

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. This will be reviewed if and when guidance changes.

Undertaken a risk assessment	11 th May 2020 - This wi	ll be reviewed in light of any change of Government guidance.	
Reviewed and updated	19/05/20	17/08/21	
	03/06/20	23/09/21	
	29/06/20	21/10/21	
	07/08/20	30/11/21	
	13/01/21	12/01/21	
	13/05/21	03/03/22	
	16/05/21		

We have assessed our practice for risks outlined and put in additional processes as detailed below			
Heightened cleaning regimes	 Appointment times will be extended to allow room airing and cleaning High contact areas and clinic rooms will be cleaned in between each patient. Signs in all public areas re handwashing, and for practitioners donning and doffing PPE Separate cleaning materials in each treatment room and reception Airing the treatment room in between each patient – opening doors and windows Air purifiers to be used in both treatment rooms Common areas will be cleaned/sanitised frequently Only use sealed bins with bin liner Waterproof pillows provided, all linen removed Deep clean and decoration taken prior to reopening 		
Increased protection measures	 All linen has been removed, waterproof pillow slips and plinth covers provided. Blankets/towels now single use only. Removal of all unnecessary furniture. Patients to be triaged prior to appointment to assess risks with a view to encouraging any extremely clinically vulnerable patients to where possible have a remote appointment, and to triage others for vulnerability level, covid signs and symptoms and family / household details. Practitioner to check patient's temperature if concerned that a patient may be unwell. A cough screen has been installed for the reception desk area and the reception area rearranged to ensure patient and staff safety. Cashless and online payments encouraged along with online bookings. Clinicians will be wearing the advised PPE Patients asked bring own face covering to wear on entry to the building. Patients may be asked to take a lateral flow test before their visit to us. 		

Put in place distancing measures	 Reception staff to maintain social distancing measures when in clinic. 2 separate waiting areas Limited to two socially distanced patients in waiting area. Treatment rooms rearranged to ensure social distancing is possible. Online self check in activated and encouraged. Tape on floor to maintain social distancing in common areas. Rearrangement of reception desk and provision of a sneeze screen.
Staff training	 Correct handwashing/handrubbing technique. Donning/doffing PPE correctly and safely. Staff briefed and trained on updated clinic policies and infection measures currently advised by Public Health England. Staff included in and fully briefed on this policy.
Providing remote/ Telehealth consultations	 On initial booking patients will be triaged to assess the safest appointment type. Covid 19 screening questionnaire and risk acceptance to be automatically to sent to every patient 12 hours prior to their appointment, face to face to be swapped to Telehealth if needed. Follow-up/maintenance appointments available via telephone/video call as well as face to face.
Testing	 Staff encouraged to take a lateral flow test twice weekly. All staff are double vaccinated. Staff encouraged to take their temperature at the start of the day.

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/ reassessed
Pre-screening for risk before public/patients visit the clinic	Patient vulnerability and risk of transmission of Covid 19 symptoms person to person	In the first instance patients are to be telephoned after booking an appointment to triage them. They will then be advised of the most appropriate appointment type - face to face, Telehealth, combination of both. A member of staff will fill in a Covid 19 vulnerable patient questionnaire on Jane app to assess the risks and document this discussion. This includes: Checking if the patient has yet been vaccinated. Screening for extremely clinically vulnerable patients. Screening for additional respiratory symptoms or conditions Discuss the practices new protocols. If the appointment is within 24 hours, the member of staff will also complete the Covid screening questionnaire. Patients may be asked to take a lateral flow test before their visit to us. If a virtual consultation will not meet the needs of the patient and it is decided that a face to face appointment is needed further screening of the patient (and chaperone if relevant) before they arrive in the clinic will be conducted: Inform the patient that they will receive an email within 12 hours of their appointment to assess if they have developed any symptoms of or had contact with Covid 19. Inform the patient that visiting the clinic for a face to face consultation is not 100 percent risk free because of the nature of Covid 19 and document that this has been explained to them Options for Telehealth to be offered if symptoms are present or contact status has changed. Link to new health and safety protocols sent via patient booking confirmation email.	24/09/21

Protecting members of staff	Risk of transmission of Covid 19 symptoms Person to person	 Staff have been asked if they or a member of their household are considered to be vulnerable. The associates or renters who are affected by this are not coming into work until the situation changes. With employees we have allowed working from home where possible PPE will be provided to staff, (practitioners to supply their own personal preference of gloves, if using). See table 3 below. Staff and practitioners advised to take their temperature prior to their shift 	01/06/20
Confirmed cases of COVID 19 amongst staff or patients.	Risk of transmission of Covid 19 symptoms person to person	 If a staff member develops symptoms they should organize an immediate PCR test. Patients to be rescheduled or offered video appointment If positive, self isolate for 10 days. Return to work may resume if 2 negative LFT's 24 hours apart on days 5 and 6, but to continue to take LFT's for the next 4 days. If negative, lateral flow for 10 days. Inform patients of staff situation to give them the option to reschedule. If the practitioner has a positive lateral flow, pcr not needed, but must self isolate as above. If a staff members immediate household has symptoms or tests positive the staff member should voluntarily self isolate for 48 hours to allow for a basic incubation period. They may then return to work if testing negative on a lateral flow. Patients to be informed and lateral flow test taken daily for 10 days. Extra room ventilation, and wear a FFP2/KN95 mask for 7 days. If a practitioner is contacted via track and trace they may release patient basic contact details. See institute of osteopathy guidelines for the latest advice If a patient has a household member who has tested positive, our advice would be to delay the appointment for 5 days and take a lateral flow test on the day of their appointment. If a patient has mild cold like symptoms, we would advise they get a pcr if possible, advise a lateral flow test on the day of the appointment. If they have a heavy cold, advise they reschedule the appointment to the following week. If they have been in close contact with a known positive case ask them to reschedule after a negative pcr. If they have help temperature or loss of taste/smell or cough ask them to reschedule and advice a pcr test is done. If a fully vaccinated patient has returned from a foreign holiday ask the patient to take a lateral flow test on the day of their appointment up to 2 weeks after they return. If unvaccinated they must wait until they have received their pcr result. 	12/01/22

Entering and exiting the building	Risk of transmission of Covid 19 symptoms person to person	 Patients are asked not comply with social distancing Patients will be asked to sanitise their hands upon arrival. 	01/06/20
Reception and common areas	Risk of transmission of Covid 19 symptoms person to person	 Patients are asked to comply with social distancing. Patients will be encouraged to pay by contactless or online. Follow up appointments to be made with the practitioner in the treatment room to avoid time in reception Reception staff to maintain social distancing measures when in clinic. A sneeze screen has been put in place at the reception desk Floor spacing markers will be used to indicate distancing from reception 	19/05/20
Social/physical distancing measures in place	Risk of transmission of Covid 19 symptoms person to person	 Staff to ensure that patients do not overlap in reception Floor spacing markers will be used to indicate distancing from reception Waiting area chairs reduced in number and spaced out into waiting area and entrance corridor. 	19/05/20
Face to face consultations (in-clinic room)	Risk of transmission of Covid 19 symptoms person to person	 Increased spacing between practitioners and the patient to encourage social distancing when taking a case history Adaptation in treatment techniques may be advisable to limit hvt thorax as very close contact or to add in a visor. Osteopaths to avoid unnecessary close proximity. One parent/guardian only with visits for children No additional family members except if requested as a chaperone Chaperones to be screened with same triage document and with temp screening on arrival 	01/06/20

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 transmission of Covid 19 symptoms From inanimate surfaces	 Clinic rooms - plinths, desk, door handles, equipment chairs to be cleaned between each patient Reception surfaces, door handles, chairs, entrance hand rail and card machine Use of at least 60% alcohol sanitisers/wipes Removal of linen and unnecessary furniture and now using plastic pillows and pillowcases that can be cleaned between patients. Decluttered the clinic rooms and waiting area of unnecessary items Main doors will be left open when possible, to minimise contact with hard surfaces 	01/06/20
Aeration of rooms	Risk of aerosol transmission of Covid 19 symptoms	 Leaving the window and/or door open for as long as possible after each patient Fans and blow heaters have been removed Main entrance door will remain open when possible 	01/06/20
Staff hand hygiene measures	Risk of transmission of Covid 19 symptoms Person to person	 Practitioners are to be 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 Required ppe to be worn 	01/06/20
Respiratory and cough hygiene	Risk of aerosol and droplet transmission of Covid 19 symptoms	 'Catch it, bin it, kill it' posters placed in practice Provision of single use tissues Hand hygiene facilities available for patients, visitors, and staff in the form of hand sanitiser and washing facilities FRSM IIR supplied for practitioners, single or session use If comfortable Patients also to wear face covering for their time in the building. Masks can be supplied 	01/06/20

Cleaning rota/regimes	Risk of transmission of Covid 19 symptoms Via inanimate surfaces	 Cleaning rota frequency increased A written record of cleaning and by whom kept by e.g. reception Cleaning and frequent inspection of washrooms 	01/06/20
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Table 3. Personal Protective	Table 3. Personal Protective Equipment:		
Clinicians will wear the following PPE	 Fluid-resistant surgical masks (IIR grade) and practitioners may also choose to wear single-use nitrile gloves, and disposable plastic aprons Eye protection is required only if there is a risk of droplet transmission or fluids entering eyes eg if performing close face work Gloves, aprons and eye protection may be worn in certain circumstances Visors may also be used if a patient is hard of hearing. 		
When will PPE be replaced	 When potentially contaminated, damaged, damp, or difficult to breathe through Gloves and aprons will be disposed of after each patient 		
Reception staff will wear the following PPE	Fluid resistant surgical masks for staff in reception areas.		
Patients will be asked to wear the following PPE	All patients are asked to wear a face-covering in the clinic. Masks can be supplied.		
PPE disposal	 Bagged and disposed of in outside bins Cloths and cleaning wipes also bagged and disposed of with PPE 		

Table 4. Communicating with patients: Measures that we have taken to ensure patient safety and the policies that have been put in place in our clinic

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Publishing your updated clinic policy	 Patients will be informed via Facebook and email with a link to the updated policy Policy will be available on our website Hard copies available on request Patients will receive an email on booking with details on what new measure and procedures are now in place
Information on how you have adapted practice to mitigate risk	 Updating of website and via Facebook Email to patients This will be updated in line with any government changes
Pre-appointment screening calls	 A pre assessment will have already taken place by the practice Covid symptoms questionnaire within 12 hours of appointment Temperature check on arrival
Information for patients displayed in the clinic	 Door notices advising anyone with symptoms not to enter the building. Notices on hand washing/sanitising/Catch-it, bin it kill Patient assurance poster QR code and self check in activated for patients
Other patient communications	Patients will receive subsequent emails if policies and guidance information changes over time