 and available to all staff and patients. This was completed once I had undertaken an assessment of risk and detailed the mitigating action I had taken taken
  - NB: This does not constitute a full Health and Safety Risk Assessment as required by the Health and Safety Regulations for normal operation of business. Please see iO website for details of Health and Safety Policy, assessment and reporting an incident guidance.

- **Table 2**: Areas assessed for risk and mitigating action taken. This records in detail the areas of potential risk I have identified and record of the mitigating actions I have taken and when.
  - **Table 2a – Protection for staff and patient before and when in clinic**
  - **Table 2b – Heightened hygiene measures**

- **Table 3**: PPE policy for the practice

- **Table 4**: Communication to patients regarding my policies

General Osteopathic Council Interim Infection Control guidance for COVID 19

Completion of the attached demonstrates compliance with the following Osteopathic Practice Standards including but not limited to:
- **A2: "… adapting your communication to take account of [your patient's] particular needs"**
- **C5: "You must ensure your practice is safe, clean and hygienic"**
- **D11: "You must ensure that any problems with your own health do not affect your patients"**

I have assessed the following areas in my practice and taken the following precautions:	
Undertaken a risk assessment	Initial 11:05:20 modified further 12:06:20 Review to take place weekly throughout June and adapted as any situation might arise. Changes to be made in the light of any new guidance issued by Government, professional bodies.
Heightened cleaning regimes	• Clinic rooms will be cleaned between in each patient: hard surfaces, keyboard, mouse, handles and floors after each patient use. • Common areas/washrooms will be cleaned after any use. • Hard surface in common areas will be cleaned after any use. Floors will be washed after each sessional use.
Increased protection measures	• Most linens have been removed from the clinic, when used for comfort these will be removed and washed between each patient. • Cashless payments and BACS payments are preferred. • PPE in the form of Type II R fluid resistant masks and aprons will be used, gloves will only be used if an increased risk is perceived and despite this treatment must go ahead as Face to Face. (F2F)
Put in place distancing measures	• Appointments will be spaced to allow 15 minutes unoccupancy to allow for cleaning and to prevent one patient meeting another. • Patients will be discouraged from being accompanied unless absolutely necessary for various reasons e.g: mental health, deafness, mobility issues etc. However, if it is necessary then they will be asked to conduct a screening call or email with me prior to the visit and this must be done in advance. • Patients will be offered hand sanitiser or the use of the bathroom but hand sanitiser is preferred to avoid exiting the waiting area.
Staff training	• Consultation on the PHE and WHO sites to reproduce the hand washing reminders and PPE routines in laminated poster form. • Handwashing before during and after patient consultation and before, during & after donning and doffing PPE. • No staff employed but I have had training on infection measures infection measures: Coursera Course June 2020 'COVID 19 Contact tracing course' which detailed virus spread etc. • Watched and assimilated information from the 'Adapt your practice webinar' provided by the IO.
Providing remote/ telehealth consultations	• Encouraging the use of video/virtual consultations when possible and when the screening call/email suggests this is the only safe option. • All patients will have email or telephone screening call to determine suitability of F2F consultation if latter has been requested. • Follow-up/maintenance appointments available via telephone/video call if patient's technological ability allows.
	Document updated: June 13 2020

Table 2a. Protection of staff and patients before they visit, and when in the clinic. I have assessed the following areas of risk in my practice and put in place the following precautions:			
	Description of risk	**Mitigating action**	**When introduced**
Pre-screening for risk before public/ patients visit the clinic	Likely risk of transmission of the SARS-COV 2 virus from patient to staff and risk of certain groups of people being more likely to be severely ill in the event of becoming infected	Initially a patient will receive triage either via email or telephone to determine if a virtual consultation could meet their needs or if it would be unsafe to conduct a F2F consultation. If a virtual consultation does not meet the patient's needs I will consider the following in the screening call/email: • Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days? • Screening for extremely clinically vulnerable patients. • Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc. • Screen to advise that people over the age of 70, or from BAME background may be at greater risk of more serious illness if they become infected with SARS-COV-2. • Screen to see if a member of their household had/has symptoms of COVID-19 or are in a high-risk category i.e. shielded as considered extremely clinically vulnerable? • Have they been in contact with someone with suspected/confirmed COVID-19 in last 14 days? • Details that Inform of the risk of face to face consultation – I will document that I have informed the patient of risk associated with attending the clinic, and that they are not experiencing symptoms of COVID-19. • I will repeat the options for considering a virtual consultation. • During the call/email I will ask the patient to shower and wash hands before leaving their accommodation, to come straight here and to try to arrive on time rather than early. NB: All triage pre-screening information will be documented in the patient notes.	11:05:20 Initially extreme emergencies only Revised 01:06:20
Protecting members of staff	Likely risk of transmission of SARS-COV-2 from patient to staff	There are no staff employed at my clinic. These measures will also protect myself.	11:05:20

Table 2a. Protection of staff and patients before they visit, and when in the clinic. I have assessed the following areas of risk in my practice and put in place the following precautions:			
	Description of risk	**Mitigating action**	**When introduced**
Confirmed cases of COVID 19 amongst staff or patients?	Transmission of SARS COV-2 virus from an individual who has tested positive	No staff are employed but the following flow chart would be used if I were to become unwell with COVID 19 Public Health England **Symptomatic worker:** flowchart describing return to work following a SARS-CoV-2 test Routine SARS CoV-2 test result[1] for individual **with** symptoms Positive → Complete self-isolation[2] for 7 days → Clinical symptoms have improved and no fever for 48 hours[4, 5] → **Return to work** → Still unwell[3] → Remain in isolation until clinical symptoms have improved and no fever for 48 hours[4, 5] → **Return to work** Negative → Discussion with line manager and appropriate local risk assessment → Return to work when medically fit to do so → Repeat test based on clinical assessment Inconclusive → Complete self-isolation[2] for 7 days from symptom onset → Clinical symptoms have improved and no fever for 48 hours[4, 5] → **Return to work** → Request repeat test if onset of symptoms was less than 5 days ago 1 If the testing was done because they were identified as a contact via the test and trace system, the person should self-isolate for 14 days (refer to Test and trace guidance) 2 Refer to Stay at Home Guidance 3 Consider contacting the NHS online coronavirus service, or in a medical emergency dial 999 4 Without medication 5 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases Version 3.1 10 June 2020 If the patient experiences symptoms within 2/3 days of visiting the clinic, any staff with direct contact to that individual should self-isolate. Anyone with indirect contact with the patient, should be advised of the situation and suggest they monitor for symptoms (those with indirect contact with suspected cases COVID 19 do not need to self-isolate).	01:06:20
Travel to and from the clinic	Risk of becoming infected from close contact with others	I work from home and therefore do not travel on public transport. Initially I will be offering virtual appointments only to all people who are identified as using public transport. Car parking: I will be asking patients to park in the spaces provided leaving a gap in the middle for preventing contact between patients. Details are available on my website.	11:05:20

Table 2a. Protection of staff and patients before they visit, and when in the clinic. I have assessed the following areas of risk in my practice and put in place the following precautions:			
	Description of risk	**Mitigating action**	**When introduced**
Entering and exiting the building	Risk of prolonged contact with others in building	• My work clothes are washed separately after each session in a separate bag provided. • Patients are asked to try to arrive on time to prevent contact with others and also to avoid where possible using the waiting area. • Patients arriving early will be asked to wait in their car or outside the building (observing social distancing). • There is only one route in to the clinic which is clearly signposted. • On arrival the patient will be asked to sanitise their hands or use the washroom, they will be asked to wear a mask and will be provided with one if they do not arrive with one. They will be advised they can remove it when they have returned to their car or left the premises.	11:05:20
Reception and common areas	Risk of transmission of virus from contact with others and from surfaces	• Patients are asked to try to arrive on time to prevent contact with others and also to avoid where possible using the waiting area. • Patients arriving early will be asked to wait in their car or outside the building (observing social distancing). • Patients will be asked to pay using BACS or debit card avoiding cash where possible. Terminals and button tap pens will be disinfected after use. • I will continue to speak in person or via email to arrange appointments.	11:05:20
Social/physical distancing measures in place	Risk of transmission of virus from contact with others	• Staggered appointment times so that patients do not overlap Markers will not be placed on the floors because there will only be the patient and myself. • However during the subjective examination I will be as far apart as space allows.	01:06:20
Face to face consultations (in-clinic room)	Lack of safe distancing	• When communicating with a patient I will stand further away to reduce close contact if at all possible for example when explaining my treatment approach. • I will always try to utilise the least contact possible when selecting techniques. If a patient requires a chaperone: • One parent/guardian only with visits for children. • No additional family members except if requested as a chaperone. • Screening calls for chaperones and information to communicate the risks to them will be supplied.	

Table 2b. Hygiene measures. I have assessed the following areas of risk in my practice and put in place the following heightened hygiene measures:			
	Description of risk	**Mitigating action**	**When introduced**
Increased sanitisation and cleaning	Transmission of virus between patients and also between myself and patient	Sanitisation procedures • Between patients: Clinic rooms – plinths, desk, door handles, equipment chairs, terminals, chairs, taps, card machines. • Use 70% alcohol MEDGUARD spray sanitiser for the above areas. • Sessionally: floors will be cleaned with a bleach solution. Actions to minimise the number of surfaces requiring cleaning • Plinth covers will be removed unless it is considered to reduce the comfort of a patient. If used it will be removed and washed after each patient. Pillow cases are wipeable but a cover may be used in certain circumstances for comfort but if used will be removed after each use. • The clinic room has been decluttered. • Patient information leaflets have been removed from view in the waiting area. • A carpet runner remains in place in the waiting area but is cleaned daily.	11:05:20 revised 01:06:20
Aeration of rooms		• Windows are opened between patient bookings to increase air flow for 15 minutes. in the clinic room. • Fans will not be used. • The entrance to the clinic will be left open between patients where possible, weather permitting to increase airflow.	
Staff hand hygiene measures		Hand hygiene measures: put in place e.g. • Bare below the elbow/hand washing before and after patients with soap and water for at least 20 seconds, including forearms/use of hand sanitiser gel. • Gloves will only be used when F2F has been necessary despite suspected contact with infection or if the patient requests or is extremely vulnerable.	
Respiratory and cough hygiene	Transmission of virus	Communication of cough hygiene measures for staff and patients e.g. • Provision of disposable, single-use tissues waste bins (lined and foot-operated). • Hand hygiene facilities available for patients and myself.	11:05:20 revised 01:06:20

Table 2b. Hygiene measures. I have assessed the following areas of risk in my practice and put in place the following heightened hygiene measures:			
	Description of risk	**Mitigating action**	**When introduced**
Cleaning rota/ regimes		Cleaning rota: • Areas e.g. plinths, surfaces chairs keyboard, terminals cleaned between patients, floor cleaned sessionally. • Washrooms cleaned after any use. • As I work alone and I am responsible for the cleaning posters will not be used detailing each clean.	

Table 3. Personal Protective Equipment. Details of my policy for use and disposal of PPE:	
Clinicians will wear the following PPE	PPE will be worn as follows: when risk assessed, • Single-use plastic aprons with each patient. • Fluid-resistant surgical masks (or higher grades), changed sessionally. • Eye protection will not be routinely worn. • Gloves will be worn if the risk of transmission from patient to myself is higher or if the patient is particularly vulnerable but needs to attend in person.
When will PPE be replaced	PPE is replaced when: • When potentially contaminated, damaged, damp, or difficult to breathe through. • At the end of a session: a morning, afternoon or evening of up to 4 hours.
Reception staff will wear the following PPE	• There are no reception staff.
Patients will be asked to wear the following PPE	• Patients will be asked to wear a mask of any type. • Fluid-resistant surgical masks if a patient exhibits respiratory symptoms e.g. from hay fever or asthma will be available from me.
PPE disposal	Disposal of PPE and cleaning materials, including cleaning wipes and tissues after use: • Double-plastic bagged and left for 72 hours before removal, keeping away from other household/garden waste, and then this can be placed in my normal waste for collection by my local authority. • Cloths and cleaning wipes also bagged and disposed of with PPE.

Table 4. Communicating with patients. Details below of measures that I have taken to ensure their safety and the policies that have been put in place in my clinic:	
Publishing your updated clinic policy	My clinic policies will be available as follows: • On my waiting room wall, available on request. • On my website as a separate link. • A patient is welcome to receive a copy electronically when requested but to avoid overload of information and anxiety will not be sent routinely.
Information on how you have adapted practice to mitigate risk	General steps and adaptation of practice: • Website has been updated, social media is not used for promotion of the practice. • I do not use routine mass emails to my patient as as I took this decision on the introduction of GDPR. I would consider changing this if government guidance changed.
Pre-appointment screening calls	Screening calls will always take place prior to an initial appointment unless email can simply be used. • In addition emails will usually be sent on a 'no reply if no problem' basis prior to follow up appointment before a scheduled appointment? • When a call or email is made it will always be myself as there are no other clinic staff.
Information for patients displayed in the clinic	Patient information posters are displayed as follows in my clinic: • Door notice advising of social distancing measures when possible and advising that walk-in appointments are not available. • Notices on other public health measures e.g. hand washing/sanitising/catch it, bin it, kill it. • Providing risk assessment details on notice board.
Other patient communications	I will ask patients to contact me if they subsequently develop symptoms in the three days following treatment. This will mean that having established exactly when the symptoms started I may have to close the clinic and notify patients I have seen in the intervening period.