



Hands On Care

OSTEOPATHIC PRACTICE

Wessex Health Network, 17 Stour Road,
Christchurch BH23 1PL

We have assessed our practice for risks outlined and put in additional processes as detailed below

Undertaken a risk assessment	<p>16/08/2021</p> <ul style="list-style-type: none"> • This risk assessment will be reviewed whenever there are changes in the Government guidance, or advice from the GOsC or Institute of Osteopathy or if situations arise in the clinical practice which indicates a review. • From the 16th August while the government guidance has relaxed with regards to those who are asked to self isolate the clinic policy for seeing patient who have been a contact of someone with Covid-19 will remain the same.
Heightened cleaning regimes	<ul style="list-style-type: none"> • Clinic rooms will be cleaned in between each patient • Light switches/door/ window handles/ filing cabinet handles etc will be cleaned after each session. • Wessex Health team to be responsible for routine cleaning of room and communal areas.
Increased protection measures	<ul style="list-style-type: none"> • all linens removed from the treatment table – wipe over pillows purchased • Decluttering of desk to allow for easy cleaning and disinfecting • Encourage online or contactless payment. If card machine used – disinfect after every use. Any cash to be place in cash box and not touched for 72hrs. Hand wash after handling. • Practitioner and patient to wear PPE • Online notes and emailing of exercises and aftercare sheets – less handling of stationary
Put in place distancing measures	<ul style="list-style-type: none"> • Breaks of 15 mins between patients so no cross over of patients • Patients are encouraged to wait outside and only come to the building at time for their appointment, however the waiting area has spaced out chair with no arm rest that are regularly wiped over. • Increased distance between practitioner and the patients chair during discussion
Staff training	<ul style="list-style-type: none"> • Correct handwashing technique • Put on/remove PPE safely (poster in room) • Sharing of HOC risk assessment with Wessex Health
Providing remote/ telehealth consultations	<ul style="list-style-type: none"> • All patients will be emailed a screening and risk assessment questionnaire prior to their appointment. If necessary, they will be called to discuss prior to their appointment to see if an alternative to face to face may be more appropriate in their circumstances. • Follow-up/maintenance appointments available via telephone/online if appropriate for those that don't want/shouldn't be seen face to face.

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.			
	Description of risk	Mitigating action	When introduced
Pre-screening for risk before public/patients visit the clinic	Risk of patient with Covid-19 infection attending clinic and transmitting the virus through close contact with the practitioner and contact with clinic surfaces.	<p>All patients will be emailed a screening questionnaire prior to their appointment to screen for symptoms and to conduct a risk assessment. If necessary, they will be called to discuss prior to their appointment. They will also be made aware of the risks of attending the clinic for treatment.</p> <p>If face to face appointment is deemed appropriate, the patient will be emailed 24hrs before to screen for any symptoms of Covid -19 and to reiterate the risks of attending for treatment. Any chaperones will also need to complete the screening questionnaire.</p> <p>New Patients – initial case history will be taken in clinic, patient and practitioner will be sat with at least a two meter distance between them.</p> <ul style="list-style-type: none"> • Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough, change/loss of sense of smell/taste) in the last 7 days? • Screening for extremely clinically vulnerable patients • Screening for additional symptoms headache, runny nose, sneezing or a sore throat in the past 10 days (these are the most common symptoms of the Delta variant)? • 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 10 days? • Inform of the risk of face to face consultation • Options for telehealth • Link to risk assessment and return to work policy will be on website • Detail of what is expected of patients will be sent out to them in their booking confirmation email. • All risk assessment and pre-screening information will be documented, and the forms attached to the patient's notes. 	

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	Description of risk	Mitigating action	When introduced
Protecting members of staff	Due to direct contact with patients, there is a risk of transmission of Covid-19	As practitioners we will be responsible for self-monitoring for any symptoms of Covid-19 and following test, trace and isolation procedures where relevant. We will continue to wear PPE and patients will be asked to wear masks Strict hand hygiene and infection control procedures will be followed	
Confirmed cases of COVID 19 amongst staff or patients?	Risk of pre or symptomatic transmission of Covid-19 between patient and practitioner	<p>If the practitioner develop symptoms or test positive for Covid-19, the practitioner will isolate for 10 days minimum (as advised on gov.uk/coronavirus) and follow the attached Flowchart describing <u>return to work following a SARS-CoV-2 test</u>.</p> <p>Providing the practitioner was wearing the prescribed PPE, the risk to the patients is minimised. However it is hard to quantify the risk. All patients who have been seen 2 days prior to the development of symptoms should be notified and advised to self isolate unless advised otherwise by the NHS. The patient will be reminded that if they have been seen by the practitioner in that two day period that the practitioner will be obliged to provide their contact details to NHS Test and Trace.</p> <p>If the patient notifies the clinic that they have developed symptoms within 2 days of attending their appointment, the osteopath does not need to isolate, providing they were wearing appropriate PPE as detailed in the iO guidance.</p> <p>For patients that have been seen by the treating practitioner during the period between seeing the suspected case and it being reported to the clinic:</p> <ul style="list-style-type: none"> • If the practitioner who has been in direct contact has been wearing PPE in line with the guidance, there is no requirement to inform patients that have been seen by the treating practitioner in the 2 days since seeing the initial patient. <p>However, as a courtesy, we will inform patients that we have seen someone who has subsequently experienced symptoms - even if the risk of infection is very small - as the vulnerability of the patient and their close relatives may be an important factor for the patient to consider.</p>	

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	Description of risk	Mitigating action	When introduced
Travel to and from the clinic	Potential risk of contracting Covid-19 during the journey	Practitioners will travel to clinic by private car. Clothes will be changed out of into clinic uniform on arrival into the clinic.	
Entering and exiting the building	Risk of transmission from outside the building	Practitioners will change into uniform when arriving at work. Shoes to be kept at clinic. At the end of the day we will change out of uniform and place in a pillow case within a plastic bag to be taken home to be washed at 60 degrees along side any cleaning cloths used. Patients advised to wait outside till their appointment time. Patient will be asked to place all belongings in either a handbag or plastic box on entering. They will then be asked to wash their hands (either in the downstairs washroom or with hand sanitiser by the front door) and put on a there own well fitting mask or one that will be supplied by the clinic.	
Reception and common areas	Risk of transmission from person to person by contacting surfaces	Patients discouraged from waiting in the reception area by asking them to turn up on time not early. However seating in reception is spaced out, has no arm rests and regularly wiped. Payments and rebooking done at end of treatment or online to reduce the need for a receptionist	
Social/physical distancing measures in place	Risk of spread between people if social distancing not maintained	<ul style="list-style-type: none"> • Gaps between appointments so no cross over of patients • Change of set up in room to create more space between practitioner and patient for all but the hands on part of the treatment. 	
Face to face consultations (in-clinic room)	risk of transmission of virus from person to person or by contacting surfaces	<ul style="list-style-type: none"> • Gaps of at least 15 mins between appointments to allow room to ventilate and allow time for cleaning of surfaces. • Osteopath to consider techniques used to minimise proximity of osteopath and patient faces. • One parent/guardian only with visits for children • Discourage additional family members except if requested as a chaperone/interpreter 	

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	Description of risk	Mitigating action	When introduced
		<ul style="list-style-type: none"> Chaperones required to complete screening questionnaire prior to appointment too and stored with patient notes. If the chaperone lives with the patient the patient can complete this on their behalf Patients asked to come dressed in sports kit or similar to reduce the need to undress for treatment - this will allow for patient modesty and warmth. 	

Table 2b Hygiene measures We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures			
	Description of risk	Mitigating action	When introduced
Increased sanitisation and cleaning	Risk of virus transmission via contact with surfaces	Disinfecting surfaces using at least 60% alcohol or antiviral spray / wipes: <ul style="list-style-type: none"> Treatment room - plinth, desk, door handles, equipment, chairs, card machine - between each patient. Paper towels and appropriate cleaning spray supplied by Wessex Health. Washable cloths can also be used one after each treatment, and washed at the end of the session along side uniform at 60 degrees. Actions to minimise the number of surfaces requiring cleaning Remove unnecessary linen/use plastic pillows that can be cleaned between patients etc. Decluttering the clinic rooms and waiting area on unnecessary items Practitioner to open doors etc Front door to be hooked open unless bad weather. 	
Aeration of rooms	Risk of viral load in room	<ul style="list-style-type: none"> Leaving the clinic room door or window open for 5 minutes minimum after each patient with the external door open for increased ventilation. If weather permits have clinic room window open throughout session. 	
Staff hand hygiene measures	risk of virus transmission from practitioner to	<ul style="list-style-type: none"> 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/ use of gloves 	

Table 2b Hygiene measures

We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures

	Description of risk	Mitigating action	When introduced
	patient and vice versa		
Respiratory and cough hygiene	Risk of droplet transmission of virus	Communication of cough hygiene measures: <ul style="list-style-type: none"> • 'Catch it, bin it, kill it' advice • Provision of disposable, single-use tissues and lined waste bins • Hand hygiene facilities available for patients, visitors, and staff • Wearing of masks by both practitioner and patient. Practitioner type IIR masks 	
Cleaning rota/regimes	Virus transmission via surfaces	<ul style="list-style-type: none"> • Check list for cleaning of treatment rooms, washrooms and communal areas – over seen by Wessex Health 	

Table 3. Personal Protective Equipment: Detail here your policy for use and disposal of PPE

Clinicians will wear the following PPE	<ul style="list-style-type: none"> • Single-use nitrile gloves and single use plastic apron with each patient • Fluid-resistant surgical masks – osteopaths for all treatments/contacts <2m • Eye protection available for use on a risk assessment basis by each practitioner ie working around head and neck
When will PPE be replaced	<ul style="list-style-type: none"> • New gloves after each patient • New apron after each patient • Masks worn for a maximum of 4 hours or replaced when potentially contaminated, damaged, damp, or difficult to breathe through
Reception staff will wear the following PPE	Responsibility of Wessex Health – currently no reception service provided
Patients will be asked to wear the following PPE	<ul style="list-style-type: none"> • A well fitting face mask – we can provide a Type IIR. Those with breathing difficulties such as asthma may struggle to breath with a mask, so used where tolerated. We will screen for this on the risk assessment questionnaire which will be sent out before initial visit.
PPE disposal	<ul style="list-style-type: none"> • PPE and all wipes/couch roll/cleaning paper placed immediately into lined bins. On disposal, tie bag and place into second bag. • Practitioners to take waste home, double-plastic bag and leave for 72 hours before disposal in ordinary waste collection by local authority.

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	<ul style="list-style-type: none"> • Copy available on request in clinic • Provide as part of appointment confirmation and reminder emails (link to website) • Available on website • Social media • Video on social media and newsletter and website • Newsletter
Information on how you have adapted practice to mitigate risk	<ul style="list-style-type: none"> • Updating of website • Social media posts • Email to patient base • Reviewed and updated in line with changes in government, regulatory body, IO advice or sooner if required due to a situation arising in the course of practice.
Pre-appointment screening emails	<ul style="list-style-type: none"> • Day before appointment • To be reviewed the night before/ start of the treatment day by the clinician to identify any possible errors or concerns and to follow up by practitioner where necessary
Information for patients displayed in the clinic	<ul style="list-style-type: none"> • Door notices advising anyone with symptoms not to enter the building. • Notices on other public health measures e.g. hand washing/sanitising/Catch it, bin it, kill it. • iO infographics on adapting practice and PPE
Other patient communications	<p>Ask patients to contact us if they develop symptoms within 2 days of visiting the clinic and advise them that we will contact them if an osteopath develops symptoms or tests positive and that we will be obliged to release their contact details, but no medical information, to NHS Test and Trace.</p> <p>However, inform patients that they should not mention us to Test and Trace if contacted. Our PPE means we are not a contact, this is confirmed by Public Health England</p>