

Adapting practice: Infection risk assessment and mitigation guide

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 risk assessment and mitigation record should be undertaken in conjunction with review of the iO's guidance 'Infection control and PPE' and 'Adapting practice guide' available from [here](#). In this document you will find the following:

Table 1: This is an overview of the measures you have taken that will form your clinic policy for operating during COVID-19 and available to all staff and patients. This should be completed once you have undertaken an assessment of risk and detailed the mitigating action you have taken

- NB: This does not constitute a full Health and Safety Risk Assessment as required by the Health and Safety Regulations for normal operation of business. Please see iO website for details of [Health and Safety Policy, assessment and reporting an incident guidance](#).

- **Table 2:** Areas assessed for risk and mitigating action taken. This records in detail the areas of potential risk you have identified and record of the mitigating actions you have taken and when.
 - **Table 2a - Protection for staff and patient before and when in clinic**
 - **Table 2b – Heightened hygiene measures**
- **Table 3:** For completion to outline your PPE policy for staff in your practice
- **Table 4:** Detail of how you will communicate to staff and patients your policies

Please also ensure that you are aware of the following:

[General Osteopathic Council Interim Infection Control guidance for COVID 19](#)

Completion of the attached demonstrates compliance with the following Osteopathic Practice Standards including but not limited to:

- **A2:** “... adapting your communication to take account of [your patient’s] particular needs”
- **C5:** “You must ensure your practice is safe, clean and hygienic”
- **D11:** “You must ensure that any problems with your own health do not affect your patients”

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

Undertaken a risk assessment	<p><i>Record the date of your risk assessment.</i></p> <ul style="list-style-type: none"> <i>You may also wish to indicate at which point you will review these processes e.g. on change of Government guidance or in a stated period if sooner.</i>
Heightened cleaning regimes	<p><i>Clinic rooms will be cleaned between each patient</i></p> <ul style="list-style-type: none"> <i>Common areas/washrooms will be cleaned at the end of every day of consultations</i> <i>High traffic surfaces in common areas will be cleaned after every patient</i> <i>All Pilates equipment will be sanitised between each patient</i>
Increased protection measures	<p><i>All linens have been removed from treatment room</i></p> <ul style="list-style-type: none"> <i>Seats in waiting area have been spaced 2m apart</i> <i>Seats in waiting area have been covered with washable protectors</i> <i>Magazines and toys have been removed from the waiting room</i> <i>Tissues and hand sanitiser available for all patients in treatment and washrooms</i> <i>Online bookings and paperless payment only</i> <i>All Pilates sessions will be done with social distancing in mind</i>
Put in place distancing measures	<p><i>Stagger appointments – increased time gap between patients to reduce chances of cross contamination</i></p> <ul style="list-style-type: none"> <i>Patients will be asked to wait in their cars if the previous patient is still in clinic</i> <i>Pilates will be done with social distancing in mind</i>
Staff training	<p><i>Correct handwashing technique best practice</i></p> <ul style="list-style-type: none"> <i>Put on/remove PPE safely</i> <i>Staff briefed and trained on updated clinic policies and infection measures</i>
Providing remote/ telehealth consultations	<p><i>All patients will have telephone pre-screening call</i></p> <ul style="list-style-type: none"> <i>Initial consultation and follow up maintenance available via video call</i> <i>Pilates 121 and small classes available via online video call</i>
	<p>(Document last updated: 26th May 2020)</p>

<p>2a. Protection of staff and patients before, and during, their visit to the clinic.</p> <p>We have assessed the following areas of risk in our practice and put in place the following precautions</p>		
	<p>Description of risk</p>	<p>Mitigating action</p>
<p>Pre-screening for risk before public/patients visit the clinic</p>		<p><i>You need to triage and offer a virtual consultation in the first instance. Consider taking an initial case history by telephone to determine if a face to face is relevant or support can be provided by a telehealth consultation.</i></p> <p><i>If a virtual consultation does not meet the needs of the patient, detail here how you will pre-screen a patient (and chaperone if relevant) before they arrive in the clinic for example but not limited to:</i></p> <ul style="list-style-type: none"> • <i>Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days?</i> • <i>Screening for extremely clinically vulnerable patients</i> • <i>Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc</i> • <i>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?</i> • <i>Have they been in contact with someone with suspected/confirmed COVID-19 in last 14 days?</i> • <i>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.</i> • <i>Options for telehealth</i> <p><i>NB: All triage pre-screening information must be documented in the patient notes.</i></p>
<p>Confirmed cases of COVID 19 amongst staff or patients?</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • <i>Detail here what your process is should a member of staff be tested for COVID-19 see the attached Flowchart describing return to work following a SARS-CoV-2 test.</i> • <i>If the patient experiences symptoms within 2/3 days of</i>

<p>2a. Protection of staff and patients before, and during, their visit to the clinic. We have assessed the following areas of risk in our practice and put in place the following precautions</p>		
	<p>Description of risk</p>	<p>Mitigating action</p>
		<p><i>visiting the clinic, any staff with direct contact to that individual should self-isolate</i></p> <ul style="list-style-type: none"> • <i>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)</i>
<p>Travel to and from the clinic</p>		<ul style="list-style-type: none"> • <i>Clinic location means public transport unlikely</i> • <i>Parking is plentiful and contact will be limited by time space between bookings</i> • <i>Patients will be asked to wait in the car if the previous patient is still in the clinic</i> • <i>Practitioner car/ bike handles and steering wheel will be wiped down regularly</i>
<p>Entering and exiting the building</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • <i>Practitioner will wash hands upon entering the clinic</i> • <i>Practitioner will change into PPE work clothing at the clinic</i> • <i>Increased time between appointments will limit chances of overlap</i> • <i>Patients arriving early will be asked to wait in their car or outside the building (observing social distancing).</i> • <i>Patients will be asked to wash their hands upon entering and leaving</i>
<p>Reception and common areas</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • <i>Patients will be asked to pay via contactless or online transfer</i> • <i>There is no reception or receptionist at the clinic</i>
<p>Social/physical distancing measures in place</p>		<ul style="list-style-type: none"> • <i>Staggered appointment times so that patients do not overlap in reception</i> • <i>Spacing chairs in the waiting area for social distancing</i> • <i>The practitioner is the only staff member in the clinic</i>

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	Description of risk	Mitigating action
Face to face consultations (in-clinic room)		<ul style="list-style-type: none"> • <i>Markers will be placed for Pilates mats</i> • <i>Appropriate PPE will be donned by the practitioner</i> • <i>Patient will be asked to wear a facemask if they have access to one</i> • <i>One chaperone only for children under 16 for the same household</i> • <i>No additional family members except if requested as a chaperone</i> • <i>Chaperones will be screened in the same way as patients</i>

<p>2b. Hygiene measures</p> <p>We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures</p>		
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Increased sanitisation and cleaning		<ul style="list-style-type: none"> • <i>Clinic rooms - plinths, desk, door handles, equipment chairs - between each patient</i> • <i>Reception surfaces, doors and door handles, chairs, taps,</i>

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		<ul style="list-style-type: none"><i>card machines at beginning and end of the day</i><i>• Use of at least 60% alcohol sanitisers/wipes</i><i>• Vacuum cleaning at the end of the day of patients</i><i>• Linens have been replaced with wipeable plastic pillowcases that can be cleaned between patients</i><i>• Magazines, toys and extra seating removed from waiting area</i><i>• Doors will be kept open if safe but practitioner will be the one to open and close them</i>
Aeration of rooms		<ul style="list-style-type: none"><i>• Windows will be opened between patients (temperature and weather allowing) to allow aeration of rooms.</i><i>• Heaters will not be used unless low temperature is uncomfortable for patients</i><i>• Front door will be kept open for ventilation and reduce need to use handle</i>
Staff hand hygiene measures		<ul style="list-style-type: none"><i>• 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</i>
Respiratory and cough hygiene		<ul style="list-style-type: none"><i>• Provision of disposable, single-use tissues waste bins (lined and foot-operated)</i><i>• Hand hygiene facilities available for all who enter</i>

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Cleaning rota/regimes		<ul style="list-style-type: none"> • <i>Cleaning as described above by clinic owner (sole practitioner)</i>

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

Clinicians will wear the following PPE – face mask, washable apron or clinic coat, disposable gloves
Apron and gloves will be changed between each patient – mask will be changed after a half day of work
Reception staff will wear the following PPE – N/A as no receptionist
Patients will be asked to wear the following PPE – facemasks if they have access to them
PPE disposal – PPE will be bagged and washed at 60 degrees after a clinic day

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

Updated clinic policy will be published on my website www.mossteopathy.co.uk and available to send to all patients who request it.
Information on adapted protocols will be summarise in a poster displayed in the clinic, on social media (Facebook page), within a newsletter email
Pre-appointment screening calls to check whether in person consultation is advised – recorded in client notes
Information for patients displayed in the clinic – Posters to request handwashing, handwashing protocol displayed in washroom, “catch it, bin it, kill it” poster
Newsletter email will be sent out to existing patients to update them on new protocols, opening times and accessibility