

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

An overview of measures we have taken to adapt our practice in preparation for operating in the current COVID-19 situation.

Undertaken a risk assessment	<p><i>Risk assessment undertaken 20/05/2020 .</i></p> <ul style="list-style-type: none"> ● <i>To be reviewed on a change of Government guidance or sooner if required.</i>
Heightened cleaning regimes	<ul style="list-style-type: none"> ● <i>Clinic rooms/equipment will be cleaned between each patient</i> ● <i>Common areas/washrooms will be cleaned after use.</i> ● <i>Hard surfaces/touch points/chairs in common areas will be cleaned after every patient</i>
Increased protection measures	<ul style="list-style-type: none"> ● <i>All linens have been removed from the clinic</i> ● <i>Practitioner PPE</i> ● <i>Cashless payments/online bookings</i>
Put in place distancing measures	<ul style="list-style-type: none"> ● <i>Stagger appointments. Twenty minute gaps between patients.</i> ● <i>Limit of one patient (plus chaperone if necessary) in clinic at any one time.</i>
Staff training	<ul style="list-style-type: none"> ● <i>Correct hand cleaning, hand washing technique</i> ● <i>Putting on/removing PPE safely</i> ● <i>Staff briefed and trained on updated clinic policies and infection measures</i>
Providing remote/ telehealth consultations	<ul style="list-style-type: none"> ● <i>All patients will have telephone pre-screening call</i> ● <i>Follow-up/maintenance appointments available via telephone/video call</i>
	<p>(Document last updated: / 21/05/2020</p>

The following sections are a means to consider the risks in our clinic and record the measures we have put in place to operate as safely as possible and mitigate risk of infection.

Table 2a. Protection of staff and patients before they visit, and when in, the clinic. We have assessed the following areas of risk in our practice and put in place the following precautions to			
	Description of risk	Mitigating action	When introduced
Pre-screening for risk before public/patients visit the clinic		<p><i>We will triage and offer a virtual consultation in the first instance. We will take an initial case history by telephone to determine if a face to face is relevant or support can be provided by a telehealth consultation.</i></p> <p><i>If a virtual consultation does not meet the needs of the patient, we will pre-screen a patient (and chaperone if relevant) before they arrive in the clinic for example but not limited to:</i></p> <ul style="list-style-type: none"> ● <i>Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days? Loss of smell. Loss of taste.</i> ● <i>Screening for extremely clinically vulnerable patients</i> ● <i>Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc</i> ● <i>Screen to see if a member of their household had/has symptoms of COVID-19 or are in a high-risk category i.e. shielded as considered extremely clinically vulnerable</i> ● <i>Have they been in contact with someone with suspected/confirmed COVID-19 in last 14 days?</i> <p><i>During the pre-screening call, we will</i></p> <ul style="list-style-type: none"> ● <i>Inform of the risk of face to face consultation – staff must document that they have informed the patient of risk associated with attending the clinic, and that they are not experiencing symptoms of COVID-19.</i> ● <i>Options for telehealth</i> <p><i>NB: All triage pre-screening information must be documented in the patient notes.</i></p>	20/05/220
Protecting members of staff		Refer to our PPE policy in table 3 below	
Confirmed cases of COVID 19 amongst staff or patients?		Should a practitioner be tested for COVID-19 : see the attached Flowchart describing return to work following a SARS-CoV-2 test.	

		<p><i>Should a patient advise us that they have developed symptoms of COVID-19 after visiting the clinic then in line with government guidance , the following measures will be applied</i></p> <ul style="list-style-type: none"> <i>● If the patient experiences symptoms within 2/3 days of visiting the clinic, any practitioner with direct contact to that individual should self-isolate</i> <i>● Anyone with indirect contact with the patient, should be advised of the situation and suggest they monitor for symptoms (those with indirect contact with suspected cases COVID 19 do not need to self-isolate)</i> 	
Travel to and from the clinic		<p><i>We will ask our patients/chaperones to wait in their car or outside the clinic until they are called in.</i></p>	
Entering and exiting the building		<ul style="list-style-type: none"> <i>● We will change into work clothing at the clinic and place work clothing in a separate cloth bag to take home a home for washing.</i> <i>● We will ask patients not to arrive early or late for their appointment to avoid overcrowding therefore complying with social distancing if other patients are in the clinic</i> <i>● We will ask patients arriving early to wait in their car or outside the building (observing social distancing)</i> <i>● On arrival, at the entrance ,the patients temperature will be taken with a Braun thermoscan thermometer with disposable cap</i> <i>● Upon entering and exiting the clinic we will instruct our patients to use the hand sanitiser provided</i> 	
Reception and common areas		<ul style="list-style-type: none"> <i>● We will ask patients to turn up promptly at their appointment time to reduce the number of people in the clinic at any one time.</i> 	

		<ul style="list-style-type: none"> • We will encourage contactless payment instead of cash and will provide BACS details prior to the appointment. • We will use floor spacing markers to indicate distancing in the reception area. 	
Social/physical distancing measures in place		<ul style="list-style-type: none"> • Staggered appointment times so that patients do not overlap in reception • There is to be a maximum of 2 people in the clinic at any one time (3, if a chaperone is included). 	
Face to face consultations (in-clinic room)		<ul style="list-style-type: none"> • 2 metre spacing will be maintained when a case history is taken. • We will adapt treatment techniques to avoid unnecessary close proximity • One parent/guardian only with visits for children • No additional family members except if requested as a chaperone.Chaperones to be pre screened and the risks communicated to them via telephone/email. 	<ul style="list-style-type: none"> •

Table 2b Hygiene measures

We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures

	Description of risk	Mitigating action	When introduced
Increased sanitisation and cleaning		<p>A wall mounted 'no touch' sanitiser is located for patients to use on entering and exiting clinic. Overshoe covers will be provided. In the 20 minute interval after each patient treatment there will be cleaning of:</p> <ul style="list-style-type: none"> • Clinic rooms - plinths, desk, door handles, equipment, chairs • Reception surfaces, doors and door handles, chairs, taps, card machines if used. • Use of at least 60% alcohol sanitisers/wipes. • Daily cleaning of floors using bleach based detergent <p>Actions to minimise the number of surfaces requiring cleaning</p> <ul style="list-style-type: none"> • Remove unnecessary linen/use of plastic pillowcases that can be cleaned between patients etc. • Decluttering the clinic rooms and waiting area of unnecessary items 	

		<p>Putting in place plastic wipe able runners in the treatment room</p> <p>Keeping doors between common areas open if safe and appropriate to do so, to reduce touch points</p>	
Aeration of rooms		<p>Will be done by:</p> <ul style="list-style-type: none"> Leaving the window open and the door closed for 20 minutes after each patient Provision of newly installed air conditioning and purifying system that removes 99% of air borne particles Removal of fans <p>Aeration of reception area e.g. opening window while clinic is in progress</p>	
Staff hand hygiene measures		<p>Hand washing facilities with soap and water in place</p> <ul style="list-style-type: none"> Bare below the elbow/hand washing before and after patients with soap and water for at least 20 seconds, including forearms/use of hand sanitiser gel/ use of gloves Drying of hands with disposable paper towels 	
Respiratory and cough hygiene		<p>Communication of cough hygiene measures for staff and patients e.g.</p> <ul style="list-style-type: none"> 'Catch it, bin it, kill it' posters Provision of disposable, single-use tissues, waste bins (lined and foot-operated) Hand hygiene facilities available for patients, visitors, and staff 	
Cleaning rota/regimes		<p>Daily cleaning rota to be recorded by staff e.g.</p> <ul style="list-style-type: none"> A written record of cleaning time and by whom will be kept in reception Cleaning rota frequency and inspection of washroom, to be recorded and displayed on washroom door 	

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

Clinicians will wear the following PPE	<ul style="list-style-type: none"> Single-use nitrile gloves and plastic aprons with each patient Fluid-resistant surgical masks Type IIR (or higher grade) Eye protection, e.g. if there is a risk of droplet transmission or fluids entering eyes
When will PPE be replaced	<ul style="list-style-type: none"> Gloves and aprons are single use and changed for each patient Masks are for single sessional use e.g 4 hours or replaced sooner if mask has been lowered or the clinician leaves the care setting

Patients will be asked to wear the following PPE	<ul style="list-style-type: none"> ● <i>Fluid-resistant surgical masks if they have respiratory symptoms e.g. from hay fever</i> ● <i>Fluid resistant surgical mask if techniques are carried out where there is close face to face contact</i>
PPE disposal	<ul style="list-style-type: none"> ● <i>Double-plastic bagged and left for 72 hours before removal, keeping away from other household/garden waste, and then this can be placed in normal waste for collection by the local authority.</i> ● <i>Cloths and cleaning wipes also bagged and disposed of with PPE</i>

Table 4. Communication with patients	
Publishing your updated clinic policy	<ul style="list-style-type: none"> ● <i>Published and displayed on clinic wall, available on request</i> ● <i>Provided as part of appointment confirmation emails</i> ● <i>Available on our website</i>
Information on how you have adapted practice to mitigate risk	<ul style="list-style-type: none"> ● <i>Updating of website and via our social media account in line with new Government guidance</i>
Pre-appointment screening calls	<ul style="list-style-type: none"> ● <i>We will call the patient 24 hours/morning before a scheduled appointment</i>
Information for patients displayed in the clinic	<ul style="list-style-type: none"> ● <i>Door notices advising anyone with symptoms not to enter the building.</i> ● <i>Notices on other public health measures e.g. hand washing/sanitising/Catch-it, bin it,kill it</i>
Other patient communications	<i>We will ask patients to contact us if they or anyone they live with develops symptoms and/or is diagnosed with Coronavirus .</i>