

## Adapting practice: Infection risk assessment and mitigation policy

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 and thereafter.

We have assessed	l our practice for risks outlined and put in additional processes as detailed below
Undertaken a risk assessment	• 16.08.23 – replacing previous risk assessment of 21.09.2022. Instigated with relaxation of all COVID 19 restrictions
Heightened cleaning regimes	Bathroom will be cleaned after every usage where possible
Increased protection	Removal of towels and fabric plinth covering and pillowcases from bathroom and clinic room
measures	Contactless and BACS payment preferred
Put in place	Appointments every 45 minutes, allowing airing and cleaning between patients
distancing measures	Chairs placed 2m apart in waiting room
Staff training	We are aware of correct handwashing technique best practice,
	Putting on & removal of PPE safely
	We compiled updated clinic policies and infection measures together
Providing pre-	All patients will have telephone pre-screening call
screening telephone	
calls and advice	
remotely where	
prudent	
	Document last updated: 16.08.23

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			
	Description of	Mitigating action	When
	risk		introduced
Pre-screening for risk	Exposure to COVID	The following will be applied to patients and their chaperone if applicable -	16.08.23
before public/patients	with inherent risk	• screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc	
visit the clinic	of developing the	• Screen to see if a member of their household had/has symptoms of COVID-19	
	illness ourselves,	• Have they been in contact with someone with suspected/confirmed COVID-19 in last	
	spread to family	7days?	
	members, patients		
	and any person		
	entering the house		
Protecting members of	If shielding a	Neither Lynette or Clover fall into this category	
staff	vulnerable member		
	of our respective		
	households there is		
	risk of exposure to		
	COVID-19		
Confirmed cases of COVID	Risk of exposure to	• If the patient experiences symptoms within 2/3 days of visiting the clinic, any staff	
19 amongst staff or	osteopath treating	with direct contact to that individual should request a lateral flow test	
patients?	that patient,		
	patients entering		
	the clinic, members		
	of their households		
Travel to and from the	Public		
clinic	transport/taxi –		
	risk of exposure		4.6.00.00
Entering and exiting the	Exposure to virus	asking patients not to arrive early or late for their appointment	16.08.23
building	through close	• patients will be expected use the hand sanitiser provided in the porch before	
	proximity to other	entering the building	
	patients		
Reception and common	contact with other	• ask patients to turn up promptly at their appointment time to reduce time in the	
areas	patients	waiting area	

		s before they visit, and when in, the clinic. f risk in our practice and put in place the following precautions to	
	Description of risk	Mitigating action	When introduced
		<ul> <li>encourage contactless payment and BACS instead of cash, on making their appointment</li> </ul>	
Social/physical distancing measures in place	proximity and risk of contamination	<ul> <li>appointments every 45 minutes to allow airing and cleaning between patients</li> <li>Chairs will be place 2m apart in the waiting room and clinic room</li> </ul>	
Face to face consultations (in-clinic room)	Exposure to virus through closer than 2m contact, aerosol risk through techniques	<ul> <li>Modifying treatment techniques to avoid unnecessary close proximity</li> <li>One parent/guardian only with visits for children</li> <li>No additional family members except if requested as a chaperone</li> <li>Pre-screen chaperones as with patients prior to appointment</li> </ul>	•

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	Exposure to virus and spread to other families and patients	<ul> <li>Sanitising Clinic rooms - plinths, desk, door handles, touch points, equipment chairs - between each patient</li> <li>Doors and door handles, chairs, taps, card machines etc. in other areas</li> <li>Use of at least 60% alcohol sanitisers/wipes</li> <li>Remove unnecessary linen/use plastic pillowcases that can be cleaned between patients</li> <li>Provide single use blankets which can washed at high temperature in the colder weather</li> <li>Using disposable paper towels in the bathroom</li> <li>Decluttering the clinic rooms and waiting area of unnecessary items</li> </ul>	16.08.23
Aeration of rooms	As above	Keeping treatment door open after each patient	

	Description of risk	Mitigating action	When introduced
		<ul> <li>Aeration of common/reception areas by keeping windows open in good weather. In poor weather opening doors and windows after every patient and at the end of every working session i.e. morning or afternoon</li> </ul>	
Staff hand hygiene measures	As above	• 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	
Respiratory and cough hygiene	As above	<ul> <li>cough hygiene measures for osteopaths and patients - 'Catch it, bin it, kill it'</li> <li>Provision of disposable, single-use tissues waste bins (lined and foot-operated)</li> <li>Hand hygiene facilities available for patients, visitors, and osteopaths</li> </ul>	
Cleaning regimes	As above	<ul> <li>Cleaning common areas at the end of each working session.</li> <li>Frequent cleaning of the bathroom</li> </ul>	

Table 3. Personal Protective Equipment: Detail here your policy for use and disposal of PPE		
Clinicians will wear the following	Fluid-resistant surgical masks worn where considered prudent and on request from patient	
PPE	• Eye protection, e.g. if there is a risk of droplet transmission or fluids entering eyes	
	Use of visors where patient is deaf and communication is difficult without ability to lip read due to face mask	
When will PPE be replaced	<ul> <li>When potentially contaminated, damaged, damp, or difficult to breathe through</li> </ul>	
	<ul> <li>At the end of a session – morning or afternoon or up to 4 hours duration</li> </ul>	
Reception staff will wear the	Not applicable	
following PPE		
Patients will be asked to wear the	Wearing of masks by patients is optional	
following PPE		
PPE disposal	<ul> <li>Double-plastic bagged, away from other household/garden waste, and then incinerated</li> </ul>	

Table 4. Communicating wit	th 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> <li>Printed and displayed on hall table</li> <li>Available on Paignton Osteopaths website</li> </ul>
Information on how you have adapted practice to mitigate risk	<ul> <li>Available for viewing on Paignton Osteopaths website</li> <li>Advice monitored and updated following Government guidance</li> </ul>
Pre-appointment screening calls	<ul> <li>when making the appointment with a request to contact the clinic if anything changes in accordance with screening call criteria</li> <li>A clinician will call.</li> </ul>
Information for patients displayed in the clinic	<ul> <li>Door notices advising anyone with symptoms not to enter the building.</li> <li>Notices on other public health measures e.g. hand washing/sanitising</li> <li>Providing patients contact for more information if needed</li> </ul>