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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 Exe Valley Osteopathy has put into place to ensure the safety of all staff and patients during COVID-19.**

**This risk assessment and mitigation record should be undertaken in conjunction with review of the iO’s guidance ‘Infection control and PPE’ and ‘Adapting practice guide’ available from** [**here**](https://www.iosteopathy.org/covid-19/adapting-your-practice/)**. In this document you will find the following:**

**Table 1**: This is an overview of the measures you have taken that will form your clinic policy for operating during COVID-19 and available to all staff and patients. This should be completed once you have undertaken an assessment of risk and detailed the mitigating action you have 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](https://www.iosteopathy.org/for-osteopaths/practice-development/compliance/policies-and-guidance/).
* **Table 2**: Areas assessed for risk and mitigating action taken. This records in detail the areas of potential risk you have identified and record of the mitigating actions you have taken and when.
  + **Table 2a - Protection for staff and patient before and when in clinic**
  + **Table 2b – Heightened hygiene measures**
* **Table 3**: For completion to outline your PPE policy for staff in your practice
* **Table 4**: Detail of how you will communicate to staff and patients your policies

Please also ensure that you aware of the following:

[General Osteopathic Council Interim Infection Control guidance for COVID 19](https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/interim-guidance-on-infection-control/)

**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”**

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| We have assessed our practice for risks outlined and put in additional processes as detailed below | |
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| **Undertaken a risk assessment** | Friday 22nd May 2020.  To be reviewed when government guidelines or osteopathic guidelines change |
| **Heightened cleaning regimes** | The following items will be cleaned with antibacterial wipes/spray after each patient leaves the clinic:  Clinic couch, hard surfaces including worktops and chairs (in treatment rooms and common areas), hand washing area, doorhandles.  The floors will be mopped with water and bleach every 4 hours of clinic use and at the end of every day. |
| **Increased protection measures** | The toilet will be closed to patients. Staff will clean the toilet after each use.  Removed all linens from the clinic  Introduced wipeable pillows  Only one chair in reception (wipeable) and no reading materials  Contactless payment  Staff PPE (Gloves, aprons, masks and visors (when appropriate))  No use of the doorbell, patients will knock and be let into the building. Doors will be opened - patients will not touch a single door handle while in the clinic. |
| **Put in place distancing measures** | Only one staff member working at a time.  Only one patient in the clinic at any one time due to longer time slots and one practitioner.  Patients asked to wait in car or off-site until 5 minutes before appointment. |
| **Staff training** | All staff will watch the IO webinar on infection control and PPE  All staff will revise and implement correct handwashing technique best practice https://www.youtube.com/watch?v=3PmVJQUCm4E  All staff to know the correct donning/doffing PPE procedures and how to dispose of masks/aprons and wipes correctly https://www.youtube.com/watch?v=-GncQ\_ed-9w&feature=youtu.be |
| **Providing remote/ telehealth consultations** | All patients will be screened within 24 hours of their appointment for the following reasons:  To ascertain Covid-19 risk (any symptoms or contact with those showing symptoms/known Covid)  To decide whether a face-to-face consultation is appropriate/needed  To ask follow-up questions for the reason to visit in order to reduce talking time face to face and total time in clinic. |
|  | (Document last updated: 22/5/2020) |

| Table 2a. Protection of staff and patients before they visit, and when in, the clinic.  We have assessed the following areas of risk in our practice and put in place the following precautions to | | |  |
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|  | **Description of risk** | **Mitigating action** | **When introduced** |
| **Pre-screening for risk before public/patients visit the clinic** | Risk of covid-19. | If a virtual consultation will not suffice, each patient will be pre-screened within 24 hours of their face to face consultation.  Pre-screen will include:   * 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 * Have they received a letter from the government asking them to self-isolate for 12 weeks? * Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc * 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   Practitioner discretion is important in deciding whether a face-to-face consultation is necessary and to make it as safe as possible if it is.  Pre-screening call will also include:  Informing the patient of the risk of face-to-face consultation  Informing the patient of what is expected of them when they come into the clinic for their consultation and the procedures that we will be following.  All pre-screening must be documented in clinical notes | 22/5/2020 |
| Protecting members of staff | Risk of covid-19 infection to a vulnerable staff member | Staff will also be pre-screened if it is appropriate for them to be undertaking face-to-face consultations.  Pre-screen will include:   * Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days? * Have they received a government letter asking them to self-isolate for 12 weeks? * Screening for extremely clinically vulnerable staff * Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc * 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   Inform about PPE policy (see table 3) and ensure it is implemented whilst inside and upon entering the premises. Ensure all staff are complying with self-hygiene and clinic sanitising procedures.  *Detail here if you have asked your staff if they or a member of their household is in a vulnerable category and how will you manage this if they are?*  *Refer also to what your PPE policy will be, see table 3 below.* | 22/5/2020 |
| Confirmed cases of COVID 19 amongst staff or patients? | Spread of COvid-19 to more patients/staff if there is a possible case in the clinic. | Please refer to [return to work following a SARS-CoV-2 test](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings) for policy on suspected Covid in staff or patients and return to work flow chart.   * 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) * Practitioners should get a test before returning to work. * Request that if anyone experiences symptoms 2/3 days after coming into the clinic, they should inform the clinic staff * (anyone that practitioner has come into contact with after this, should be informed) | 22/5/2020 |
| Travel to and from the clinic | COVID-19. Infection control. | Patients are responsible for travel to the clinic. If they use public transport this must be taken into consideration when deciding if face-to-face treatment is necessary. Parking is available at the clinic and patients will be asked to arrive no sooner than 5minutes before their appointment time. This allows us to be 100% ready for their arrival and ensures that the previous patient is off site before the next patients’ arrival, so as to comply with social distancing and give time for proper cleaning of the clinic between patients. | 22/5/2020 |
| Entering and exiting the building | Covid-19 infection | Staff will change into work clothing at clinic and work clothing should be placed in a separate, sealed bag to take home to wash.  Patients will be asked to arrive no sooner than 5 minutes before their appointment so staff can be 100% ready for their arrival and so that the previous patient is off site before they arrive in order to comply with social distancing and give time for proper cleaning of the clinic between patients. If they do arrive prior to 5 minutes before they should wait off site.  When patients arrive they will knock on the door and will wait to be let into the clinic, so that the practitioner is in full PPE and ready before letting the patient in.  The practitioner will guide the patient to the hand washing station in each room so the patient does not touch anything.  Patients will be asked to hand wash before and after each session and place their disposable mask in the pedal bin outside the clinic door. | 22/5/2020 |
| Reception and common areas | Covid-19 infection | There will only be one chair in reception but where possible no patient should have to wait before being taken into a treatment room.  No cash will be accepted, card and contactless only.  No reception staff | 22/5/2020 |
| Social/physical distancing measures in place | Covid-19 infection | Appointments slots will now be 1 hour instead of 30 minutes in order to allow thorough cleaning before and after the appointment. There will not be more than one practitioner and one patient in the clinic at a time. | 22/5/2020 |
| Face to face consultations (in-clinic room) | Covid-19 infection | Practitioners from will wear full PPE before the patient walks into the clinic. The patient will be given a mask on entry if required. Social distancing must still be complied with until hands on treatment is needed.  One chaperone is allowed if necessary but ideally patients should attend on their own if appropriate.  If a chaperone is needed they will sit in the clinic room and socially distance from the practitioner at all times. The chaperone will be pre-screened in the same way as the patient (see previous) | 22/5/2020 |

| Table 2b Hygiene measures  We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures | | | |
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|  | **Description of risk** | **Mitigating action** | **When introduced** |
| Increased sanitisation and cleaning | Risk of covid-19.  Stays on surfaces for upto 72hours if not appropriately dealt with. | Clinic rooms – plinths, worktops, door handles, chairs, stationary and hand washing area to be cleaned after every patient  Common areas – Reception chair (if used), doorbell and door handles to be wiped after every patient.  Use of at least 60% alcohol sanitizers/wipes, using bleach-based detergents for floors  Removal of all but one chair from common area and each treatment room.  Removal of waiting area reading materials/soft furnishings  Decluttering of clinic rooms  Removal of towels/couch covers and all soft furnishings  Keeping doors open where possible to reduce touch points | 22/5/2020 |
| Aeration of rooms | Risk of covid-19.  Can remain in the air for upto 3 hours if aeration is not done properly | Windows open and door closed for at least 20 minutes after each patient. Where possible two rooms will be used alternately so that the room not in use can aerate for an hour between uses.  We have no fans or air-circulation devises.  In common areas doors and windows will be open all the time or after every 4 hours for 20 minutes weather depending. | 22/5/2020 |
| Staff hand hygiene measures | Risk of covid-19.  Stays on surfaces for upto 72hours if not appropriately dealt with. | All staff will be aware of correct hand washing procedures.  Bare skin below elbow and this area to be washed with soap and water for at least 20 seconds before and after every patient.  Gloves will be used during consultations  Jewellery and watches removed | 22/5/2020 |
| Respiratory and cough hygiene | Covid-19 increased risk of droplet transmittion | Accessible single use tissues and waste bins for catch-it, bin it, kill it.  Hand washing facilities in clinic room to make sure patients wash hands for at least 20 seconds with soap and water before and after consultation.  Alcohol gel in each room for extra hand hygiene during consultation if necessary | 22/5/2020 |
| Cleaning rota/regimes | Risk of covid-19.  Stays on surfaces for up to 72hours if not appropriately dealt with. | The working clinician is responsible for following the increased cleaning and sanitising protocols within the clinic  A written record of cleaning and by whom will be taken. | 22/5/2020 |

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| Table 3. Personal Protective Equipment: Detail here your policy for use and disposal of PPE | |
| Clinicians will wear the following PPE | Each clinician should use the following PPE   * Single-use nitrile gloves and plastic aprons with each patient * Fluid-resistant surgical masks (or higher grade) * Eye protection (if there is a risk of droplet transmission or fluids entering eyes such as an HVT or supine cervical spine work) |
| When will PPE be replaced | Disposable PPE to be replaced after each patient  Eye protection must be thoroughly cleaned after each use |
| Reception staff will wear the following PPE | No reception staff |
| Patients will be asked to wear the following PPE | Fluid-resistant surgical masks (or higher grade) – these will be provided if they do not have them. |
| PPE disposal | * Double-plastic bagged, tied/sealed and left for 72 hours before removal from the premises, keeping away from other household/garden waste. After 72 hours this can be placed in with normal waste for collection by your local authority. * Cloths and cleaning wipes also bagged and disposed of with PPE. * Removal and bagging of PPE to be done in separate designated room. |

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| Table 4. Communicating with patients: Detail here how you will advise patients of measures that we have taken to ensure their safety and the policies that have been put in place in our clinic | |
| Publishing your updated clinic policy | Publish on clinic wall, available on request  We will make patients aware of what they can expect prior to arriving and what is expected of them (i.e. hand washing, wearing a mask, waiting outside) |
| Information on how you have adapted practice to mitigate risk | Our patient base has been kept up-to-date on what steps we have taken on social media and in emails. They will also be given information over the phone when they want to book in. |
| Pre-appointment screening calls | Pre screening calls will be done with every patient within 24 hours of their appointment.  The decision to treat will be made by the treating clinician. |
| Information for patients displayed in the clinic | Notice on front door to ask patients with certain symptoms not to enter.  Notice on front door explaining procedures around face masks and hand washing.  Access to risk assessment policy |
| Other patient communications | Patient journey video to be emailed to patient base. |