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| We have assessed our practice for risks outlined and put in additional processes as detailed below |
| **Undertaken a risk assessment** | * 01/06/2020 – Date of initial risk assessment.
* Risk Assessment completed by Samuel Stockley
* Next risk assessment to be completed when required or upon new government guidance.
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| **Heightened cleaning regimes** | * Clinic rooms will be cleaned between each patient.
* Common areas/washrooms will be cleaned every 4hr shift
* Hard surface in common areas and all door handles will be cleaned after every patient
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| **Increased protection measures**  | * Removed all linens from the clinic and will be using wipeable pillow cases which will be disinfected between each patient.
* Cashless payments will be taken where possible via contactless or bank transfer.
* following IO and government guidance, staff will wear PPE including mask, gloves, apron, and a visor when applicable.
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| **Put in place distancing measures** | * Stagger appointments to allow time between each patient for room ventilation.
* One patient in the building at one time.
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| **Staff training** | * Correct handwashing technique best practise.
* Put on/remove PPE safely
* Staff briefed and trained on updated clinic policies and infection measures
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| **Providing remote/ telehealth consultations** | * All patients will have telephone pre-screening call
* Follow-up/maintenance appointments available via telephone/video call
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|  | (Document last updated: 01/06/2020)  |

| 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  |  |
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|  | **Description of risk** | **Mitigating action** | **When introduced** |
| **Pre-screening for risk before public/patients visit the clinic** | Covid-19  | * All patients will be triaged via telephone before attending the clinic
* An initial case history will be undertaken by telephone to determine if a face to face is relevant or support can be provided by a telehealth consultation.
* Patients will be Screened before visiting the clinic for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days.
* Screening for extremely clinically vulnerable patients
* Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc
* 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?
* Screen to check if patients have been in contact with someone with suspected/confirmed COVID-19 in last 14 days?
* Patients will be informed of the risk of face to face consultation and 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.
* Patients will be expected to arrive for their appointment at the exact time in order to follow social distancing measures. They will also be asked to wash their hands-on arrival and they will also be expected to continue to follow government social distancing measures when in the clinic wherever possible.
 | *01/06/2020* |
| Confirmed cases of COVID 19 amongst staff or patients? |  | * Should a member of staff show symptoms for Covid-19[we will follow the government guidelines a SARS-CoV-2 test](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings) to determine a safe return to work
* If a patient experiences symptom within 2/3 days of visiting the clinic, any staff with direct contact to that individual should self-isolate
* Anyone with indirect contact with the patient, will be advised of the situation and suggest they monitor for symptoms.
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|  Travel to and from the clinic |  | * Staff will avoid public transport and travel via car to the clinic.
* Patient/chaperones will be asked to park in one of the nearby free car parks and wait in the car park until their appointment time of until they are called*.*
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| Entering and exiting the building |  | * Staff will change into work clothing at the clinic and place work clothing in a separate cloth bag to take home for washing.
* Patients will be asked not to arrive early or late for their appointment to avoid overcrowding therefore complying with social distancing if other patients are in the clinic.
* If patients arriving early, they will be asked to wait in their car or outside the building (observing social distancing).
* Signage will be used to show clear and specific routes through your clinic that should be taken.
* Patients will wash their hands with soap and water upon entering exiting the building
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| Reception and common areas |  | * Patients will be asked to turn up promptly at their appointment time to reduce time in the waiting area. This will be done during the pre-screening call.
* I will encourage contactless payment instead of cash and inform patients of this procedure prior to their appointment during the pre-screening call.
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| Social/physical distancing measures in place |  | * Staggered appointment times so that patients do not overlap in reception
* One member of staff in the clinic at one time
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| Face to face consultations (in-clinic room)  |  | * We will keep government regulations of social distancing wherever possible for example staying 2 metres apart during case history.
* Techniques that involve AGP will be in prone or seated positions where possible for example thoracic adjustment “dog”.
* Only One parent/guardian will be permitted to visit for children
* No additional family members except if requested as a chaperone
* Pre-screen chaperones to determine if they are symptomatic and communicate the risks of the face to face consultation to them.
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| Table 2b Hygiene measuresWe have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures  |
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|  | **Description of risk** | **Mitigating action** | **When introduced** |
| Increased sanitisation and cleaning  |  | * Clinic rooms - plinths, desk, door handles, equipment, chairs will be disinfected between each patient
* Reception surfaces, doors and door handles, chairs, taps, card machines will be disinfected between each patient
* Use of at least 60% alcohol sanitisers/wipes, and use of bleach-based detergents for floors

Actions to minimise the number of surfaces requiring cleaning * All unnecessary linen has been removed and plastic pillowcases are used that can be cleaned between patients.
* Decluttered the clinic rooms and waiting area on unnecessary items
* Doors between common areas will be kept open if safe and appropriate to do so, to reduce touch points
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| Aeration of rooms  |  | * Clinic room doors open for at least 20 minutes between patients
* Fans and other air-circulation mechanisms have been removed
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| Staff hand hygiene measures |  | * Staff have been fully trained to 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 as well as use of gloves.
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| Respiratory and cough hygiene |  | * ‘Catch it, bin it, kill it’ posters will be displayed
* Provision of disposable, single-use tissues waste bins (lined and foot-operated)
* Hand hygiene facilities available for patients, visitors, and staff
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| Cleaning rota/regimes |  | * Cleaning rota frequency increased from once a day to every 4 hours for common areas
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| Table 3. Personal Protective Equipment: |
| Clinicians will wear the following PPE | * Single-use nitrile gloves and plastic aprons with each patient
* Fluid-resistant surgical masks (or higher grade)
* Eye protection, e.g. if there is a risk of droplet transmission or fluids entering eyes
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| When will PPE be replaced | * When potentially contaminated, damaged, damp, or difficult to breathe through.
* Up to or at the end of a session (4 hours) mask will be replaced.
* Aprons and gloves will be replaced between each patient
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| Patients will be asked to wear the following PPE | * Fluid-resistant surgical masks if respiratory symptoms e.g. from hay fever or asthma
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| PPE disposal | * PPE waste will be double-plastic bagged and left for 72 hours before removal, keeping away from other household/garden waste, and then placed in normal waste for collection by the local authority.
* Cloths and cleaning wipes will also be bagged and disposed of with PPE
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| Table 4. Communicating with patients:  |
| Publishing your updated clinic policy | * Publish on clinic wall, available on request
* Available on our website
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| Information on how you have adapted practice to mitigate risk | * The measures we have put in place to mitigate risks will be published on our website and social media. We will also closely monitor government guidance and update accordingly.
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| Pre-appointment screening calls  | * 24 hours before the scheduled appointment patients will be called by the clinician.
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| Information for patients displayed in the clinic | * Door notices advising anyone with symptoms not to enter the building.
* Notices on other public health measures such as hand washing/sanitising/Catch-it, bin it kill
* Providing patients contact for more information if needed
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| Other patient communications | * Patients will be asked to contact us f they subsequently develop symptoms.
* The new procedure will be clearly explained to patients at the time of making the appointment as well as during the pre-screening phone call 24 hours prior to the appointment.
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