

Back-in-Action Post Covid Lockdown Safeguarding Policy For Reopening

8.6.20

Purpose

To help keep all of us working at Back-in-Action and the patients using the clinic, to be able to operate safely, comfortably and positively as we begin to reopen the clinic after lockdown.

It is essential that we operate so as to help prevent Covid-19 spread. This means attention to keeping hands frequently washed, that shared surfaces are cleaned regularly and we are able to maintain distances of 2m where possible and to have and know how to use the right PPE (Personal Protective Equipment) for distances less than this. Also where possible to minimise time that people are in close proximity to each other.

Systems need to be in place to protect vulnerable staff members: Louis Snr, Norma, Maureen and staff with vulnerable partners: Liz, Edwina, Pat or family members. Similarly we need to protect vulnerable patients. We also need systems in place to for the safe storage and distribution of PPE.

General Risks

An important risk is if patients don't know how to adhere to our Infection Control Policy. If they don't know what they are doing when they arrive they could potentially infect other people or be infected. They need to be supported to help themselves stay healthy and not to contaminate other people. The time patients are in the clinic needs to be minimised. The distances they are kept from other people needs to be maximised. Their risk of getting an infection or giving an infection needs to be minimised. We need to provide staff with a safe working environment and reduce the risk of cross infection between patients and staff. There is also the risk of PPE (Personal Protective Equipment) not being kept and distributed safely, using it up too quickly or not being able to get anymore. This document outlines these and other risks and solutions in more depth.

Phased Approach

Back-in-Action opening hours to be per individual patient initially (for emergency patients), then sessional E.g. 8-12, 2-6 on certain days to minimise crossover on reception. Initial opening hours will expand as required:

Phase 1: Emergencies only - only for people who can't be helped remotely.

- mornings 10-12 Louis / afternoons 2-4 Bhavik

Phase 2: Take extended History's for New Patients and New Complaints remotely

- Phase 2a: M/Th pm 2-6 and Tu/Fri 8-12 and Sa am 9-2 (or similar)
- Phase 2b: M/Tu/Th/F pm 2-7 and Tu/Th/F 8-1 and Sa am 9-2 (or similar)
 - This can be adjusted to demand and the needs of the clinic.

Phase 3: Working towards previous (Pre Covid) working hours



Background to the COVID-19 Pandemic

The newly identified severe acute respiratory syndrome, coronavirus 2 (SARS-CoV-2), caused by the novel coronavirus 2019 disease (COVID-19), is of precedence due to the declaration of a [pandemic](#) by the World Health Organisation on 11th March 2020 (Lai et al., 2020; Ghebreyesus, 2020).

It is currently understood that SARS-CoV-2 spreads mainly through the respiratory tract in the form of droplets (Guo et al., 2020; Sohrabi et al., 2020). Though most commonly spread through human-to-human contact, the virus has also been detected on surfaces for up to 72 hours after administration, particularly on plastic and stainless steel. In addition, SARS-CoV-2 showed an aerosol durability of at least three hours (van Doremalen et al., 2020). Both factors increase transmission. An individual may become infected by touching an object that contains SARS-CoV-2, then coming into contact with their respiratory tract (touching mouth, nose or eyes), or through the inhalation of SARS-CoV-2 particles in the air (Thomas et al., 2020).

Patients that test positive for COVID-19 present with a variety of symptoms; the majority experience 'mild to moderate respiratory illness' (WHO, 2020). The most prevalent symptom is fever, present in 88.7% of hospitalised patients, followed by a cough (67.8% of patients) (Guan et al., 2020). Other reported symptoms include fatigue (38%), sputum production (34%), shortness of breath (19%), and a sore throat (14%) (Ellison III et al., 2020; WHO, 2020). One study showed that 1.2% of individuals presented as asymptomatic (Liu Xing Bing Xue Za Zhi et al., 2020). It has been stated that 81% of cases are mild (patients do not present with pneumonia or mild pneumonia), 15% are severe (with pulmonary infiltrates in over 50% of patients within 24-48 hours, and requiring oxygen), and 5% of cases are critical (showing respiratory failure with requirements for ventilation). Fatality rate has been estimated as 2.3%, with an increase to 14% in patients aged 80 or above, increasing further to 49% in critical patients and in patients with preexisting comorbid conditions (Wu and McGoogan, 2020; Chang et al., 2020).



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PPE

PPE Requirements For People At Back-in-Action

- Chiropractors and Massage Staff:
 - Per Session
 - 1 Type IIR Mask
 - Recyclable Visor
 - Per Patient
 - Gloves
 - Apron
- Reception and Admin
 - Per Session
 - Basic mask
 - Gloves
 - Apron – if needs to clean
 - Screens in Reception
- Patients:
 - Basic mask
- Cleaning staff
 - Basic mask, gloves, visor and apron

Face Masks & Distancing Reduce COVID-19 Risk

Chance of COVID-19 transmission
based on the following scenarios*

Physical distancing



Face masks



Eye protection



* Based on a systematic review and meta-analysis of 172 observational studies
Source: The Lancet



statista



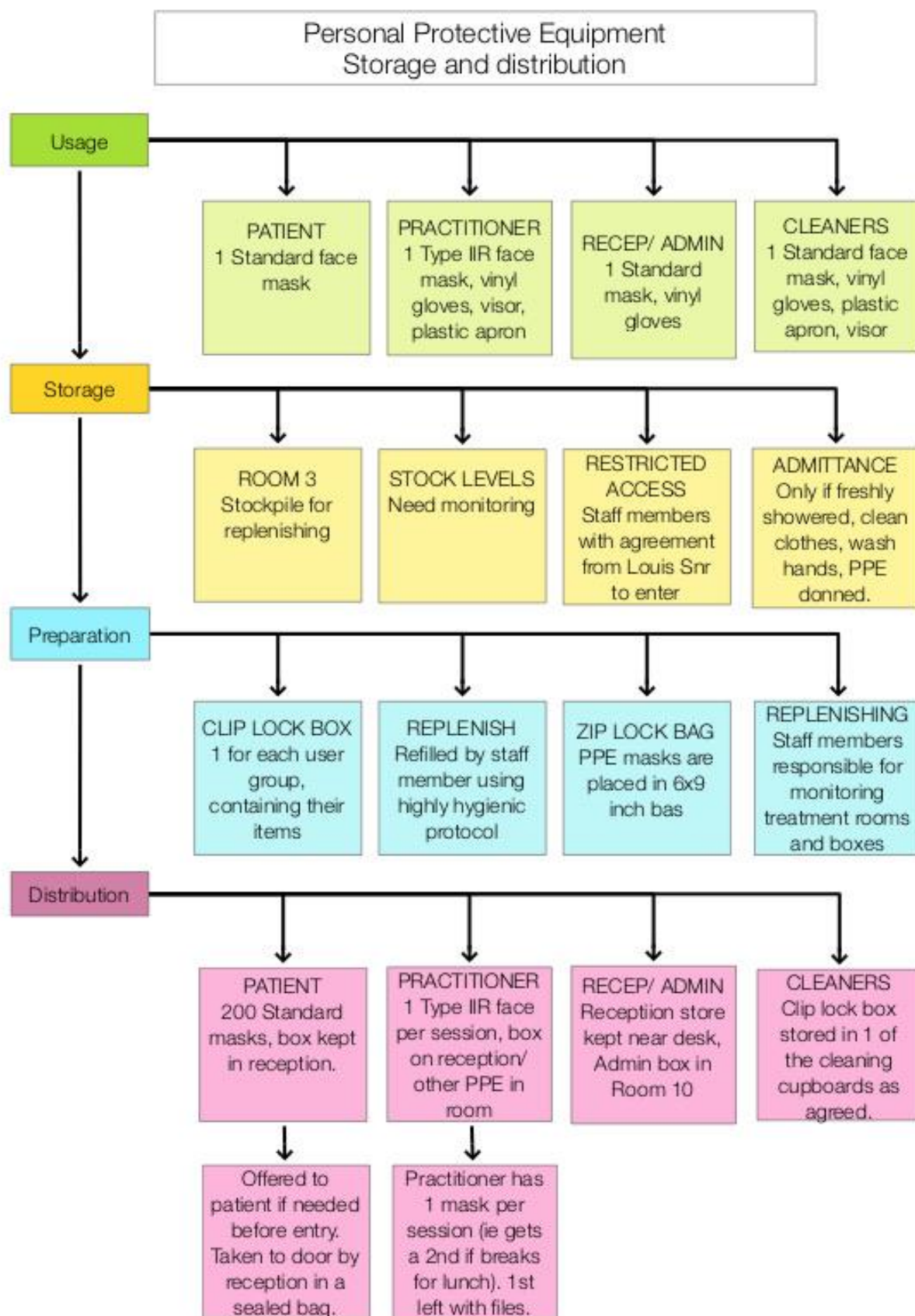
Local Safe storage PPE

- Practitioner needs:
 - In the room
 - 1 box of gloves – wrapped in bag with name on
 - 1 visor – in bag with name on
 - Bag of aprons
 - Beginning of each session
 - 1 Type IIR mask in a sealed bag
 - If 2 session in a day gets another mask
- Reception/ Admin
 - Plastic sealable boxes kept on reception for distribution: to be refilled 1-2x per week
 - Practitioner supply (3-4 days – 15-20)
 - Type IIR Masks
 - Spare aprons and gloves
 - Reception/ Admin (3-7 days supply – 25-30)
 - Masks and gloves
 - Patient supply (3-7 days – 150)
 - Masks
- Cleaner(s)
 - Plastic sealable box
 - Glove/ apron/ mask (1 weeks supply – 4?)
 - Visor

Central Storage PPE

- Storage – of stock PPE Stock – safe clean area under lock and key
 - Room 3
- Prepping PPE
 - Need someone who is surgically clean/ in a surgical clean environment/ equipped in PPE (mask and gloves)
 - To pack masks (Type IIR - practitioners)/ Standard (patients, reception and admin staff and cleaners) into grip sealed bag for practitioners (6x9inch)
 - To pack facemask/ apron for cleaner





Physical Preparation of the Property

- **Declutter**

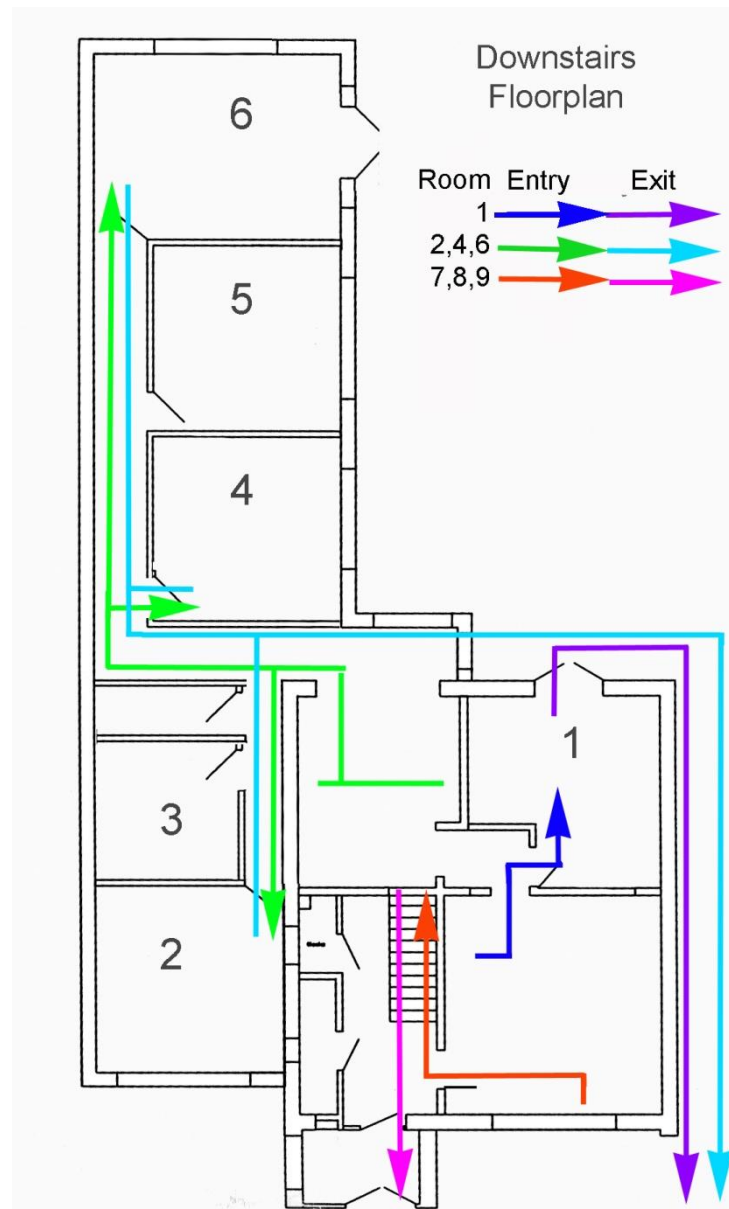
- Chairs have been removed from reception to allow social distancing
- All unnecessary items on surfaces around the areas shared with patients have been removed. Products for sale to patients are shielded safely behind reception desk.
- The drinks machine will be closed down in reception 1

- **Protection**

- Screens have been placed around the reception desk

- **In and Out Flow** – to help maintain social distancing measures once the clinic reopens. Where possible we are aiming to use a separate entrance and exit.

- Patients using rooms 1/2/4/6 to exit by the rear - fire door in reception 2 or alternative (patio doors room 1? Watch out for the steps).



- **On entrances and exits**

- Alcohol Gel Dispensers
- Bins (lined) to collect PPE



- **Extra bins**
 - PPE waste to be double wrapped and held for 72 hours before placing in the bin/ or source hazardous waste disposal
 - Yellow tiger bags for PPE bins 20 litre
 - Each treatment room to have a metal PPE pedal bin
 - Staff to remove single/sessional use PPE in room and place it in their own bin
 - Each massage room now has a large 50litre paper bin.
- **Prioritisation of Toilets** – toilets for use of staff only and patients asked not to use the loo (we'll have to make exceptions).
 - The plan at the moment is to try and reduce usage of the toilets by restricting access by keeping them locked and having a sign on them saying for staff use only... sorry for the inconvenience... . Staff members can let themselves in with a coin. We'll need to add an additional system - such as a sign to prevent interruptions.
 - We are also planning to restrict certain loos to certain staff depending on where in the clinic they work.
 - Upstairs loo: rooms 7-10
 - Front downstairs: reception and possibly room 1 and possibly room 5
 - Rear downstairs: rooms 3-6 (possibly room 1)
 - In reality I think we may need to be more flexible and allow some 'emergencies' ... though we need to plan to clean after each use... Ideally we are letting patients know before and they should know to go to the loo before they arrive.
 - In practise it's something we are going to need to roll with, use our own discretion and work towards a good solution between us as we reopen.
 - All toilets to be properly disinfected after and before all calls of nature.
- **Signs**
 - On entrances etc. to remind patients about procedures
 - sign in the porch – for safe distancing – queuing in and people exiting
 - Toilets and Kitchen – staff only
 - We are putting signs up saying kitchen is for reception and admin only
 - Signs on toilets saying for staff use
 - Signs in reception – “waiting area for”
 - PPE Signs for each area – doff and donn
- **Procedure Info for Staff**
 - Laminated easy read info for desks
 - Manual for reception/ therapists etc...
- **Room 5** now has a lock on it and is going to be Louis Snr's working room.
 - Arrangements for things in Room 5 that are needed by other members of staff need to be made: ie files stored
- **Files:**
 - Many of the stored files are likely going to be digitised. There will be a phase when we haven't got access to them. The company have said they will get ant file back to us digitally within 2 hours. Patients who's files are not in the clinic should only have their appointment scheduled to allow us to get their documents to the practitioner – so probably next day at the earliest unless the patient is happy filling in the appropriate depth of forms again in the circumstances.



Training

- Staff to be informed of and trained in new procedures for social distancing and protection: 'Safeguarding Policy' with signed 'completed training/ understanding' boxes for all staff to complete. Probably need a few days to implement return to work plan including training and informing staff. Need preopening training itinerary.
 - Feedback from staff
 - Documents and videos to be sent out to staff
 - Meeting over Zoom or in person
 - Finalised documents and signed acknowledgement of learning and understanding in terms of preparation for return to work.
 - Signed Consent etc...
 - Laminated procedures and manuals to be available.
 - Patient procedure/ PPE
- Need someone to be responsible for PPE Store and Replenish in clinic stock and monitor levels.

Provisional Reopening Dates Back-in-Action Post COVID19

Week 8.6.20 – 12.6.20

- Finalise drafts of procedures
- Meet Reception Staff in person or via Zoom to discuss
- Start Phase 1a: acute patients seen in clinic if not responding to Telephone Prescription
 - Trial to see how procedures and systems work and embed.

Week 15.6.20 - 19.6.20

- P/T reception cover – to contact in order:
 - Stage 1: Priority Patients: people who have rung and asked for an urgent appointment when we reopen and acute new patients.
- Reception cover to increase depending on who feels able to work, how many patients we have going through the clinic, whether we have further any lockdown measures.
 - Trial to see how procedures and systems work and embed.

Week 22.6.20 onwards

- P/T reception cover – to contact in order:
 - Stage 2: People who have had cancellations between March and June
 - Stage 3: General announcement of reopening to existing clients
 - Stage 4: Advertising generally to the community
- Increasing reception cover and Therapy Staff return to work.



Reception

- **Reception Staff dress**
 - Clean clothes and regular showers etc can help prevent spread
 - Avoid possible contamination on the way to work as far as possible.
 - Wear gloves and mask
 - When
 - meeting patients
 - handling files
 - entering treatment rooms
 - We've budgeted for one mask per and one pair of gloves per session
- **Reception Staff Routine** – recommended procedure – can be amended if can be improved
 - Wash hands on entry to building and when ready to start work
 - Don gloves and mask
 - Gloves and mask for reception are in the re-sealable box – marked 'for reception use' on reception
 - Ideally wear gloves throughout your shift.
 - We've budgeted for 1 mask per shift and 1 pair of gloves.
 - There may be exceptional circumstances when you need to use more than one pair of gloves
 - If not wearing gloves – wash/ disinfect hands very regularly
 - Follow PPE guidance on removal of gloves and mask
 - Wipe down surfaces you touched on the way in and also do your immediate work environment (mouse/ phones/ keyboard/ desk/ filing cabinets/ credit card machine... etc.)
 - Check PPE stock on reception is sufficient for the day
 - There are 3 boxes on reception one for
 - reception staff
 - patients
 - practitioners
 - Admin and cleaners have their own supply
 - Prepping for Practitioner/ Therapist: Hand out files and PPE
 - Reception should be wearing gloves to handle files
 - Practitioner/ Therapist files to be placed in their room along with a pack containing a mask – in the 'for practitioner use' box on reception.
 - We've budgeted for 1 Type IIRmask (for close proximity and risk of droplet contamination) per session per practitioner. A session is a morning or afternoon. If a practitioner goes out for lunch when they come back in for their afternoon session they can have another one.
 - Practitioners to have
 - gloves and aprons in room, restocked when required from the PPE Store.
 - Practitioners should be acting in a way so as not to contaminate files
 - I.e. removing gloves or washing hands thoroughly before touching files.
 - Reception to try and maintain distance from patients and behind protective screens as far as possible
 - Property maintenance – aiming to keep common areas well disinfected
 - Aim to keep rooms well ventilated
 - Keep reception surfaces cleaned regularly - ideally between patients
 - Door handles
 - Chair arms
 - Desk area
 - Clean around your work surface at the end of your shift that you might have touched or breathed on



- Telephone keypads and handles
- PC keyboard
- Desk surface
- Kitchen and bathroom



Practitioners and Therapists

- **Dress**
 - Keep mask on for the session
 - Use a visor
 - 2 are provided – clean after each session.
 - Clean clothes and regular showers - to reduce spread
 - Use a disposable plastic apron
 - Put a fresh pair of gloves on with each patient (if you want - it might be a better option than exposure to chemicals and extreme washing that can quickly leave hands damaged)
 - Take off in treatment (following safe remove strategy), place in PPE bin
 - Then wash hands.
 - Meet the next patient.
 - Put on gloves.
- **Treatment Room Hygiene**
 - Keep the room well ventilated
 - Between Patients Wipe down
 - Bench after use
 - Door handles
 - Chair arms
 - After session – if you share a room – clean any surfaces you have touched
 - Light switches, window handles, switches on couches, any equipment you have used.
 - Before session - To safeguard yourself, your patients, family and other staff we recommend you wipe down any surfaces you are likely to touch during your session.
 - Files
 - Ultimately we are possibly aiming for paper free or at least to have that option.
 - Avoid touching the files and pens when you are wearing gloves that you have touched the patient with.
 - If you need to make a note whilst wearing gloves use a 'Yellow Sticky' and have a special contamination pen separate.
 - Complete notes once you have cleaned the room, taken off gloves.
- **Therapists and Practitioners**
 - Not to be allowed behind the reception desk without permission. Kitchen is now out of bounds. Please bring your own drinks and snacks.
- **Patients to be informed of and/ or sent guidance on procedures....**
 - See below and Appendix 7
 - Walk through video
 - Signs on doors
 - Documents to be emailed/ facebook/ on website/ twitter/ verbally
 - Patients to have had consent forms



What To Do When You Come In For Your Treatment

Watch out for COVID-19 symptoms

- If you have any flu like symptoms including a cough sore throat, tiredness or fever?
- If you have been in contact with a suspected or diagnosis case of COVID-19 in the last 14 days?



Please reschedule your appointment.

Please address any concerns you may have BEFORE coming in for your appointment.

On arrival use hand sanitiser

When entering the clinic please use the hand sanitiser at the entrance door. Ring the door buzzer and let us know who you are and whether you have a mask. Repeat the process with the hand sanitiser when you leave.



Be kind and give each other space

Please maintain 2 metres distance from other patients and staff outside and in the corridors. We have designated seats depending on where your treatment is. Please sit where you are directed. Sitting around 2m apart for your safety.



Family or friends must stay outside

Patients should only be accompanied if minors, or if they require assistance. Other members of the family or friends are requested not to enter the clinic.



Payment

Please prepay for your visit through reception when you book your appointment. We are only able to accept contactless card payments for purchases on the day. If this causes you any problem please inform the clinic before your appointment.



Exiting the clinic

We are asking you to avoid reception on exit. Your practitioner may book your next appointment or arrange with reception to call you at a time convenient to schedule you one in and take your prepayment.

Please leave by one of the rear fire exits and walk out via the side of the building if you are in a downstairs treatment room or exit directly through the front door if you are upstairs. Please be careful and give people plenty of space on your way out.



Be as fresh as possible

Please shower, wear freshly cleaned clothes and wash your hands before arriving. Ideally shower and change once you get home.



- Please avoid possible sources of contamination - shops/ close proximity to people prior to your visit.
- We're asking you to go to the loo before they leave home and to avoid using the toilets at the clinic.

Arrive on time

Only enter the clinic five minutes before your appointment. If you need a seat outside please ask. We are aiming to strictly stick to time where possible. We will let you know if there's a problem. If you are late for your appointment you may have to receive a shorter treatment or reschedule. Ideally you'll be in and out of your chiropractic in within 15mins.



Consent

We need your consent during the Covid outbreak before we treat you. If you can email your signed consent form 24 hours minimum prior to your visit or bring in a paper copy that would be appreciated.



Wear a face covering

Please bring a face covering or a social mask with you to wear on arrival. We have a limited supply of masks if you don't have one. All people entering the clinic must wear a facemask.



Bring a towel

Massage therapists will not be providing towels, for the time being. If you to prefer you can bring 2 large sterile towels for you to use on the treatment couch. Please bring in a clean sterile bag.



Do not touch

We have removed many items in the clinic to make cleaning more effective. Please avoid touching surfaces as much as possible. We are not providing drinks routinely so please bring your own. Bring your own pen to use if needed.



Valuables and clothing

Where possible please avoid bringing valuables and loose items into the clinic. Wear clean loose fitting clothes when possible.



Thanks for your co-operation



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Reopening

Phase 1 Opening: Severely Acute Patients Who Can't Be Helped Via The Phone/ Online

Phase 2 Opening: People Who Are Suffering And Would Benefit From Help

Appointment Day Risks

Outside:

Risk of people coming into proximity in the porch, risk of surfaces around the entrance, risk of people coming in and contaminating the building, risk of too many people turning up at once and reducing the social distancing capability. People coming in and people coming out might affect each other.

Reception:

Risks from Patients: Risk of patients being in to close proximity. Risk of contamination on surfaces. Risk to reception serving patients. Risk from handling patient files. Risk from handling patient payment cards.

Treatment Room:

Risks: Cross contamination of practitioner patient through direct contact, proximity, shared surfaces, breathing, time together. Patient with COVID symptoms makes it into the clinic.



Pre Appointment Procedures: Phase 1

Phase 1 and early Phase 2 especially if new condition or require longer appointment – probably no full reception cover at this stage:

- **Practitioner to talk to the patient** - initially brief 15 minute
 - **Regular patient**
 - If patient is a regular with no unusual circumstances and can't be helped over the phone then get them to book an appointment
 - If a patient is a regular who has a new problem or who has a lot of complications and can't be helped over the phone, try and determine as much history and perform as much examination as possible
 - **If a new patient**
 - Explain the process: we are going to do an in depth history over the phone or by video call.
 - They need to fill out the paperwork and return it to the clinic
 - Once they have returned it they need to book a Pre-Appointment History Taking Slot and prepay for this.
 - Determine as much history as possible prior to making an in clinic appointment
 - Perhaps do as many tests as feasible
 - Once the history is taken they are to then book and prepay for a New Patient Examination Visit
- **Book appointment**
 - **Prepay all appointments**
 - Aim to avoid cash on the day.
 - Cancellation Fees – patients need to be told :
 - 48 hours notice or more - full refund
 - 24-48 hours notice - 50% refund
 - 2-24 hours notice - 10% refund
 - COVID symptoms – no cancellation fee
 - Discretion allowed for regular responsible clients of goodwill
 - **Staggering appointments**
 - Massage appointment to be staggered - by 15 minutes - as agreed by Admin/ Reception and Therapist if 2 therapists are working at the same time
 - For example – 1 massage therapist starts on the hour. A 2nd massage therapist starts their appointments at ¼ past the hour etc.
 - Chiropractic appointments – vary slightly with Bhavik doing 20 minute appointments and Louis and Jozef do 15 minute appointments give or take 5 minutes.
 - **Extra time for cleaning up and booking appointments.**
 - Different strategy options may want to be applied by different practitioners. Keeping to time is important so we don't have unnecessary build-up of patients waiting. Keeping clients happy is important – so they don't feel rushed. There is also a need to make sure we can fit everyone in and to keep the business viable.
 - Alternatives to allow for cleaning and making appointments (ultimately practitioner choice – if longer gaps are chosen and these measures continue then the clinic will need to further adjust its pricing policy):
 - Wrap up each appointment 5 minutes earlier
 - Make appointments longer – 5 minutes extra.
 - Bhavik might want 10 minutes
 - Spread out patients a little through the day (for Chiropractic patients – i.e. leave a few gaps scattered throughout the day)



- Install catch up breaks between visits (e.g. 1 break every 3-4 chiropractic treatments)
- **Reception or practitioners to screen before booking appointment:**
 - Patients can be split into 5 main groups (see Appendix 6):
 - **Group 1:** Patients presenting with mild respiratory dysfunction and/or MSK dysfunctions post-COVID-19 infection
 - **Group 2:** Patients currently symptomatic or positive with COVID-19, mild or severe. (see below)
 - **Group 3:** High risk patients, not symptomatic
 - **Group 4:** Patients not at risk and not symptomatic with need for emergency (musculoskeletal) care. No contact with COVID-19 cases in the last 14 days
 - **Group 5:** Patient without need for emergency care
 - Do they have any COVID symptoms?
 - <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>
 - Reception/ Practitioners need a copy of this to screen out patients until it is safe.
 - Guidelines (CDC.gov recommendations; Greenhalgh et al., 2020)
 - The minimisation of the number of patients who may still be contagious is essential to ensure a prevention of spread. See Appendix 3 and Appendix 4 for how to triage remotely and in the clinic.
 - The main symptoms of coronavirus are (WHO.int, Global surveillance for human infection with COVID-19):
 - a high temperature (>37.8°)
 - a new, continuous cough
 - Pre-Appointment Questions
 - Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes / No
 - Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes / No
 - Patient needs to be advised to self-isolate and contact GP/ follow government recommendations
 - Symptoms of COVID Requiring Emergency Referral
 - Severe and deteriorating cough, shortness of breath, fever AND/OR difficulty breathing, persistent chest pain, new confusion, central cyanosis, cold and mottled skin, difficult to rouse, decreased urinary output, neck stiffness, non-blanching rash. Crucial parameters if patients have equipment: temperature >38°, Respiratory rate >20 bpm, Heart rate >100 bpm, O2 saturation <94%.
 - Have they had COVID and recovered?
 - No fever and improvement of other COVID-19-related symptoms in the last >72 hours, COVID-19 symptoms development >7 days prior to contacting the clinic and/or 2 negative COVID-19 tests 24 hours apart NOT belonging to high-risk category AND with need for emergency care.
 - Are patients in a vulnerable category?
 - High risk patients are those 65 years older, having undergone organ transplantation, certain treatments of cancer, certain respiratory and heart conditions, pregnant women with significant heart disease, immunocompromised, diabetes, chronic kidney and liver disease (This list is not exhaustive) (CDC, 2020).
 - They might be better being offered a telephone appointment.

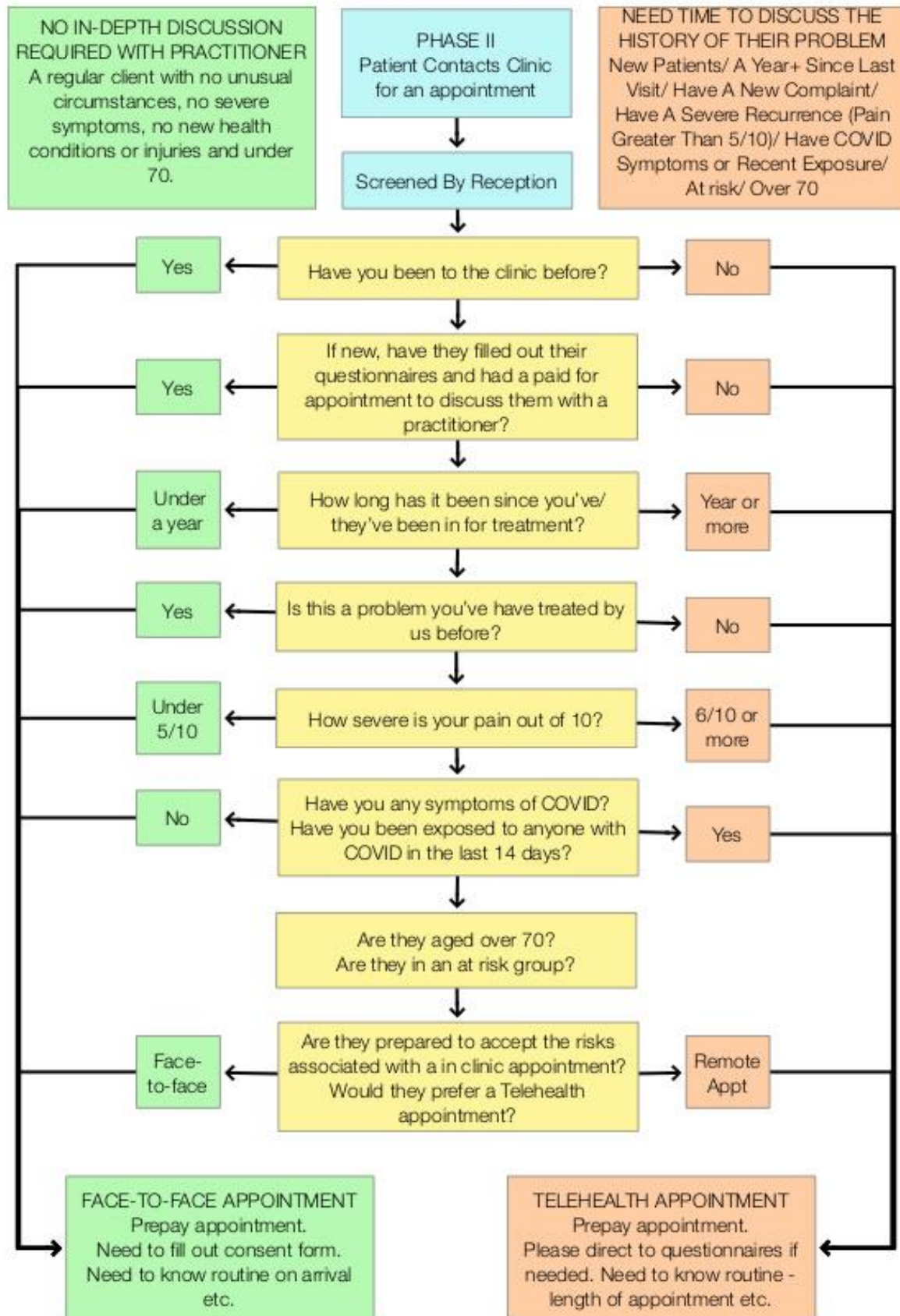


- Ask patients to give their consent for treatment during the COVID outbreak
 - <http://back-in-action.com/wp-content/uploads/2020/05/Covid-19-Back-in-Action-Consent-200522.pdf>
- Patients need to be told that certain styles of treatment may be prohibited.
- Appointment Lengths: Ideally we reduce the time patients are in the clinic for and where possible under 15 minutes one-to-one. This means there is some advantage where possible in discussing the patient's history over the phone
- New Complaints Screen
 - Patients should be asked - if they have any new complaints, or serious deterioration.
 - If they do they need to be booked in for a longer reassessment appointment.
- Date of Last Appointment Patient Screen
- Patient files prior to 2020 are being digitised - it is possible that we may not have the patient file – they may need to fill out a Returning Patient Form.
- As usual patients who haven't been in for over a year will need to fill out a form.
- **Instruct patients as to the procedure we need to follow at their appointment**
 - **Hygiene:**
 - Not to come to the clinic if they have any COVID Symptoms
 - <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>
 - To reduce time in the clinic and avoid contacting too many surfaces in order to limit exposure:
 - **Before visit patient is asked to ideally**
 - Shower, clean clothes and wash hands before visit
 - Avoid possible sources of contamination - shops/ proximity to people
 - Go to the loo at home/ prior to arriving so they don't need to go at the clinic
 - Not to enter into the clinic reception unless they are wearing a mask
 - Please bring your own
 - Mask if you have one
 - Drinks if you need one.
 - Massage patients – towels are not being provided
 - If they want to be covered in a towel - To bring own sterile towels in a protective bag
 - Ask them to wipe hands with Alcohol Gel on entrance and exit
 - **Distancing:**
 - If at all possible to come into the clinic by themselves
 - Not to arrive early for their appointment
 - If they arrive in a car ask them to wait in the car until 5 minutes before their appointment.
 - If possible to call or text the clinic when they arrive outside and whether they have a mask
 - We'll let them know if they need to wait outside longer
 - If they arrive by bus, taxi, walk etc to wait outside in a socially distanced queue
 - Call the clinic if possible to alert reception to their arrival and whether they have a mask.
 - Be alert that we may need to provide people with a disinfected folding chair to sit outside on.
 - Keep a 2m distance from other people as far as possible in the clinic –
 - don't sit next to somebody else,
 - don't bring someone else in with you as far as possible,



- don't crowd the front desk or other common areas.
- **Sit where directed** by reception – this may require some flexibility
- **Admittance:**
 - On entrance to the clinic please use alcohol gel dispenser and thoroughly clean hands as prescribed.
 - Press the door buzzer. Reception/practitioner will answer
 - Talk to reception
 - Let them know who you are and whether you need a mask.
 - If they need a mask they need to be met at the door and handed a mask.
 - If they have a mask the door entry system can be released from within
 - If the patient hasn't paid get them to prepay for their appointment.





- **Patients calling for an appointment**

- Screen out patients:

- People who: need to fill out form/ consent and **need a phone appointment** with a practitioner

- Types:

- who are new
 - not been in for a year
 - have a new complaint
 - have a severe recurrence (pain more than 5-6 out of 10)
 - who have COVID symptoms or who have been exposed to COVID
 - see Phase 1 and Appendix ¾.
 - Main symptoms:
 - a high temperature (>37.8°)
 - a new continuous cough
 - Pre-Appointment Questions
 - Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes / No
 - Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes / No

- Forms are on the website or can be posted

- All consents need to be signed and received digitally (if done properly) or physically.
 - Some handling of forms from patients may be required.

- Appointments are prepay - except for Free Case Assessment - 10 Minute Phone

- Phone appointments – to review history - 15-20 minutes depending on standard lengths of appointment of the chiropractor/ massage TBA

- Chiropractors – £40-45 (same as a treatment)
 - Massage therapist – TBA

- Once the history is taken they are to then book and prepay for a New Patient Examination Visit

- The length of these depends on the chiropractor
 - Louis – ¾ hr

- **Who are vulnerable (those who were asked to isolate themselves for health and age reasons .**

- High risk patients are those 65 years older, having undergone organ transplantation, certain treatments of cancer, certain respiratory and heart conditions, pregnant women with significant heart disease, immunocompromised, diabetes, chronic kidney and liver disease (This list is not exhaustive

- **Offered the recommended option of a telephone appointment**

- They may insist in appointment – they need to give us signed Consent.

- <http://back-in-action.com/wp-content/uploads/2020/05/Covid-19-Back-in-Action-Consent-200522.pdf>

- **Regular MOTs**

- **Phase I - phone appointment and exercise trial 1st. In clinic if not responding and very acute.**

- **Phase II - face-to-face**

- A regular with no unusual circumstances
 - Need to know the routine -
 - Strictly no-one is allowed in the clinic without a mask etc...
 - Shower, fresh clothes and loo before arrival etc...



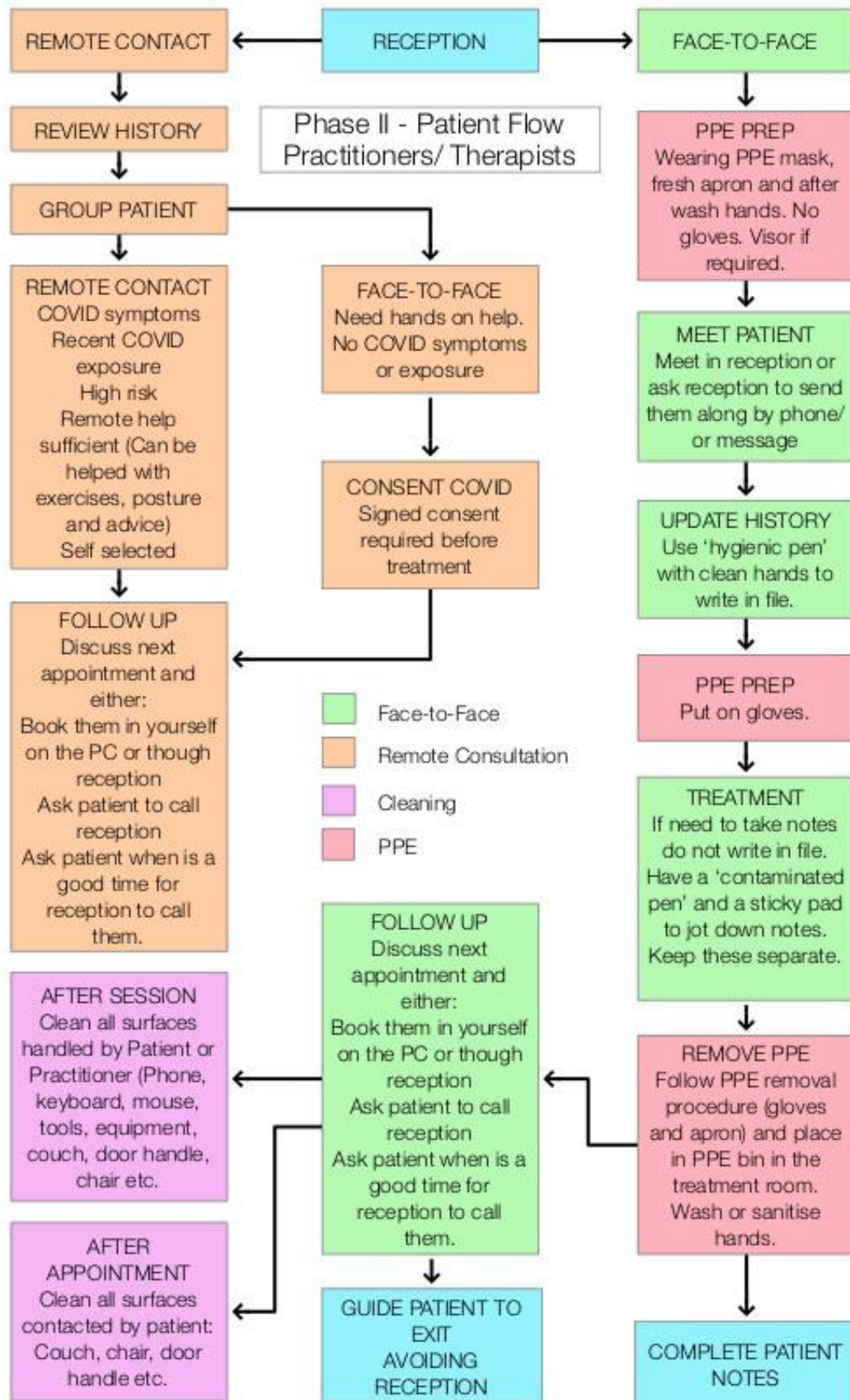
- There is a lot to communicate... see below for methods
- **All appointments are prepaid at time of booking**
 - Aim is to avoid cash on the front day and reduce crowding on the front desk
 - **Cancellation policy** - updated: 48hrs+ notice Full Refund. 24-48hrs 50% Refund. 12-24hrs 10% Refund. Discretion allowed to overrule this for regular patient of goodwill and good intention. COVID Symptoms – no cancellation fee (if let us know in advance/ can evidence).
 - **Price Increase** – to cover additional expenses we are increasing the prices – some of this increase will be temporary
 - These need updating in our marketing and website
 - Need to restructure prices: Buy 5/10/15
 - Aiming for contactless payments only in clinic to minimise handling
 - May need to split payments to achieve this - needs discussion with LHC
- **Staggering appointments**
 - Massage appointment to be staggered - by 15 minutes - as agreed by Admin/ Reception and Therapist if 2 therapists are working at the same time
 - For example – 1 massage therapist starts on the hour. A 2nd massage therapist starts their appointments at ¼ past the hour etc.
 - Chiropractic appointments – vary slightly with Bhavik doing 20 minute appointments and Louis and Jozef do 15 minute appointments give or take 5 minutes.
- **Extra time for cleaning up and booking appointments.**
 - Different strategy options may want to be applied by different practitioners. Keeping to time is important so we don't have unnecessary build-up of patients waiting. Keeping clients happy is important – so they don't feel rushed. There is also a need to make sure we can fit everyone in and to keep the business viable. Where possible contact time with clients 1:1 should be kept below 15 minutes.
 - Alternatives to allow for cleaning and making appointments (ultimately practitioner choice – if longer gaps are chosen and these measures continue then the clinic will need to further adjust its pricing policy):
 - Wrap up each appointment 5 minutes earlier
 - Make appointments longer – 5 minutes extra.
 - Bhavik might want 10 minutes
 - Spread out patients a little through the day (for Chiropractic patients – i.e. leave a few gaps scattered throughout the day)
 - Install catch up breaks between visits (e.g. 1 break every 3-4 chiropractic treatments)
- **Products.**
 - I've not really worked out how we are going to manage product sales yet.
 - Depending on numbers through the clinic we could direct them back to reception.
 - Get them to call back, prepay and pick up next time.
 - Phone to reception and ask them....
- **Staff need to communicate to people due face-to-face treatment the important elements of the change of routine when they go through the clinic.** There's a lot to communicate to patients before they come in.
 - This needs to have multiple elements:
 - Verbal
 - Let them know instructions are on the outside doors
 - Direct them to the website - TBA
 - They can be emailed out (ideally) or posted
 - They can be put out via social media –TBA



- Instruct patients as to the procedure we need to follow at their appointment
 - **Hygiene:**
 - Not to come to the clinic if they have any Covid Symptoms
 - <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>
 - To reduce time in the clinic and avoid contacting too many surfaces in order to limit exposure:
 - Before visit patient is asked to ideally
 - Shower, clean clothes and wash hands before visit
 - Avoid possible sources of contamination - shops/ proximity to people
 - Go to the loo at home/ prior to arriving so they don't need to go at the clinic
 - Not to enter into the clinic reception unless they are wearing a mask
 - Please bring your own
 - Mask if you have one
 - Drinks if you need one.
 - Massage patients – towels are not being provided
 - If they want to be covered in a towel - To bring own sterile towels in a protective bag
 - Ask them to wipe hands with Alcohol Gel on entrance and exit
 - **Distancing:**
 - If at all possible to come into the clinic by themselves
 - Not to arrive early for their appointment
 - If they arrive in a car ask them to wait in the car until 5 minutes before their appointment.
 - If possible to call or text the clinic when they arrive outside and whether they have a mask
 - We'll let them know if they need to wait outside longer
 - If they arrive by bus, taxi, walk etc to wait outside in a socially distanced queue
 - Call the clinic if possible to alert reception to their arrival and whether they have a mask.
 - Be alert that we may need to provide people with a disinfected folding chair to sit outside on.
 - Keep a 2m distance from other people as far as possible in the clinic –
 - don't sit next to somebody else,
 - don't bring someone else in with you as far as possible,
 - don't crowd the front desk or other common areas.
- **Sit** where directed by reception – this may require some flexibility
- **Admittance:**
 - On entrance to the clinic please use alcohol gel dispenser and thoroughly clean hands as prescribed.
 - Press the door buzzer. Reception/practitioner will answer
 - Talk to reception
 - Let them know who you are and whether you need a mask.
 - If they need a mask they need to be met at the door and handed a mask.
 - If they have a mask the door entry system can be released from within
 - If the patient hasn't paid get them to prepay for their appointment.



Appointment Phase II – Practitioner/ Therapist Focused



Appointment Day: Flow for Face-to-Face Patients

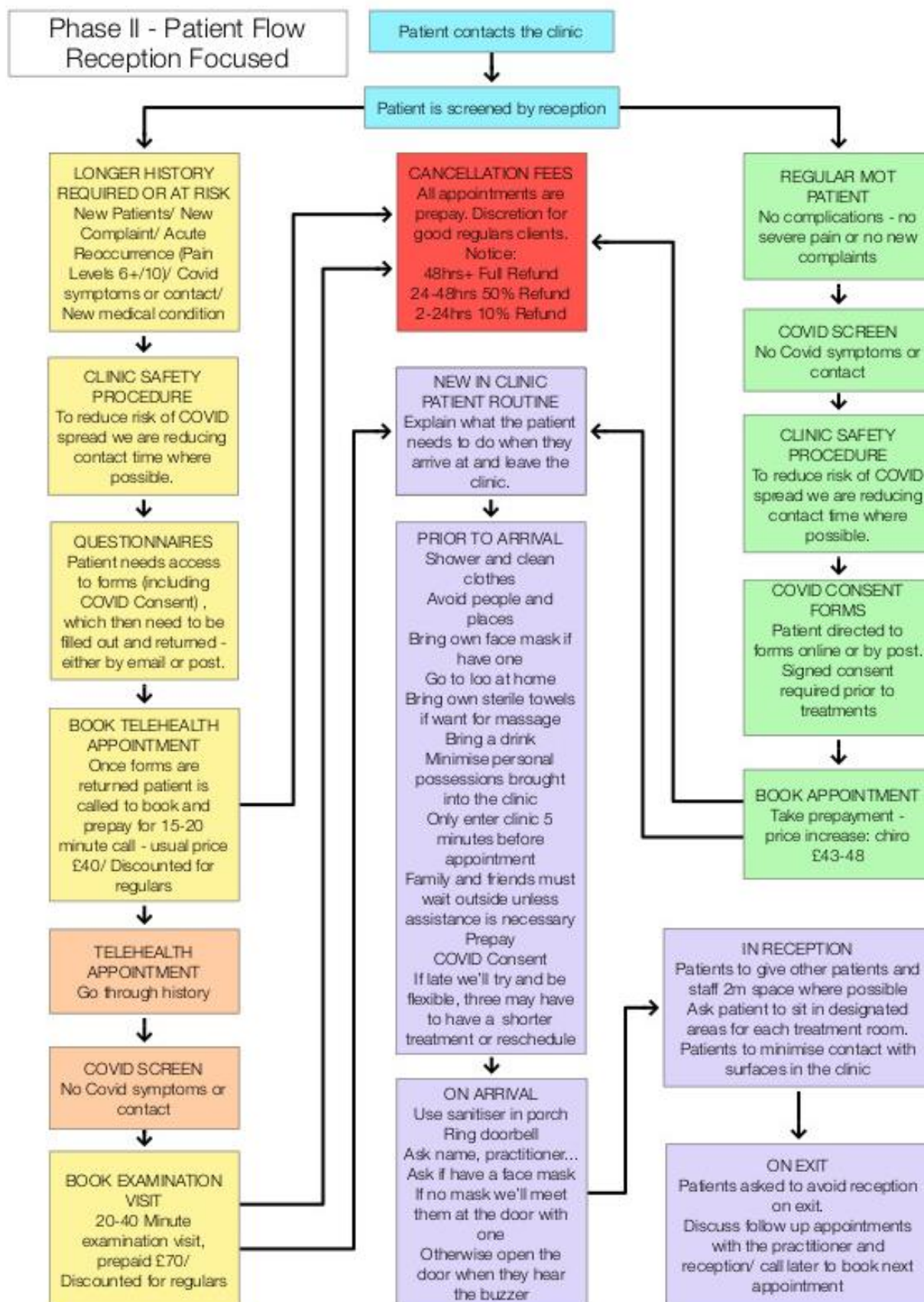
- **Reception:**
 - **If you are aware a practitioner is running late, then patients should be called and asked to wait outside.**
 - This needs to be closely communicated between reception and the practitioners, so as not to add further hold ups if practitioners are catching up.
 - **Leave the inner porch door locked.**
 - **On entry patients are asked to use the hand sanitiser (in the porch)**
 - **Patients will need to ring the door bell.**
 - **When you hear the buzzer you have the option of using the creme coloured door entry phone on the right hand side of the desk, to ask them who it is, confirm they have an appointment and a mask.**
 - **If they are early they should wait outside - until 5 minutes before their appointment.**
 - Our policy is that we have only 4-5 waiting zones. Each with one seat only. Each zone serves one treatment room.
 - Chiropractic patients:
 - Patients seeing Louis and Jozef to wait in reception room 2.
 - Patients seeing Bhavik to wait in either Reception 1 (near Bhavik's door) or Reception 2 depending on how many staff are in.
 - Massage therapy appointments:
 - Upstairs appointments to wait by the window in reception
 - Massage therapy appointments to be staggered
 - On the hour/ 1/4 past/ 1/2 past etc..., so as not to need more than one seat.
 - Downstairs appointments to be sent to reception 2
 - Ideally we minimise the time someone is sat in reception to reduce contamination risk - more than 15 minutes significantly increases risk of spread.
 - Obviously apply your discretion to this depending on the needs of the patient and the volume of people in the clinic.
 - We may need some fold up chairs convenient for emergencies for people to use if accompanying someone else or outside - either in the front garden or back garden.
 - We may need some umbrellas - or ask people to bring their own.
 - **Patients are being asked that family and friends must wait outside - unless they require assistance or are a minor.**
 - Again this can be applied with discretion - if the clinic is quiet - no one else is due in and the weather is adverse - you can allow them to stay in.
 - Again we may need some reserve seating such as the fold up chairs on standby.
 - If someone else is due in we need to reserve a 'safe' seat for them.
 - **If all is okay for the patient to enter - you can push the door release switch and they will be able to enter.**
 - **If they need a mask, please take them one.**
 - **Deal with other possibilities as appropriate.**
 - Parcel delivery
 - Ask to leave them in the porch and if you can manage it easily bring it into the clinic or ask someone to help.
 - Enquiries
 - Deal with if you can – perhaps by asking them to stand outside or asking them to call back over the phone if they have one.



- **Direct patient to seat in a specific part of reception depending on their appointment.**
 - Don't encourage people to stand around and chat in a way that obstructs passageways or risks contaminating areas other people need to use immanently - unless you are very very sure it is safe and you have time to adapt.
- **Beginning of appointment:**
 - Patients in reception 1 could be 'Telephoned' for via reception.
 - Patients in reception 2 met by their practitioner.
 - Put on fresh gloves and apron in room and perhaps visor
- **End of appointment: rebooking appointments either:**
 - **Practitioners will rebook and reception will follow up for payment**
 - Rooms with clinic office - the practitioner can arrange with the patient when their next appointment should be made and book it in.
 - Rooms 2&9 can agree with the patient when their next appointment is and call it through to reception for them to book it in.
 - **Practitioners will notify reception when the patient needs an appointment - reception will ring and book appointment or patient will call back.**
 - All patients not booking appointments (without prior consent from the practitioner) need multiple follow up checks and calls by reception/ admin and ultimately handed back to the practitioner for a decision.
 - **Reception/ admin will do follow up calls on those who haven't booked.**
- **Patient Exit:** avoiding reception on exit to create as much one-way-flow as possible
 - Patients are directed to exit by the practitioner
 - Rooms 2,4,6 - to exit via the Fire Door or Patio Door
 - Perhaps some flexibility on this with the weather and number of clients in the clinic.
 - Room 1 - probably exit by Fire Door - or possibly patio door (Caution with trip hazard?)
 - Rooms 8,9 - possibly exit by front door or depending on practicalities rear door?
 - Waste disposal bins for PPE on exits.
 - Alcohol Gel dispensers on exits.



The Patient Journey: Reception Focused The following is a suggested series of steps that may be taken to ensure correct social distancing, infection prevention, and the maintenance of control during a patient's visit to the clinic.



Procedure for assessing health status of patient (for clinicians)

During the initial triage perform a risk assessment to determine if the patient is symptomatic. You may want to use an infrared thermometer, oximeter and blood pressure cuff to determine the patient's health status.

Why do we perform a risk assessment?

The risk assessment will give you guidance if someone should seek medical attention and/or the extent of Post-COVID-19 pulmonary lesions.

Parameters:

Temperature $>37.8^{\circ}$, Respiratory rate >20 breaths pm, Heart rate >100 beats pm, O₂ saturation $<94\%$ (risk assess for 90-94%).

Contamination:

There is a risk that a patient comes in with COVID symptoms and is only picked up in the treatment room or we are informed a few days later. We need to develop a policy for what actions may be necessary to take (possibly - depending on severity)

- advise self-isolation and GP contact
- cancel further face to face and rearrange as telehealth
 - possible refund/cancellation policy procedures?
- follow up cleaning or no use of room for 1 day after cleaning or no use for 3 days?



To further inform themselves of current best practice in the prevention and control of infection complete you can complete the NHS IPC courses (see [Appendix 2](#))

Introduction to IPC measures

These IPC measures are primarily based on the latest update of the ECDC Technical Report (ECDC, 2020), and WHO Interim Guidance (WHO, 2020). Both documents provide an evidence-based set of technical measures and resources aimed at limiting the spread of COVID-19 in healthcare settings.

Ensuring triage, early recognition, and source control

(WHO, 2020)

- Health Care Workers (HCW) should have a high level of clinical suspicion during phone and face-to-face triaging;
- Establishing a well-equipped triage station at the entrance to the facility, supported by trained staff;
- Using screening questionnaires according to the updated case definition.
- Posting signs in public areas reminding symptomatic patients to alert HCWs.

Hand hygiene and respiratory hygiene are essential preventive measures.

Applying standard precautions for all patients

(WHO, 2020)

Standard precautions include hand and respiratory hygiene, the use of appropriate PPE according to a risk assessment, safe waste management, proper linens, environmental cleaning, and sterilization of patient-care equipment.

- Ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing;
- Offer a medical mask to patients with suspected COVID-19 while they are in waiting/public areas or in cohorting rooms;
- Perform hand hygiene after contact with respiratory secretions.

Hand hygiene

HCWs should apply WHO's My 5 Moments for Hand Hygiene approach before (1) touching a patient, (2) before any clean or aseptic procedure is performed, (3) after exposure to body fluid, (4) after touching a



patient, and (5) after touching a patient's surroundings.

- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water;
- Alcohol-based hand rubs are preferred if hands are not visibly soiled;
- Wash hands with soap and water when they are visibly soiled.

Implementing empiric additional precautions

Contact and droplet precautions

(WHO, 2020)

- HCWs should follow guidelines in the following section on PPE;
- Equipment should be either single-use and disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient (e.g. by using ethyl alcohol 70%);
- HCWs should refrain from touching eyes, nose, or mouth with potentially contaminated gloves or bare hands;
- Where possible, a specific HCW should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission;

Airborne precautions for aerosol-generating procedures (AGPs)

(WHO, 2020)

Aerosol generating procedures (AGPs) create an airborne risk of transmission of COVID-19. The following AGPs are taken as example from physiotherapy guidelines and include:

- Cough generating procedures e.g. a cough during treatment, a huff;
- Positioning / gravity assisted drainage techniques and manual techniques (e.g. expiratory vibrations, percussion, manual assisted cough) that may trigger a cough and the expectoration of sputum;
- Manual hyperinflation (MHI);
- Inspiratory muscle training;
- Sputum inductions;
- Any mobilisation or therapy that may result in coughing and expectoration of mucus.

(N.B. It is not clear which osteopathic techniques are AGPs at this moment in time but likely examples would be; supine thoracic HVT, upper rib sternal thrusts, any exercise that gets the patient out of breath, deep breathing techniques.)

If it is deemed essential, and cannot be performed in another manner (ie. prone, from behind etc), ensure the following precautions are taken:

- Perform procedures in an adequately ventilated room – that is, natural ventilation with good air-flow;
- Use a particulate respirator at least as protective as a FFP2, or equivalent. When HCWs put on a disposable particulate respirator, they must always perform the seal check. Note that facial hair (e.g. a beard) may prevent a proper respirator fit;



- Use eye protection (i.e. goggles or a face shield);
- Wear a clean, non-sterile, long-sleeved gown and gloves. If gowns are not fluid-resistant, HCWs should use a waterproof apron for procedures expected to create high volumes of fluid that might penetrate the gown;
- Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.



Understanding Personal Protective Equipment (PPE)

It is advised that staff complete NHS PPE courses (see [Appendix 2: Training resources](#)) to inform themselves of current best practice in the wearing of personal protective equipment.

PPE summary

Before undertaking any procedure, staff will need to assess any likely exposure, and ensure PPE is worn. This must provide adequate protection against the risks associated with the procedure or task being undertaken. All staff should be trained in the proper use of all PPE that they may be required to wear.

All PPE should be:

- Located close to the point of use;
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- Single-use only;
- Changed immediately after each patient and/or following completion of a procedure or task;
- Disposed of after use into the correct waste stream i.e. healthcare/clinical waste (this may require disposal via orange or yellow bag waste; local guidance will be provided depending on the impact of the disease).

HCW (Health Care Worker) less than 2 metres away but not involved with AGPs should wear the following:

- Fluid resistant surgical mask
- Gloves
- Disposable plastic aprons
- Risk assessment for eye protection

Any technique which induces a cough and/or increases respiratory rate is considered aerosol generating procedures (AGPs). Therefore, any HCW involved with patient rehabilitation should assume full AGP-required-PPE (within <2m) even if patient status is not confirmed as a COVID-19 case (Thomas et al., 2020):

- FFP3/N95 mask
- Fluid resistant gown
- Eye protection
- Gloves



Mask

Fluid resistant surgical masks are adequate for most osteopathic consultations. If every patient is wearing a mask then these can potentially be for sessional use (risk to be assessed on a case by case basis). Otherwise single use is suggested.

FFP3 or N95 masks are to be used when performing AGPs. All respirators should:

- Be well fitted, covering both nose and mouth;
- Not be allowed to dangle around the neck and to be reused;
- Not to be touched once put on;
- To be removed outside patient room;
- Fit tested for the relevant model to ensure adequate seal (All facial hair must be removed).

Apron/ gown

Disposable plastic aprons must be worn to protect staff uniforms or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.

Fluid-resistant gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure/task being performed and when there is a risk of extensive splashing of blood and/or other body fluids e.g. during AGPs. If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.

Disposable aprons and gowns must be changed between patients and immediately after completion of a procedure/task.

Disposable gloves

Disposable gloves must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Gloves must be changed immediately following the care episode or the task undertaken.

Eye protection/ face visor

Eye/ face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or secretions. An individual risk assessment should be carried out prior to/at the time of providing care. Disposable, single-use, eye/face protection is recommended. Regular corrective spectacles are not considered adequate eye protection.

Eye/ face protection can be achieved by the use of any one of the following:

- surgical mask with integrated visor;
- full face shield/visor;
- polycarbonate safety spectacles or equivalent.





Donning and doffing sequences

The order in which you put on (donning) or remove (doffing) your personal protective equipment is essential for protecting yourself and preventing the spread of any possible contaminants or fluids.

The following is the correct sequence for **donning** your PPE:

1. Gown or apron;
2. Mask or respirator;
3. Goggles or face shields;
4. Gloves.

Putting on personal protective equipment (PPE) in primary care

Pre-donning instructions	
<ul style="list-style-type: none">• Ensure healthcare worker hydrated• Tie hair back	<ul style="list-style-type: none">• Remove jewellery• Check PPE in the correct size is available
<p>1</p> <p>Perform hand hygiene before putting on PPE.</p> 	<p>2</p> <p>Put on apron and tie at waist.</p> 
<p>3</p> <p>Put on facemask - position upper straps on the crown of your head, lower strap at nape of neck.</p> 	<p>4</p> <p>With both hands, mould the metal strap over the bridge of the nose.</p> 
<p>5</p> <p>Don eye protection if required.</p> 	<p>6</p> <p>Put on gloves.</p> 

It is extremely important to take great care when removing and disposing of used PPE to avoid exposure to infection. It is important to practice before using these techniques in a clinical setting, ideally with a colleague to provide guidance and feedback.



The following is the correct sequence for **doffing** your PPE:

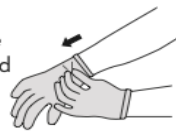







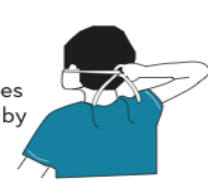


1. Gloves;
2. Face shield or goggles;
3. Gown;
4. Mask or respirator.
5. Hand hygiene.

The sequence for removing PPE is intended to limit opportunities for self-contamination. The gloves are considered the most contaminated pieces of PPE and are therefore removed first.

Videos are available showing how to don and [doff PPE for non-AGPs](#).

Taking off personal protective equipment (PPE) in primary care

Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area.

<p>1</p> <p>Remove gloves. Grasp the outside of the glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.</p> 	<p>Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.</p> 
<p>2</p> <p>Clean hands.</p> 	
<p>3</p> <p>Apron. Unfasten or break open apron ties at the neck and let the apron fold down on itself.</p> 	<p>Break ties at waist and fold apron in on itself - do not touch the outside - this will be contaminated. Discard.</p> 
<p>4</p> <p>Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.</p> 	<p>5</p> <p>Clean hands.</p> 
<p>6</p> <p>Remove face mask once your clinical work is completed.</p> 	<p>Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly.</p> 
<p>Discard. DO NOT reuse once removed.</p> 	<p>7</p> <p>Clean hands with soap and water.</p> 



Cleaning

(ECDC, 2020)

Introduction to cleaning

The clinic must be thoroughly cleaned before reopening, and again at frequent intervals once open.

- Regular cleaning is followed by disinfection, using disinfectants active against viruses. This means either Dettol anti-viral wipes or surface cleaner.
- If there is a shortage of Dettol disinfectants, decontamination may be performed with 0.1% sodium hypochlorite (dilution 1:50, if household bleach at an initial concentration of 5% is used) after cleaning with a neutral detergent.
- Surfaces that may become damaged by sodium hypochlorite may be cleaned with a neutral detergent, followed by a 70% concentration of ethanol.

Staff engaged in deeper cleaning and waste management should wear appropriate PPE. Wear a surgical mask gloves, an apron and a visor.

Keep all rooms as well ventilated as possible. Each treatment room now has a PPE Pedal Bin, Paper Only Pedal Bin (should this be Clinical Waste? – think I heard it was okay??) and a General Waste Bin. There are also PPE Pedal Bins on reception and on both exits.

We have removed as much 'clutter' as possible from around the common areas in the clinic to assist with deep cleaning.

Patients are being asked to avoid bringing personal possession into the clinic and ideally keep them on their person rather than for example putting them on the desk etc.

Cleaning Between Patients

Reception

Ideally if time allows to clean with anti-vital disinfectant between patients as regularly as possible: chair handles, door handles, porch buzzer, sanitiser etc..

Treatment rooms

After each patient remove any used paper. Clean the bench/ couch, chair arms, door handles, equipment that has come into contact with your patient with anti-viral wipes. Place PPE in PPE Bin using PPE protocol. Wash hands.

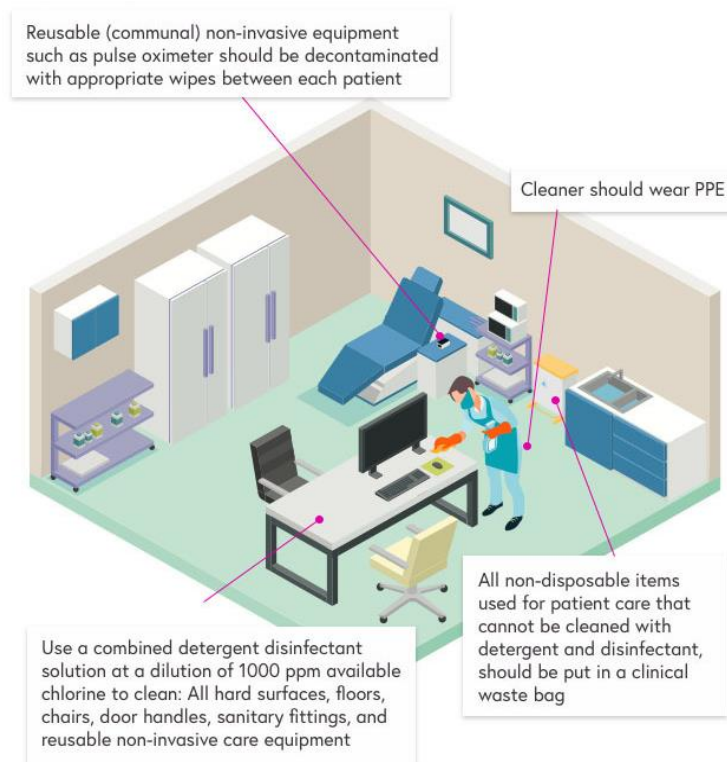
Cleaning At End Of Shift

At the end of your shift, each staff member is responsible for cleaning their work area – everything they have contacted during their shift. This could include – mouse, phone, table top etc..... Please wipe over large surface areas – like table tops, window ledges for the rooms you are responsible for at the end of your shift. Remove PPE as PPE Protocol and place in bin. Wash hands.



Clinic room cleaning protocol

The following diagram highlights the key areas to address during both frequent and deep cleans of the clinic rooms.



Thorough Clean

PPE Box for the cleaners is in one of the cleaning storage cupboards. See PPE page for 'Donning and Doffing' PPE equipment.

Staff engaged in deeper cleaning and waste management should wear appropriate PPE. Wear a surgical mask gloves, an apron and a visor.

Fabric surfaces exposed to patients (e.g. chairs) should be steam cleaned. PPE Waste Bins should be double bagged and stored for Clinical Waste Disposal.

Confirmed Case Of COVID – Deep Clean Protocol

In the case where we have a confirmed case of COVID on site and a possible contamination situation, the room needs to be decontaminated thoroughly. The room must be well ventilated, and access restricted for at least 3 hours (ideally 48 hours). If locking the room is not possible an immediate clean is paramount.



Handwashing protocol (WHO, 2020)

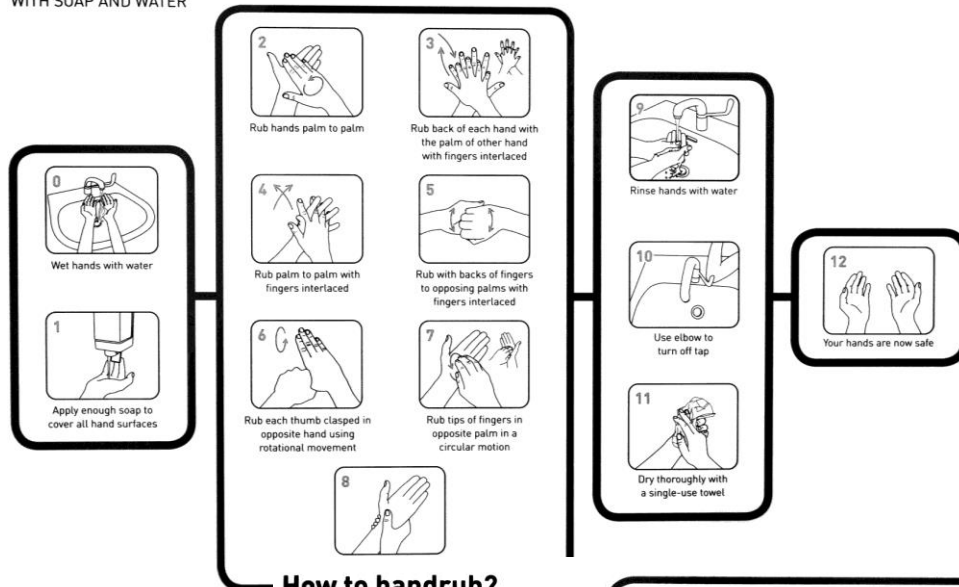
Clean your hands regularly, for at least 20 seconds.

- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water;
- Alcohol-based hand rubs are preferred if hands are not visibly soiled;
- Wash hands with soap and water when they are visibly soiled.

For HCW-specific information on handwashing, please see [Hand hygiene](#).

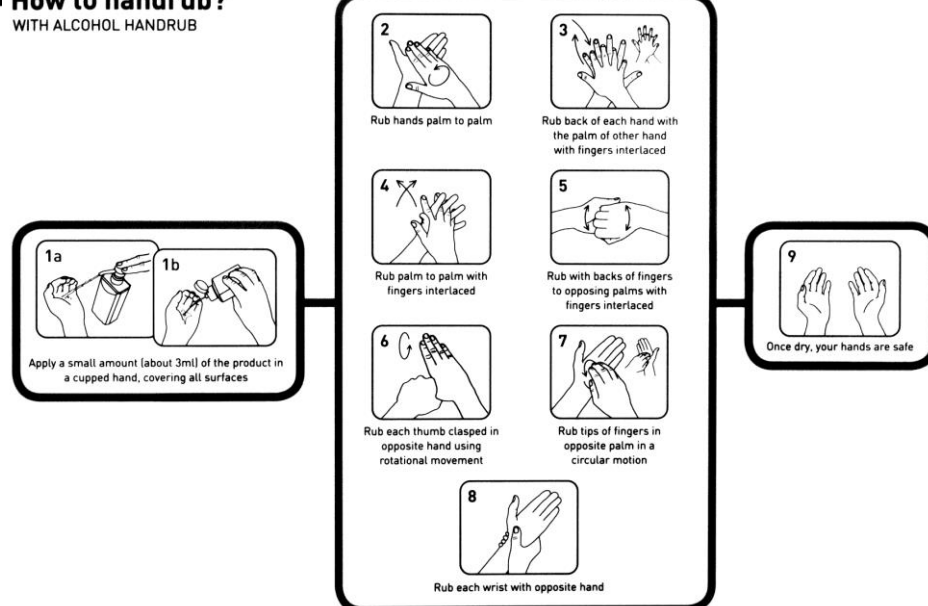
How to handwash?

WITH SOAP AND WATER



How to handrub?

WITH ALCOHOL HANDRUB



Management of clinical and non-clinical waste

Large volumes of waste may be generated by frequent use of PPE; advice from the local waste management team should be sought prospectively on how to manage this. Dispose of all waste as clinical waste.

Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment. It is suggested that all clinical waste should be double bagged before being stored for a minimum of 3 days. For large clinics with commercial bins on a weekly collection, bins could be rotated to minimise risk to bin collectors.

When emptying PPE bins etc please make sure you are equipped with appropriate PPE – gloves, mask and if there is a risk of droplet spread a visor.



Patients and their caregivers may be unsure of how to behave whilst directly affected by COVID-19. The following information may be recommended to patients and their caregivers when necessary.

Patient education (CDC, 2020)

In case a patient is showing mild respiratory signs and symptoms, they should be recommended to stick to the following instructions during isolation:

- Stay at home;
- Stay in touch with their doctor and monitor their symptoms, making sure to get care in case of worsening of the symptoms or development of other respiratory symptoms (i.e. severe and deteriorating cough, shortness of breath, fever $>38^{\circ}$, difficulty breathing, persistent chest pain, new confusion, central cyanosis, cold and mottled skin, difficult to rouse, decreased urinary output, neck stiffness, non-blanching rash, respiratory rate >20 apm, heart rate >100 bpm, O₂ saturation $<94\%$);
- Avoid public transport;
- Stay away from others (even using a personal “sick room” if possible, staying away from relatives and pets until symptoms resolution);
- Call ahead before visiting any healthcare facility;
- Wear a surgical mask or a cloth face covering;
- Cover their sneezes and coughs with their elbow or tissues (to be disposed immediately)
- Wash their hands for at least 20”, especially after:
blowing their nose, coughing, sneezing, going to the toilet, eating and preparing food;
- Use hand sanitizer with $>60\%$ alcohol if soap or water are not available;
- Avoid to touch the T-zone (eyes, nose and mouth);
- Avoid sharing personal household items, washing thoroughly after use;
- Clean and disinfect the “sick room” everyday, letting a caregiver clean the rest of the house;
- Focus the cleaning on “high-touch surfaces” (i.e. phones, remote controls, door knobs, toilets, keyboards, bedside tables);

Isolation should be ceased when:

- Not experiencing fever for >72 hours AND other symptoms have improved AND at least 7 days have passed since the symptoms were developed (if not tested for COVID-19)
- Not experiencing fever for >72 hours AND other symptoms have improved AND they received 2 negative tests 24 hours apart (if tested for COVID-19)



Caregivers should:

- Monitor the symptoms of the person cared for and know the emergency warning signs;
- Always have their healthcare provider contact on hand and contact them or 999 for medical emergencies;
- Isolate the symptomatic person to one room, if possible, using a separate bathroom and not using household items;
- Have them wearing a cloth face covering when other people (including the caregiver) are around;
- Wear a cloth face covering if the symptomatic person cannot do so;
- Wash their hands for at least 20 seconds, especially after interacting with the symptomatic person, using hand sanitizer if soap and water are not available;
- Avoid touching the T-zone;
- Clean “high touch surfaces” daily;
- Wash laundry thoroughly, wearing disposable gloves if the laundry is soiled, washing hands immediately after gloves removal;
- Avoid unnecessary visitors;
- Make sure the sick person drinks plenty of fluid;
- Providing recommended medicines;
- Follow the same home isolation-ending measures as the sick person.



(Extracted from *FutureLearn* course [Managing COVID-19 in General Practice](#))

Support yourself, support each other

In these challenging times, it's very important that we work to maintain both our own wellbeing and the wellbeing of our colleagues. Healthcare workers face a number of risks to their physical and mental health, so we need to provide support and help to each other, so that we are able to continue to care for our patients effectively.

It is very valuable to debrief with the practice team regularly, especially those who are directly involved in patient management.

Identify vulnerable healthcare workers, such as pregnant or immunosuppressed individuals, and move them to non-patient facing roles. Seek advice from the occupational health service if available.

Exposure of healthcare staff

If a member of staff develops a fever of $>37.8^{\circ}\text{C}$, shows respiratory symptoms, or lives in the same household as a person with symptoms, they should follow the local policy for testing and self-isolation.

Frontline staff are at increased risk of physical and mental health problems during the COVID-19 pandemic because of working in extremely challenging circumstances.

Wellbeing advice for healthcare professionals

- Talk to your friends and family and stay connected with them.
- Seek help from your colleagues, supervisor and practice manager.
- Turn to your peers and share your thoughts and feelings and listen to theirs.
- Take regular breaks and try to reduce your screen time.
- Avoid watching, reading or listening to the news that could cause you to feel anxious or distressed and seek information updates at specific times.
- Ensure you have time to wind down after work and get a good night's sleep.
- Stay well-hydrated and eat healthily by planning your meals and taking your time to enjoy your meals.
- Try to reduce your intake of alcohol and caffeine.
- Try a free wellbeing class or app.
- For further tips and advice please visit the World Health Organisations (WHO) website.
 - [Mental health and psychosocial considerations during the COVID-19 outbreak](#)

[Stay physically active during self-quarantine](#)



Appendices

Appendix 1: Example self-assessment checklist for clinicians and staff.

Before returning to work we need you to sign that you are familiar with all the changes, procedures and safeguarding measures necessary.

It is essential for all staff members to read Back-in-Actions Safeguarding Policy for COVID-19, paying special attention and understanding of the areas marked with a ✓.

If you feel you need to go deeper, you can also choose to undertake further online training detailed in Appendix 2.

Please use this checklist to record your progress:

- ☐ PreOpening Preparation
- ☐ Patient Journey
- ☐ Infection Control
- ☐ PPE
- ☐ Cleaning
- ☐ Educating patient and Caregivers
- ☐ Staff Wellbeing
- ☐ COVID Triage and Info
- ☐ Grouping Patients
- ☐ Screening for COVID-19

I hereby acknowledge that I have read and understood the safeguarding measures in place, have read the Back-in-Actions Safeguarding Policy for COVID-19 and familiar with all the changes and procedures as set out above

Please print name

and sign



Appendix 2: Training resources

The following table contains the most up to date links to training resources, and suggested hours needed to complete them.

Please USE and KEEP this resource to help your return as a clinician. Please also sign and date each topic to show that you have completed the necessary modules before returning to work.

Importance	Subject	Resources	Time	Sign/Date
Essential Learning	Online Triage and Consultations	Moving to online triage and consultations, NHS England Remote Total Triage Model in General Practice, HEE	2 hours	
	IPC	NHS Coronavirus Infection Control COVID-19: Infection Prevention and Control Guidelines	2 hours	
	PPE	Donning of PPE, Public Health England Removal and Disposal of PPE, Public Health England Public Health England PPE Guidance	3 hours	
Suggested Reading	Useful learning resources	A remote assessment in primary care. Published on March 25, 2020 Understanding Coronavirus Disease, Physiopedia		
	Useful websites	NCOR: Management of COVID-19 symptoms at home: a compilation of advice. Published March 30, 2020 Institute of Osteopathy COVID-19 FAQs		

HEE = Health Education England

IPC = Infection Prevention Control

PPE = Personal Protection Equipment

PHE = Public Health England



Appendix 3: Remote triage and assessment

Covid-19: remote consultations

A quick guide to assessing patients by video or voice call

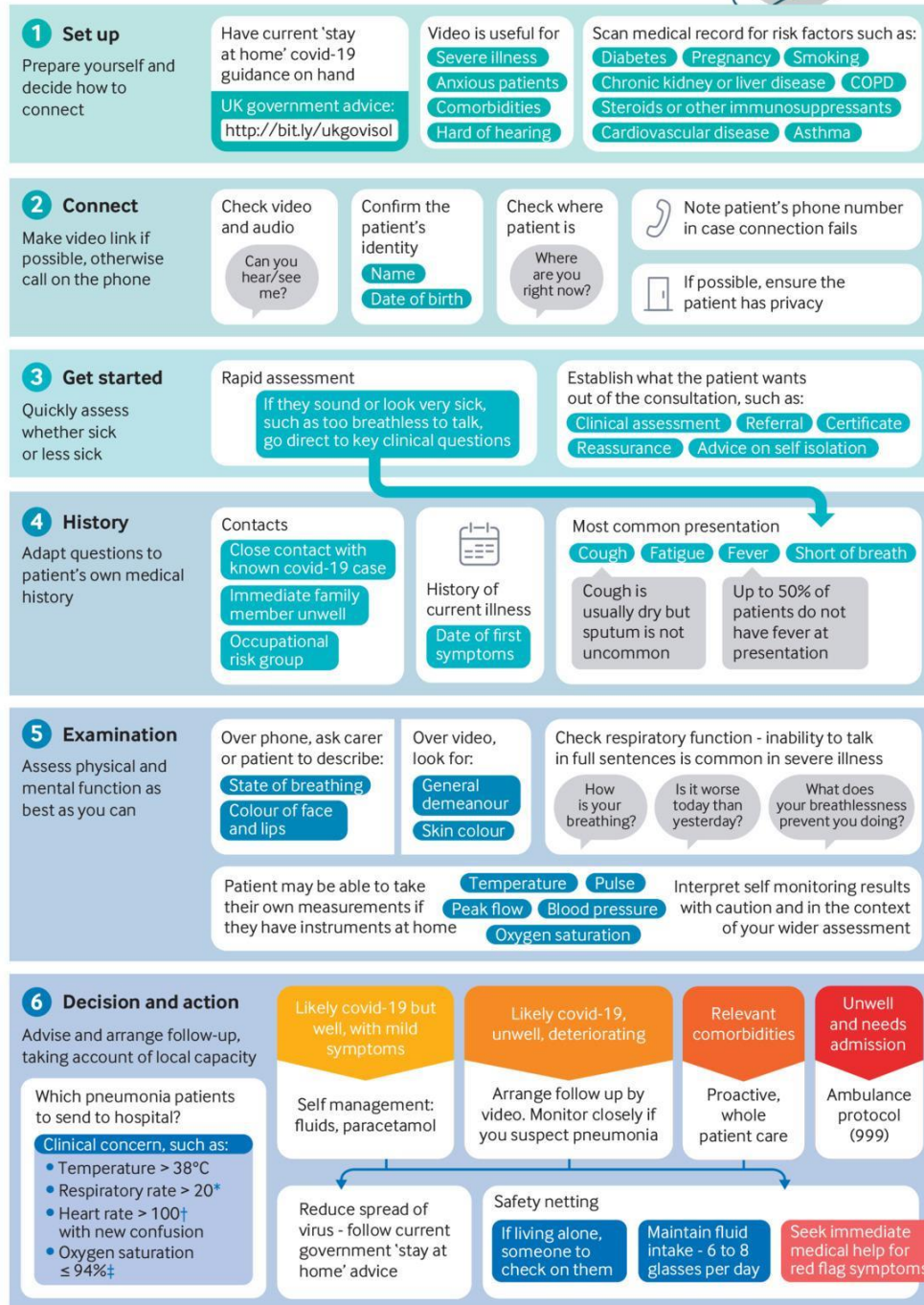
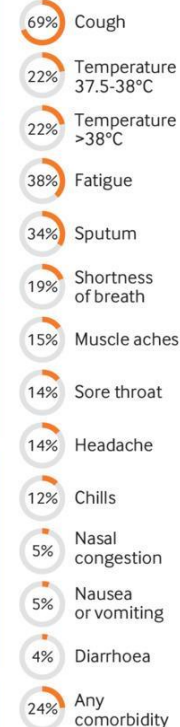
Version 1.3
25 Mar 2020

This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.



Clinical characteristics

Based on 1099 hospitalised patients in Wuhan, China



Red flags

Covid-19:

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in the chest
- Cold, clammy, or pale and mottled skin
- New confusion
- Becoming difficult to rouse
- Blue lips or face
- Little or no urine output
- Coughing up blood

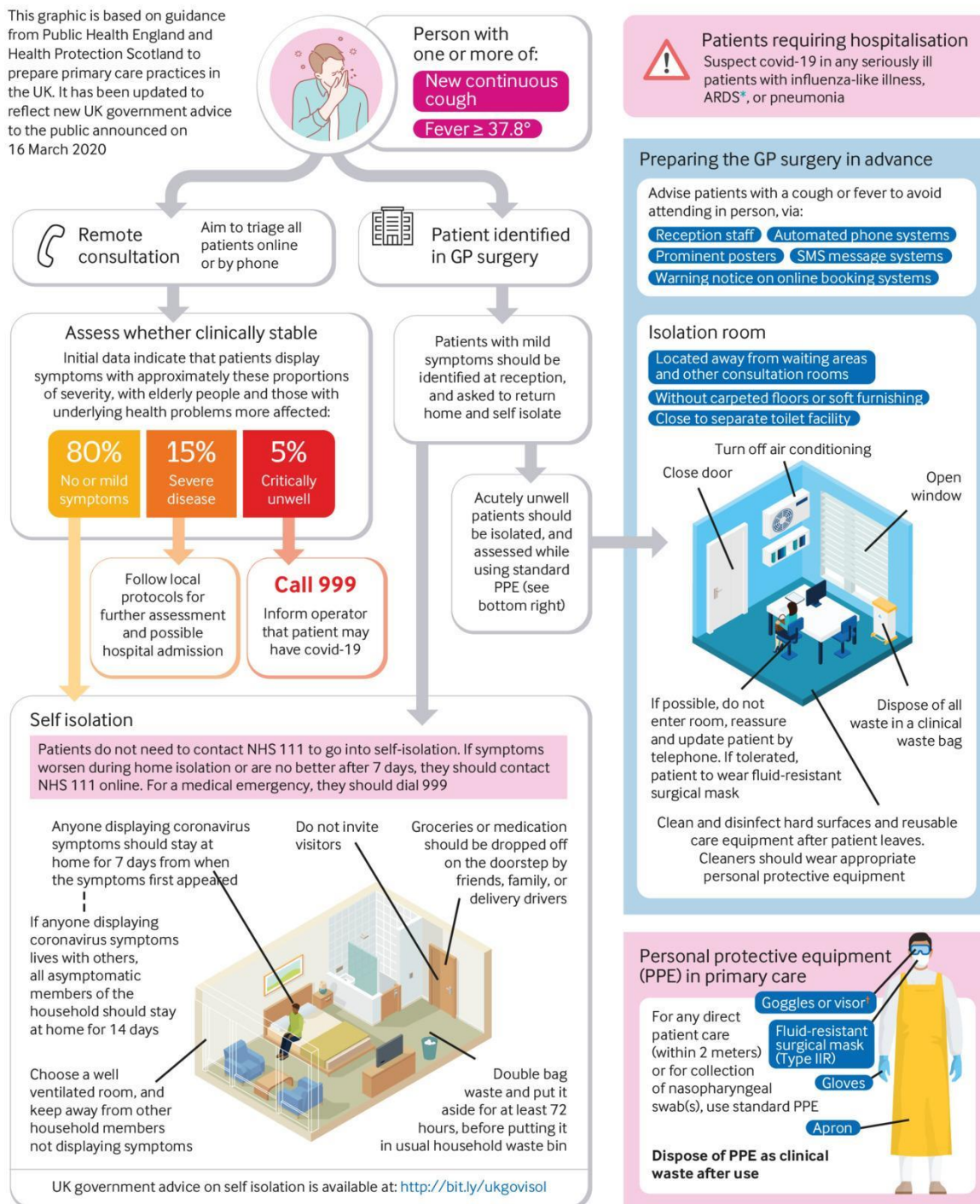
Other conditions, such as:

- Neck stiffness
- Non-blanching rash

* Breaths per minute † Beats per minute ‡ If oximetry available for self monitoring



This graphic is based on guidance from Public Health England and Health Protection Scotland to prepare primary care practices in the UK. It has been updated to reflect new UK government advice to the public announced on 16 March 2020



* ARDS = acute respiratory distress syndrome

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Public Health
England



COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or possible COVID-19 cases

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Aerosol Generating Procedures or High Risk Areas

- Eye protection eye shield, goggles or visor
- Filtering facepiece respirator
- Long sleeved fluid repellent gown
- Gloves

General instructions:

- Clean your hands before and after patient contact and after removing some or all of your PPE
- Clean all the equipment that you are using according to local policies
- Use the appropriate PPE for the situation you are working in (General / AGPs or High Risk Areas)
- Take off your PPE safely
- Take breaks and hydrate yourself regularly

For more information on infection prevention and control of COVID-19 please visit:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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Appendix 6: Grouping patients

The following table outlines the different pathways of care for each category of patient:

Symptoms, risk, and need for care assessment	Action required
Group 1: No fever and improvement of other COVID-19-related symptoms in the last >72 hours, COVID-19 symptoms development >7 days prior to contacting the clinic and/or 2 negative COVID-19 tests 24 hours apart NOT belonging to high-risk category AND with need for emergency care.	Educate and offer remote consultation if possible. Arrange face-to-face appointments and follow IPC and PPE protocol.
Group 2a: Mild fever, cough or shortness of breath AND/OR having been in contact with a suspected or confirmed COVID-19 case in the last 14 days.	Recommend to self-isolate. Educate but DO NOT offer thoracic mobility prehabilitation. Offer remote consultation and check on symptoms in 12-24 hours . Only under extreme circumstances offer home visit with adequate PPE protocol.
Group 2b: Severe and deteriorating cough, shortness of breath, fever AND/OR difficulty breathing, persistent chest pain, new confusion, central cyanosis, cold and mottled skin, difficult to rouse, decreased urinary output, neck stiffness, non-blanching rash. Crucial parameters if patients have equipment: temperature >38°, Respiratory rate >20 bpm, Heart rate >100 bpm, O ₂ saturation <94%.	Refer to emergency services. If this is impossible, arrange follow up by video for symptoms monitoring. Only under extreme circumstances offer home visit with adequate PPE protocol.
Group 3: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days BUT belonging to high-risk category.	Recommend to self-isolate. Educate and explain thoracic mobility prehabilitation. Offer remote consultation if possible. Only under extreme circumstances offer home visit with adequate PPE protocol.
Group 4: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days, not belonging to high-risk category WITH need for emergency face to face consultation (i.e. ICU-AW, post-operative, urgent MSK problem or respiratory deficits also post COVID-19).	Arrange face-to-face appointments. Educate and offer telemedicine if possible. Required to follow IPC and PPE protocol.



Group 5: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days, not belonging to high-risk category WITHOUT need for emergency face to face consultation.

Recommend to keep isolating. Educate and explain thoracic mobility prehabilitation.

Offer remote consultation.



What To Do When You Come In For Your Treatment

Watch out for COVID-19 symptoms

- If you have any flu like symptoms including a cough sore throat, tiredness or fever?
- If you have been in contact with a suspected or diagnosis case of COVID-19 in the last 14 days?



Please reschedule your appointment.

Please address any concerns you may have BEFORE coming in for your appointment.

On arrival use hand sanitiser

When entering the clinic please use the hand sanitiser at the entrance door. Ring the door buzzer and let us know who you are and whether you have a mask. Repeat the process with the hand sanitiser when you leave.



Be kind and give each other space

Please maintain 2 metres distance from other patients and staff outside and in the corridors. We have designated seats depending on where your treatment is. Please sit where you are directed. Sitting around 2m apart for your safety.



Family or friends must stay outside

Patients should only be accompanied if minors, or if they require assistance. Other members of the family or friends are requested not to enter the clinic.



Payment

Please prepay for your visit through reception when you book your appointment. We are only able to accept contactless card payments for purchases on the day. If this causes you any problem please inform the clinic before your appointment.



Exiting the clinic

We are asking you to avoid reception on exit. Your practitioner may book your next appointment or arrange with reception to call you at a time convenient to schedule you one in and take your prepayment.

Please leave by one of the rear fire exits and walk out via the side of the building if you are in a downstairs treatment room or exit directly through the front door if you are upstairs. Please be careful and give people plenty of space on your way out.



Be as fresh as possible

Please shower, wear freshly cleaned clothes and wash your hands before arriving. Ideally shower and change once you get home.

- Please avoid possible sources of contamination - shops/ close proximity to people prior to your visit.
- We're asking you to go to the loo before they leave home and to avoid using the toilets at the clinic.



Arrive on time

Only enter the clinic five minutes before your appointment. If you need a seat outside please ask. We are aiming to strictly stick to time where possible. We will let you know if there's a problem. If you are late for your appointment you may have to receive a shorter treatment or reschedule. Ideally you'll be in and out of your chiropractic in within 15mins.



Consent

We need your consent during the Covid outbreak before we treat you. If you can email your signed consent form 24 hours minimum prior to your visit or bring in a paper copy that would be appreciated.



Wear a face covering

Please bring a face covering or a social mask with you to wear on arrival. We have a limited supply of masks if you don't have one. All people entering the clinic must wear a facemask.



Bring a towel

Massage therapists will not be providing towels, for the time being. If you to prefer you can bring 2 large sterile towels for you to use on the treatment couch. Please bring in a clean sterile bag.



Do not touch

We have removed many items in the clinic to make cleaning more effective. Please avoid touching surfaces as much as possible. We are not providing drinks routinely so please bring your own. Bring your own pen to use if needed.



Valuables and clothing

Where possible please avoid bringing valuables and loose items into the clinic. Wear clean loose fitting clothes when possible.



Thanks for your co-operation



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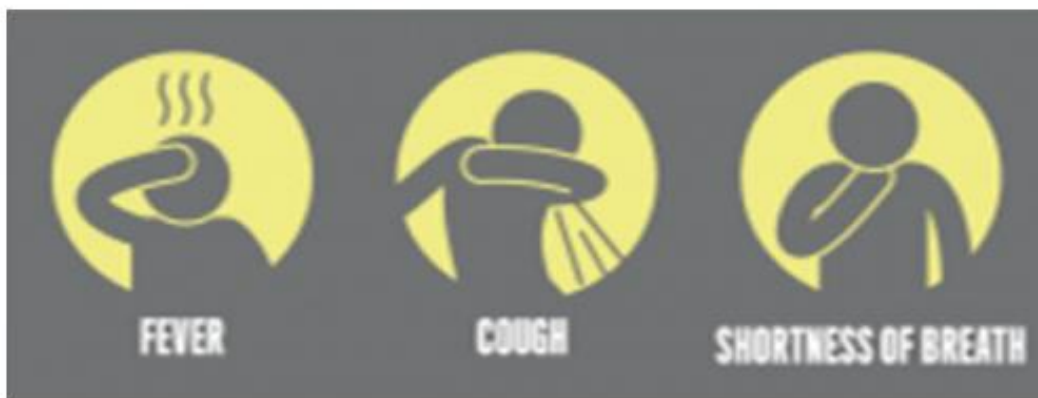


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CORONAVIRUS

Have you had contact with somebody with
Coronavirus within the last 14 days?

Do you have any of these symptoms?



If yes, to protect yourself and others please
go home and call NHS 111 for expert advice.

The most common symptoms are fever (hot to touch on your chest or back), respiratory illness, difficulty breathing and a new continuous cough. Some people may have aches and pains, tiredness, nasal congestion, runny nose, sore throat or diarrhea. Other symptoms include loss or change of smell and taste,

X Do not enter this building if you have symptoms. X

Find out more about the Coronavirus at nhs.uk/coronavirus



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What The Clinic Does To Protect You From COVID-19

Screening people for COVID-19 symptoms

We are asking patients with any symptoms of COVID-19 or who have been exposed to anybody with symptoms within 2 weeks, to stay away until they are recovered and not to enter the building.



Telehealth consultations

Where possible or necessary we are helping you over the phone, providing exercises, posture and other self-help advice. If you are a new patient, or have a new complaint we will go through your history with you over the phone prior to your appointment in the clinic.



Social distancing

We are asking everyone to respect other patients distance in reception and to sit or stand as far apart from other people as possible. We have 2 reception areas you can use. We have removed some chairs to help. We have organized 4 separate sitting areas and are aiming for no more than 4 clients in these waiting areas at any one time.



Waiting outside

We are instructing patients to wait outside until their appointment is due. Please call if this is a problem. We will let you know if things are running late. We are asking friends and family not to come in unless accompanying a minor or someone who needs assistance.



Limiting crowding around the front desk

To reduce crowding around the front desk we are asking all to prepay for their appointments and book the recommended follow up appointments with the practitioners or ring back into reception after the visit.



Flow of people

We are only allowing limited people in to the clinic with our door entry system and asking people to avoid reception on the way out. This involves leaving via the rear fire exit for some people.



Shower and clean clothes

We are asking everyone where possible to shower and wear clean clothes for their appointment. Clinic users are asked to avoid possible sources of contamination - shops/ close proximity to people prior to their visit.



Timing of appointments

We are asking people to be on time and to only enter the clinic 5 minutes before their appointment. People who are late are either receiving a reduced time or being asked to reschedule. We are also aiming to reduce the volume of people entering the clinic by having some degree of staggering of starting of appointments.



Clinic hygiene

Chiropractors and therapists are all washing hands in between every patient, as well as cleaning down the benches / contact points, and replacing Head roll papers. All commonly handled items/touch points/hard surfaces are wiped down regularly. We are cleaning down regularly throughout the day all common surfaces around reception etc. We have removed as many items as possible from around the clinic to help this. We are asking people not to touch surfaces. We are asking people to bring as few as possible personal items into the clinic. The clinic is more deeply cleaned on a regular basis.



Personal protective equipment

All staff are being given gloves, masks, aprons and visors as appropriate to their role. We have 'protective screens' on the reception desk. We insist all visitors who enter the building are wearing a mask. Please bring your own if you have one, otherwise we have a limited supply if you don't.



Avoiding some treatments

Certain types of 'aerosol generating' treatments may be prohibited at this time



Handwashing

All patients are asked to clean their hands with sanitizer before entering reception and when they leave.



Getting you back in action and keeping you safe



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PPE Bin



Face masks, vinyl gloves,
plastic aprons, wipes only



Appendix 8: Screening Questionnaire

1. Symptoms of COVID-19 (Coronavirus) - High temperature, new continuous cough, loss/ change of smell or taste. Call 111. Other critical signs - bluish lips trouble breathing, or chest pain should seek more immediate help. Call 999.
2. Are you isolating or living with someone with the symptoms above?
3. Are you living with key workers / or NHS member?
4. Do you care for someone whom is in the extremely vulnerable category?
5. Have you been identified as someone with higher risk (Clinically Extremely Vulnerable) i.e. have had an organ transplant
 - are having chemotherapy or antibody treatment for cancer, including immunotherapy
 - are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
 - are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
 - have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
 - have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
 - have been told by a doctor they you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
 - have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
 - are taking medicine that makes them much more likely to get infections (such as high doses of steroids)
 - have a serious heart condition and are pregnant

If you're at high risk from coronavirus, you should have received a letter from the NHS.

6. Have you been Identified as someone with a moderate risk (Clinically Vulnerable)
 - are 70 or older
 - are pregnant
 - have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
 - have heart disease (such as heart failure)
 - have diabetes
 - have chronic kidney disease
 - have liver disease (such as hepatitis)
 - have a blood disorder?
 - have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
 - have a condition that means they have a high risk of getting infections
 - are taking medicine that can affect the immune system (such as low doses of steroids)
 - are very obese (a BMI of 40 or above)
 - have had any organ support in past 4 months

7. If female, Are you currently pregnant or is there a chance that you unknowingly currently pregnant?

8. There are unusual signs of COVID-19 that may perhaps be due to the virus however uncertainty exists regarding any definitive signs. Do you/ whomever you live with have any of the following signs/ symptoms?
 - Malaise (overwhelming fatigue, general sense of discomfort, illness or uneasiness, chills WITH muscle pain)
 - confusion
 - Dizziness (frequent spells, or abrupt dizziness, fainting)



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- Headaches
- Digestive issues (painful swallowing, sore throat, diarrhoea, nausea, vomiting, abdominal pain)

9. Social Habits - is there any inclination that you may have been in contact with someone with positive coronavirus in the past week/ during your daily outdoor activities?

10. How many people do you live with? If so are they key workers or have they been in contact with these workers recently?

COVID-19 symptoms compared to common conditions

SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No



Appendix 9: Consent Form COVID-19 Risk Of Transmission

In order to stay open and help service your needs, we operate with very strict hygiene and sanitation protocols in place, to help all our patients, the public and ourselves.

Guidelines

At risk groups: Over 70, Pregnant, Long-term health conditions (Cancer, Cardio Vascular Disease, Chronic Respiratory Disease, Diabetes, Hypertension), Weakened immune system and Smokers **are to consider whether they would benefit from having a telephone consultation instead. They are strongly advised not to receive care, remain in social isolation / self-quarantine and follow correct social distancing guidance.**

Staff health

None of the staff present are exhibiting any symptoms of COVID-19 infection. Staff are being given gloves, masks and aprons. Surfaces in the clinic are regularly disinfected.

Hygiene

Chiropractors and therapists are all washing hands in between every patient, as well as cleaning down the benches / contact points, and replacing Head roll papers. Practitioners will choose to wear gloves when necessary. All commonly handled items/touch points/hard surfaces are wiped down regularly. All patients are asked to wash hands before entering reception. We are asking patients with any symptoms of COVID-19 to stay away until they are recovered and asking anybody with symptoms not to enter the building. We are asking everyone where possible to shower and wear clean clothes for their appointment. We are asking all patients who enter the clinic to wear a mask and are providing one if necessary. Certain types of 'aerosol generating' treatments may be prohibited at this time.

Distancing

We are asking you to respect other patients distance in reception and to try and sit or stand as far apart from other patients as possible. We have 2 reception areas you can use. We have removed some chairs to help. We are also aiming to spread bookings a part to allow for distancing and time for correct hygiene protocols. We have provided 4 separate siting areas and are intending that are no more than 4 people in the reception waiting areas provided at any one time. Otherwise patients are directed to wait until their appointment times in the car and ring the reception of their nearby presence. To reduce crowding around the front desk are asking you to prepay for your appointments, book your follow up appointments with your practitioner and asking you not to reenter reception on your way out (so exiting via the rear door if you can).



We are asking you to – please clean your hands on entry. Avoid touching your T-Zone (outlined in picture - EYES/ NOSE/MOUTH) at all costs - especially before / during / after clinic and then have a shower as soon as possible.

Despite these precautions there is an inherent risk of human to human transmission of the coronavirus (COVID-19), mainly through people who are in close contact with each other (less than 6 feet/2 m for 15 minutes), or through respiratory droplets produced when an infected person coughs or sneezes. For this reason certain types of aerosol generating treatments and exercises may not be available. Whilst it is thought that people are most contagious when they are most symptomatic, it is possible that some may be contagious in the seven days before they show any symptoms. This virus spreads easily more so than the common flu.

I have washed/ will wash my hands on arriving at the Clinic, have read the above document and understand and accept the risks of not following the Public Health Guidelines. I am happy to continue with my chiropractic care and understand and accept there is a potential increased risk of exposure to the Coronavirus by attending the clinic. I understand that all the services usually provided at Back-in-Action may not be available at the moment.

Signed Date

Print Name



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Appendix 10: Back-in-Action COVID Risk Assessment

	Patient	Reception	Practitioner	Admin	Cleaning	Washing	Deliveries
Patient	<p>Common surfaces: door handles porch, buzzer, chairs, reception desk, credit card key pad, toilets, water dispenser, door handles treatment rooms, exit doors, treatment room seat and bench, practitioner desk, items to pick up around the clinic, bannister on stairs</p> <p>Airborne: proximity in entering, waiting room, corridors, toilets</p>						



Reception	<p>Surfaces: cash card, cash card machine, money, paper work, files,</p> <p>Airborne: proximity in reception around the desk.</p>	<p>Surfaces: telephones, computer, cash card machine, desk area (printer, filing cabinets, stationary, chair, desk surface, mouse, pens etc), kitchen (kettle, taps, sink, fridge, cups, drinks, refreshments cupboard, door handle, light switch, window handles, alarm key pad, bins, washing up - cups etc), light switches, door handles, keys (for cabinets, room 3 & 9), Room 3 (door handle, storage boxes), Room 5 (door handle, storage boxes), Room 9 (door handle, files, products, desk area), writing (cancellation logs, call logs, messages, post its, cashing up), window handles.</p> <p>Airborne: changeover, impromptu meetings and chats</p>					
-----------	---	--	--	--	--	--	--



Practitioner	Surfaces: physical contact (Clothes, skin, hair), surface of bench (paper, head piece etc), Stair rail (if on 1st floor), wc (taps, bins, soap, loo seat, loo flush etc), bins Airborne: physical proximity	Surfaces: Files, documentation, clipboards, desk (reception and treatment room), drinks, messages (post its), bins, kitchen area (alarm key pad, fridge, kettle, sink, refreshments storage) Airborne: proximity (reception, therapy rooms, etc)	Surfaces: desk, pens, draws, cupboards, equipment (resistance bands, music, hot stones, etc), bench (handles, surfaces, switches), window handles, door handles.				
Admin	Surfaces: entrance and exit, bannister on stairs Airborne: proximity	Surfaces: Common areas reception, room 3, room 10 (office), upstairs bathroom (storage cupboard/ cleaning cupboard), kitchen (alarm key pad, fridge, kettle, sink area, cups, refreshments storage), wage slips, time sheets. Airborne: proximity	Surfaces: Printing, financial (summary monthly) Airborne: Proximity, impromptu meetings	Surfaces: common work spaces, printing, notes and instructions, filing work, postage, Airborne: proximity, impromptu meetings			



Cleaning	Surfaces: Common Airborne: residual and disturbed	Surfaces: Common, cleaning equipment, bins inside and outside Airborne: Proximity, residual and disturbed	Surfaces: Common Airborne: residual and disturbed	Surfaces: Common, cleaning equipment, cleaning storage, bins inside and outside, recycling bags. Airborne: proximity, residual and disturbed.	Surfaces: Common, cleaning equipment, cleaning storage, bins inside and outside Airborne: proximity, residual and disturbed. :		
Washing	Surfaces: bench covers massage, collection bags, storage areas.	Surfaces: bench covers massage, collection bags, storage areas.	Surfaces: bench covers massage, collection bags, storage areas.	Surfaces: bench covers massage, collection bags, storage areas.	Surfaces: bench covers massage, collection bags, storage areas.		
Deliveries	Surfaces: entering and exiting the building, items delivered, Airborne: entering and exiting the building.	Surfaces: entering and exiting the building, items delivered, Airborne: entering and exiting the building.	Surfaces: entering and exiting the building, items delivered, Airborne: entering and exiting the building.	Surfaces: entering and exiting the building, items delivered, Airborne: entering and exiting the building.	Surfaces: entering and exiting the building, items delivered, Airborne: entering and exiting the building.	Surfaces: entering and exiting the building, items delivered, Airborne: entering and exiting the building	Surfaces: entering and exiting the building, items delivered, Airborne: entering and exiting the building.



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