



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>5/6/2020</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.
Heightened cleaning regimes	<ul style="list-style-type: none"> Clinic rooms will be cleaned in between each patient Light switches/ door handles/ taps will be cleaned before and after my shift by myself or a member of the Wessex Health team – to be reviewed with clinic manager on a regular basis as clinic becomes busier. 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"> Stagger appointments with other practitioners – need to liaise with Wessex Health clinic manager Break between patients so no cross over of patients Patients to wait outside and only come to the building at time for their appointment 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 Sharing of my 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 contacted by phone or email 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 over a two meter distance</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 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 of the risk of face to face consultation – staff must document that they have informed the patient of risk associated with attending the clinic, and that they are not experiencing symptoms of COVID-19. • 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. 	

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	Description of risk	Mitigating action	When introduced
		All risk assessment and pre-screening information will be documented and the forms attached to the patient's notes.	
Protecting members of staff	Due to direct contact with patients, there is a risk of transmission of Covid-19	As a practitioner I will be responsible for self-monitoring for any symptoms of Covid-19 and following test, trace and isolation procedures where relevant. I will wear PPE and patients will be provided with a mask 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 7 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</p>	

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	Description of risk	Mitigating action	When introduced
		vulnerability of the patient and their close relatives may be an important factor for the patient to consider.	
Travel to and from the clinic	Potential risk of contracting Covid-19 during the journey	Practitioners will predominantly travel to clinic either by bike or private car. Clothes will be changed out of into clinic clothes on arrival into the clinic. Patients will be asked on the pre-screening questionnaire how they plan to travel to attend their appointment. This will be factored in when deciding if face to face appointment is suitable.	
Entering and exiting the building	Risk of transmission from outside the building	I will change into my uniform when arriving at work. Shoes to be kept at clinic. At the end of the day I will change out of my uniform and place in a pillow case within a plastic bag to be taken home to be washed at 60 degrees. Patients to wait outside till their appointment time. They must observe social distancing 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 mask that will be supplied on entering the clinic.	
Reception and common areas	Risk of transmission from person to person by contacting surfaces	Patients not permitted to wait in the reception area 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"> • Staggered appointment times so that patients do not overlap • Gaps between appointments so no cross over of patients • Practitioners to be socially distancing when on breaks • Change of set up in room to create more space between practitioner and patient for all but the hands on part of the treatment. 	

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	Description of risk	Mitigating action	When introduced
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. • New patient consultation over the phone/online to reduce the length of time spent for face to face appointments as appropriate. • Osteopath to consider techniques used to minimise droplet/aerosol generation and proximity of osteopath and patient faces. • One parent/guardian only with visits for children • No additional family members except if requested as a chaperone/interpreter • Chaperones required to complete screening questionnaire prior to appointment too and stored with patient notes. • 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 and reduce the potential 'wafting' of virus. 	

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	<p>Disinfecting surfaces using at least 60% alcohol or antiviral spray / wipes:</p> <ul style="list-style-type: none"> • Treatment room - plinth, desk, door handles, equipment, chairs - between each patient. Paper towels and appropriate cleaning spray supplied by Wessex Health. • card machines after every use – alcohol wipes – supplied by HOC • washroom after use • 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 	

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
		<ul style="list-style-type: none"> Practitioner to open doors etc Front door to be hooked open 	
Aeration of rooms	Risk of viral load in room	<ul style="list-style-type: none"> Leaving the clinic room door open for 15 minutes minimum after each patient with the external door open for increased ventilation. If weather permits have clinic room window open 	
Staff hand hygiene measures	risk of virus transmission from practitioner to patient and vice versa	<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 good quality hand cream to be used at end of each session to reduce risk of dermatitis which could lead to cracking and increased risk of contracting Covid-19 	
Respiratory and cough hygiene	Risk of droplet transmission of virus	<p>Communication of cough hygiene measures:</p> <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 	
Cleaning rota/regimes	Virus transmission via surfaces	<ul style="list-style-type: none"> Check list for cleaning of treatment rooms, wash rooms and communal areas – overseen 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 using a visor for e.g. if there is a risk of droplet transmission or fluids entering eyes i.e. supine thoracic HVT (AGP-aerosol generating procedure)
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, but most likely after each patient or when potentially contaminated, damaged, damp, or difficult to breathe through
Reception staff will wear the following PPE	Responsibility of Wessex Health -

Patients will be asked to wear the following PPE	<ul style="list-style-type: none"> • Triple layer surgical masks, provided by us. Not homemade masks. Those with breathing difficulties such as asthma may struggle to breath with a mask, so used where tolerated
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. • Double-plastic bagged and left for 72 hours before disposal in ordinary waste collection by local authority – responsibility of Wessex Health.

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 at the start of the treatment day by the clinician to identify any possible errors or concerns
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	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.

