

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.

Undertaken a risk assessment	• 5 <sup>th</sup> January 2021 – replacing previous risk assessment of 04.06.20. Instigated prior to entering national lockdown commencing 06.01.2021
Heightened cleaning regimes	<ul> <li>Clinic rooms will be cleaned between each patient</li> <li>Waiting room if used will be cleaned between patients</li> <li>Bathroom will be cleaned after every usage where possible and notice placed asking patients to use antibacterial/antiviral wipes t clean toilet handle, seat and lid after use</li> <li>Carpeted areas will be steam cleaned daily</li> <li>Antibacterial carpet spray used after each patient</li> </ul>
Increased protection measures	<ul> <li>We have removed towels and fabric plinth covering and pillowcases from bathroom and clinic room</li> <li>Contactless and BACS payment</li> </ul>
Put in place distancing measures	<ul> <li>Appointments on the hour allowing 20 minutes between patients</li> <li>Chairs placed 2m apart in waiting and clinic rooms</li> </ul>
Staff training	<ul> <li>We are aware of correct handwashing technique best practice,</li> <li>Putting on &amp; removal of PPE safely</li> <li>We compiled updated clinic policies and infection measures together</li> </ul>
Providing remote/ telehealth consultations	<ul> <li>All patients will have telephone pre-screening call</li> <li>Follow-up/maintenance appointments available via telephone</li> </ul>
	Document last updated: 05.01.2021

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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 risk	Mitigating action	When introduced
Pre-screening for risk before public/patients visit the clinic	Exposure to COVID with inherent risk of developing the illness ourselves, spread to family members, patients and any person entering the house	<ul> <li>The following will be applied to patients and their chaperone if applicable -</li> <li>Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days?</li> <li>Screening for extremely clinically vulnerable patients</li> <li>Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc</li> <li>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?</li> <li>Have they been in contact with someone with suspected/confirmed COVID-19 in last 14 days?</li> <li>Inform of the risk of face to face consultation associated with attending the clinic and document this discussion</li> <li>Document that they are not experiencing symptoms of COVID-19</li> <li>Options for telehealth discussion</li> <li>Loss or change to your sense of smell or taste</li> </ul>	05.01.2021
Protecting members of staff	If shielding a vulnerable member of our respective households there is risk of exposure to COVID-19	Neither Lynette or Clover fall into this category	
Confirmed cases of COVID 19 amongst staff or patients?	Risk of exposure to osteopath treating that patient, patients entering the clinic, members of their households	<ul> <li>If the patient experiences symptoms within 2/3 days of visiting the clinic, any staff with direct contact to that individual should self-isolate and request a SARS-CoV-2 test</li> <li>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)</li> </ul>	
Travel to and from the clinic	Public transport/taxi – risk of exposure	• We shall ask patients to stay in their car or wait until they see the previous patient leave	

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			
Entering and exiting the building	Exposure to virus through close proximity to other patients	<ul> <li>We will change into clinic wear at the clinic, removing and placing it in a separate bag to take away for washing</li> <li>asking patients not to arrive early or late for their appointment</li> <li>patients arriving early will be asked to wait in their car or if arrival on foot, taxi or public transport and in inclement weather observe social distancing in the waiting room</li> <li>patients will be expected to wear their own mask and then use the hand sanitiser provided in the porch before entering the building</li> </ul>	05.01.2021
Reception and common areas	contact with other patients	<ul> <li>ask patients to turn up promptly at their appointment time to reduce time in the waiting area</li> <li>discourage use of the waiting room</li> <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>Staggered appointment times on the hour so that patients do not overlap in reception</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>Place chairs 2m apart and maintain during consultation where possible</li> <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>	•

	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 on unnecessary items</li> <li>Keeping doors between common areas open if safe and appropriate to do so, to reduce touch points</li> </ul>	05.01.2021
Aeration of rooms	As above	<ul> <li>Removal of fans and other air-circulation mechanisms</li> <li>Keeping treatment door open after each patient</li> <li>Aeration of common/reception areas by keeping windows open in good weather. In poor weather opening doors and windows 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 rota/regimes	As above	<ul> <li>Cleaning rota frequency increased from half-day to 2 hours for common areas</li> <li>Frequent cleaning of the bathroom</li> <li>The above to be recorded on a checklist sheet of paper</li> </ul>	

Table 26 Hygiene measures

Table 3. Personal Protective Equipment: Detail here your policy for use and disposal of PPE		
Clinicians will wear the following	Single-use nitrile gloves and plastic aprons with each patient	
PPE	• Fluid-resistant surgical masks (or higher grade if deemed necessary)	
	• 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	• When potentially contaminated, damaged, damp, or difficult to breathe through	
	• At the end of a session – morning or afternoon or up to 4 hours duration	
Reception staff will wear the	Not applicable	
following PPE		
Patients will be asked to wear the	• Fluid-resistant surgical masks if respiratory symptoms e.g. from hay fever or asthma	
following PPE	• masks in clinical and waiting areas, either their own or mask provided in the porch	
PPE disposal	<ul> <li>Double-plastic bagged and left for 72 hours before removal, keeping 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>Publish on clinic wall, available on request</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>