

## Castle Clinic Covid-19 Risk Assessment

### Foreword

This document is available to all staff, associates and colleagues of Castle Clinic as well as any member of the public who would like to read it.

We are a large practice and face a huge challenge ahead in opening again in line with current social and economic restrictions. If we are to return to some level of 'normality' every person needs to follow the procedures outlined in this document as best they can.

We need to work as a team, communicate and rally together in this difficult time to ensure the success of reopening.

We have tried to put together a working policy together that enables everyone to have the confidence in returning to a safe working environment whilst remaining financially viable for the practitioners and the practice.

The aim of this document is to aid a safe and controlled back to work plan following lockdown due to the COVID-19 pandemic. By returning to work we mean the ability to safely see patients again at Castle Clinic.

Please check this document regularly as it will be updated as new legislation comes into force. Any changes will be summarised and the summary made readily available and its production advertised throughout the clinic. All staff are required to complete the WHO or equivalent hand sanitisation course and provide a certificate of completion.

Clinical contamination with Covid-19 will result in a 72-hour clinical shutdown, deep clean and isolation of the treating clinician. The specific guidance will be instructed by Public Health England who must be consulted in this situation.

Please report any possible contamination to Tony Cowley. Only a direct instruction from Public Health England will necessitate the clinic to close.

It is in all our best interests to adhere to the protocols and restrict the possibility of this eventuality.

**Company Name: Castle Clinic**

**Model Policy Number: V.01**

**Model Policy Name: COVID-19 Safeguarding Policy**

**Responsible Person: Anthony Cowley**

**Date: 23/05/2020**

## Section 1- Receptionists/Clerical Staff

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### The Patients Journey

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This will begin the moment someone decides to visit Castle Clinic. The patient will be looking for information and assurance of the measures we have put in place to minimise the risk of transmission of Covid-19. There may be a need to pre-screen patients, and once in the clinic, there are going to be additional measures to keep patients apart as they enter and exit the premises.

At Castle Clinic the patients' journey begins when they book an appointment, therefore the first point of contact has always been the reception staff. In the short term we have made the decision to not have reception staff in the clinic to help adhere to social distancing. Patients will still be able to call the clinic, but more often than not they will have to leave a voicemail. The practitioners working that day will be responsible for returning voicemails (and emails). It is imperative that the practitioners administering these calls on reception assures the patient that the clinic and its clinicians have implemented appropriate safeguarding measures.

These implications are:

1. Social distancing within the clinic, with patient appointments staggered as much as possible and enforcement of the 2m rules in communal areas.
  - I. This will be clearly signposted with posters around the clinic.
  - II. The appointment diary will be staggered to prevent multiple patients being in the same area.
  - III. Patients are encouraged to pay by card and using contactless card payments (new limit of £45 in place) where possible.
  - IV. Patients are asked to attend clinic alone, unless a chaperone or translator is required, reduce footfall through the clinic.
  - V. Patients are discouraged from using communal facilities unless absolutely necessary.
  - VI. Bookings are taken by phone, email or through online booking and not in person, unless made when entering the clinic.
  - VII. Patients to be pre-screened by treating clinician prior to attending the clinic (via phone or automated email forms)

VIII. Patients to be asked to arrive punctually for appointments and to wait in their car in our car park until their practitioner comes to collect them.

## 2. Protective Personal Equipment (non clinical staff)

- a. Protective screens are in place in the reception area for reception staff
- b. Patients are requested to bring their own mask (this does not need to be surgical grade, a scarf or homemade mask is suitable). Practitioners can also provide a patient with a mask (masks to be charged for at practitioners discretion).
- c. The use of alcohol hand gel is essential and will be provided around the clinic for patients and staff. Posters will highlight its use.
- d. Staff and clinicians complete online Covid-19 training  
<https://www.skillsplatform.org/courses/7511-coronavirus-covid-19-awareness>
- e. Disinfectant sprays and wipes are readily available for use; please let Tony know if stocks run low.

## 3. Consent to treat

- a. It is suggested a specific Covid-19 consent form (see appendix 3) could be introduced for patients to sign. This can viewed online or paper copy available and will need completing on each visit to the premises
- b. Pre treatment screening to be carried out by the practitioner
  - i. Either at booking
  - ii. Over the phone
  - iii. Via online electronic form

## **Section 2- The Practitioners**

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## The Patients Journey

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This will begin the moment someone decides to visit Castle Clinic. The patient will be looking for information and assurance of the measures you have put in place to minimise the risk of transmission of Covid-19. There is a need to pre-screen patients, and once in the clinic, there are going to be additional measures to keep patients apart as they enter and exit the premises.

At Castle Clinic the patients' Journey begins when they book an appointment, therefore the first point of contact has always been the reception staff.

Please familiarise yourself with the Receptionist's document.

The Patient Journey has already started before they come into contact with a clinician. The patient should have filled in a specific Covid-19 screening form and provide consent and state they're not shielding. If a new patient or 'new treatment episode' patient they should completed a new medical history questionnaire, medical consent form and GDPR form.

Further clinical considerations to the Patients Journey;

- (i) You will have pre-screened the patient before they arrive for their appointment (via phone or via email/electronic form).
- (ii) The practitioner will measure the patient's temperature before entering into the clinic. If above 37.8°C then the patient will be advised to leave and self isolate until 7 days after the temperature drops below 37.8°C.
- (iii) It is recommended the patient will have to complete/sign the Covid-19 consent form on each visit. Practitioners will be responsible for implementing this (see example consent form in Appendix 3)
- (iv) You will be wearing your PPE before greeting the patient, which will be a 'change' for the patient.
- (v) The practitioner will be responsible for taking payment (contactless is encouraged, new contactless limit is £45) and if appropriate, rebooking.
- (vi) Patients should not come into contact with another patient during their journey through Castle Clinic, with staggered appointments. If another patient and practitioner is in the waiting room/entrance, wait until they have cleared the space before allowing your patient to pass through said space.
- (vii) Please collect patients from the car park and once their temperature has been measured

ensure patients are taken into treatment room promptly at their allocated time to prevent patients encountering one another in the reception.

- (viii) The water fountain is not available to patients.
- (ix) We are requesting patients to use the toilet before they come to the clinic to limit the need for cleaning. If essential, the patient can use the patient toilet however the practitioner must clean the toilet immediately after their patient has used the toilet.
- (x) Patients are requested not to bring anyone other than a chaperone or a translator.

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## 2.1

- Patients (and chaperones) are required to bring their own mask. These do not need to be medical grade. Scarfs, homemade masks, washable/reusable masks are acceptable. The practitioner can also provide their patient with one of their own masks (to be charged at the practitioners discretion).
- Social distancing within the clinic, with patient appointments staggered as much as possible and enforcement of the 2m rules in communal areas. This will be clearly signposted with floor markings and posters around the clinic.
- Extra time is being allocated to ensure cleaning of the rooms, staff health and welfare, as well as social distancing protocols.
- All rooms must be ventilated, but the use of fans is prohibited
- Doors and windows can be left open to allow air flow and is optimal if the to be left open at all times if the ambient temperature allows.
- 15 minutes ventilation is recommended between patients.
- Please ensure all windows are **closed and locked** at the end of the day.
- Remind patients to keep an eye on the website and Facebook if any government legislation changes, as this will be our primary point of contact.

We need to ensure that patients have the confidence that we are doing everything we can to prevent the spread of Covid-19, and they have to feel safe and protected whilst on our premises. Failure to achieve this will result in the patients not returning for further treatment.

## The Practitioners Journey

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Working whilst under social distancing is going to be difficult for all professionals returning to work. There is increased demand, in the form of notes, consent, protocol, cleaning and PPE, with an anticipated decreased demand/availability for treatments.

The general public appear to be adhering to social distancing, however for most practitioners, your occupation does not allow a 2-metre gap and therefore practitioners have to be especially alert on our infection control in order to minimise our own risk of contracting Covid-19 and preventing its spread from patient to patient and from practitioner to patient.

Regulatory bodies have all provided guidance on how to proceed seeing patients. Each body's documentation will differ slightly, and for your own protection you must adhere to the guidance from said body. Failure to do so will result in practicing uninsured and could lead to disciplinary action from your regulatory body in the event of a patient complaint.

Castle Clinic will accept no responsibility for a practitioner operating outside their governing bodies guidance. All therapists are self-employed, and with that status lies the responsibility to keep updated and in line with one's own governance.

If any practitioner feels or sees someone operating outside of clinical governance please let Tony Cowley know and we will address the situation professionally, without judgment or accusation.

The following excerpt is from the Institute of Osteopathy:

*'Is my insurance invalid if I do not use PPE?*

*We have been working with our insurance partners and in liaison with other insurers who provide Professional Liability Insurance to the osteopathic profession throughout this process, to enable you to adapt your operations with safe practice protocol in place.*

*They require osteopaths to abide by legal and regulatory requirements, and make safe and appropriate clinical decisions about their work based on the best practice guidelines, including those for infection control in osteopathic practice.*

*They will expect practitioners to take all reasonable steps to follow best practice advice to reduce the risk of infection, and if you choose not to use PPE, you will need to justify and record your clinical reasoning for your decisions.'*

Subsequently, if any clinician feels the clinics protocol is outside government or regulatory body guidance please let Tony know as soon as possible so that we can address the issue.

### **Pre-screening Patients**

This will be carried out by the practitioners up to 24 hours before an appointment over the phone or electronically and should include the following questions:

1. Is the patient under instruction from their Doctor or the NHS to isolate/shield or does the NHS define them in the 'extremely vulnerable' category as? (Appendix 2).
2. Has the patient experienced any coronavirus symptoms (persistent cough, temperature, loss of smell/taste) in the past 7 days?
3. Has the patient come into contact with any other person with confirmed infection in the past 14 days

The prescreening should be recorded in the relevant patients notes, along with the patient's temperature.

Appointments should **not** go ahead if a patient answers 'Yes' to any of the above questions.

We should still not be seeing patients we suspect of having Covid-19 and therefore the basis of the pre-screening is now the same questions as above. It is estimated that 1% of the population are carriers of the virus but are exhibiting no symptoms. Practitioners should therefore maintain a high level of clinical suspicion when triaging and when a patient is in the clinic.

Before the patient attends, the practitioner/the person who books the appointment should discuss the clinics protocols as required and ensure the patient is happy to attend. It is important that we stress that although every possible precaution is being taken it is impossible to guarantee zero risk of transmission of COVID-19, however it is much safer than most public spaces due to the measures we have in place. You can suggest the patient to look at the Covid-19 section of the website for clinic protocols and information to prevent repetition.

If you feel that the patient is unsuitable for treatment, offer them a remote consultation instead during their allotted appointment, and it is at the clinician's discretion whether to charge or not for this service.

If you suspect the patient may have coronavirus advise the patient advise them that for most people, coronavirus (COVID-19) will be a mild illness. If they live alone and you have symptoms of coronavirus illness (COVID-19), however mild, stay at home for 7 days from when your symptoms started. After 7 days, if they do not have a high temperature, they do not need to continue to self-isolate. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal.

If they have coronavirus (COVID-19) symptoms:

- they SHOULD NOT go to a GP surgery, pharmacy or hospital
- they DO NOT need to contact 111 to tell them you're staying at home
- they can apply for a COVID-19 test through the 111 website

If they feel they cannot cope with the symptoms at home, or the condition gets worse, or the symptoms do not get better after 7 days, then suggest they use the NHS 111 **online** coronavirus (COVID-19) service. If they do not have internet access, suggest they call NHS 111. For a medical emergency (difficult breathing, coughing blood etc) advise they dial 999

## **Personal Protective Equipment**

### Understanding Personal Protective Equipment (PPE)

All practitioners must complete the PPE section of the course found here: <https://www.skillsplatform.org/courses/7511-coronavirus-covid-19-awareness/book> to inform themselves of current best practice in the wearing of personal protective equipment.

### PPE summary

Before undertaking any procedure, practitioners 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 practitioners 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 or sessional use only;
- Changed immediately after each patient and/or following completion of a procedure or task and/or after each 'session'.
- 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).

Practitioners less than 2 metres away but not involved with AGPs should wear the following:

- Clinic coats/scrubs (to be worn in the clinic only)
- Fluid resistant surgical mask (e.g. IIR)
- 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 practitioner 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 physiotherapy, acupuncture, podiatry, chiropractic & 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 (see diagram below):

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

### Putting on personal protective equipment (PPE) in primary care



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 (see diagram on next page):

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.

## 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.

- 1

Remove gloves. Grasp the outside of the glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



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.


- 2

Clean hands.


- 3

Apron. Unfasten or break open apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself - do not touch the outside - this will be contaminated. Discard.


- 4

Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.


- 5

Clean hands.


- 6

Remove face mask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly.


- 7

Discard. DO NOT reuse once removed.



Clean hands with soap and water.



### PPE and home visits

(Professional practice guidance for home visits during COVID-19 Pandemic, 2020)

#### Planning a visit:

- Use clinical judgment to weigh pros and cons of visit;
- Explain to the patient risks of home visit;
- Using the guidelines plan the visit with the patient.

#### Immediately before the visit:

- Assume same PPE guidance as mentioned above (mask for both patient and practitioner);
- If soap is not available, utilize hand gel the same way you would practice hand hygiene in clinic;
- Ensure that you have a place to dispose of the PPE after the visit (e.g. black plastic bags);
- Explain to patient the reasons behind PPE, and how you will minimize the risks;
- Confirm who is in the house and health status;
- Explain again how you are following public health guidelines to minimize the risk;
- Ask patient to open a window to allow for air circulation.

During the visit:

- If possible, without touching anything and keeping >2 meter distance have the direct use to a sink with soap for hand hygiene;
- Apply PPE immediately following donning guidance;
- If this is not possible, use hand gel instead and apply PPE before entering home;
- During visit, minimize the surfaces touched;
- Minimize time spent at the home.

After the visit:

- Sanitise reusable equipment that you have brought into the home;
- Dispose of any non reusable equipment;
- Following doffing guidance remove PPE and take back to clinic for storing before disposing;
- Perform hand hygiene;
- Ask patient to open the door for you and leave home without touching anything and keeping a 2 metre distance;
- Re-sanitise using hand gel if necessary.

## **Cleaning (ECDC, 2020)**

### Introduction to cleaning

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

- Regular cleaning is followed by disinfection, using disinfectants active against viruses.
- If there is a shortage of hospital disinfectants, decontamination may be performed with 0.1% sodium hypochlorite (dilution 1:50, of 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 environmental cleaning and waste management should wear appropriate PPE. If there is an insufficient stock of respirators, then a surgical mask may be worn, as well as gloves, goggles and gown. In addition, the use of heavy-duty gloves and boots should be considered.

### Clinic room cleaning protocol

Practitioners should wipe down all surfaces after each patient (including treatment couch, wipeable pillowcases, desk, door handles, card reader, anatomical models (if used), exercise equipment (if used). Reusable non-invasive equipment (e.g. sphygmomanometer) should be decontaminated with appropriate wipes after each use.

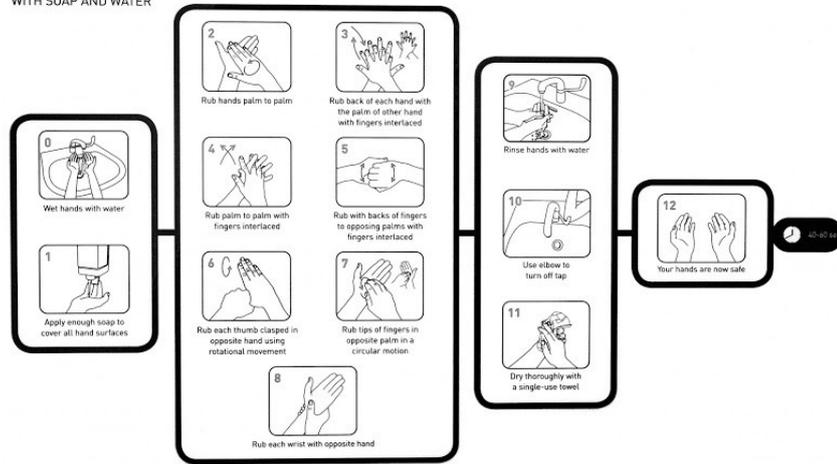
Please see appendix 4 for room cleaning checklists.

### Hand washing protocol (WHO, 2020)

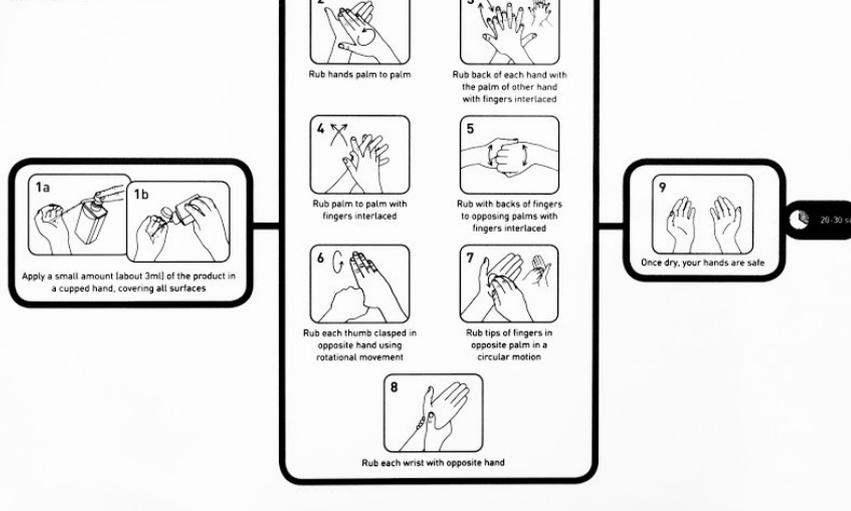
Clean your hands (and forearms for manual therapists) regularly, for at least 20 seconds.

- 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.

## How to handwash? WITH SOAP AND WATER



## How to handrub? WITH ALCOHOL HANDRUB



## Safe management of linen (laundry)

Whilst we have removed plinth covers and swapped linen pillowcases for wipeable waterproof cases (which are to be wiped down after each appointment), care must still be taken when removing them.

No special procedures are required, but linen is categorised as 'used' or 'infectious'. All linen used in the direct care of patients with suspected and confirmed COVID-19 should be managed as 'infectious' linen. Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment:

Disposable gloves and an apron should be worn when handling infectious linen.

All linen should be handled inside the treatment room. A laundry receptacle should be available as close as possible to the point of use for immediate linen deposit.

When handling linen, **do not:**

- Rinse, shake or sort linen on removal from plinths;
- Place used/infectious linen onto floor or other surfaces
- Re-handle used/infectious linen once bagged;
- Overfill laundry receptacles; or
- Place inappropriate items in the laundry receptacle e.g. used equipment/needles.

When managing infectious linen, **do:**

- Place directly into a water-soluble/alginate bag and secure;
- Place the water-soluble bag inside a clear polythene bag and secure;
- Place the polythene bag into the appropriately coloured (as per local policy) linen bag (hamper).

Store all used or infectious linen in the staff room/toilet whilst awaiting uplift.

### Staff uniforms/ clothing

The appropriate use of PPE will protect staff uniforms from contamination in most circumstances. Practitioners should change in their respective treatment rooms whilst reception/cleaning staff can change into their work clothes in a vacant treatment room on arrival at work.

Uniforms should be transported home in a disposable plastic bag or a linen pillow case. If a plastic bag is used this should be disposed of into the household waste stream.

Uniforms should be laundered:

- Separately from other household linen;
- In a load not more than half the machine capacity;
- At the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

N.B. It is best practice to change into and out of uniforms at work, and not wear them when travelling. This is based on public perception, rather than evidence of an infection risk.

### Management of clinical and non-clinical waste

A lot of the waste generated will be because of the frequent use of PPE. PPE should be bagged into a normal clinical waste bag and labelled with a date. After 72 hours there will be no potential trace of the coronavirus in the waste bag so it can be disposed of like any household waste.

## **Summary of considerations for practitioners**

1. Familiarise yourself with patient notes.
2. Hand hygiene (familiarize yourself with best practice hand washing/sanitizing. Note forearms should be cleaned too.
3. Don and doff your PPE in accordance to the above guidelines.
4. Allow extra time for cleaning responsibilities in-between patients.
5. No couch covers are to be used
6. Plastic, wipe clean pillowcases are in use
7. No towels provided by the clinic. Practitioners using their own towels are advised that used towels must be changed after every patient and put into a sealed laundry bag, taken home and washed at 60° C with detergent. Practitioners can also request their patients bring their own towel. Disposable paper towel will still be provided by the clinic
8. All contact surfaces must be cleaned down in accordance with the cleaning guide.
9. Clean the treatment room in line with the Cleaning Checklist.
10. Changes of clothing for practitioners. Do not travel to the clinic in the clothing you work in. Clothing should be changed and washed at high temperature at home. (see laundry advice below.
11. PPE to be worn and provided by practitioners in accordance with the guidance above.

## **Conclusion**

Remember, clinical contamination with Covid-19 will result in a 72-hour clinical shutdown, deep clean and isolation of the treating clinician. The specific guidance will be instructed by Public Health England who must be consulted in this situation.

Please report any possible contamination to Tony Cowley. Only a direct instruction from Public Health England will necessitate the clinic to close.

It is in all our best interests to adhere to the protocols and restrict the possibility of this eventuality. Let's work together, look out for and look after each other. Castle Clinic will be stronger than before.

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

<p><b>Undertaken a risk assessment</b></p>	<p><i>Initially performed 23<sup>rd</sup> May 2020.</i></p> <ul style="list-style-type: none"> <li>• <i>Reviewed fortnightly in line with government.</i></li> <li>• <i>Latest review 23rd May 2020</i></li> </ul>
<p><b>Heightened cleaning regimes</b></p>	<p><i>The entire clinic will be cleaned much more frequently and with cloths, bleach-based detergent and alcohol wipes (supplied in each room)</i></p> <ul style="list-style-type: none"> <li>• <i>Appointment slots to be 15 minutes longer to allow time for cleaning.</i></li> <li>• <i>Clinic rooms will be cleaned by the practitioner inbetween each patient, paying particular attention to 'touch points', all hard surfaces (e.g. plinth, equipment used, anatomical models, desk, chairs, sideboard &amp; filing cabinets) as well as door handles, card payment machine (&amp; light switched if used)</i></li> <li>• <i>Wipeable pillow cases to be wiped after each patient</i></li> <li>• <i>Common areas/washrooms will be cleaned every 4hrs</i></li> <li>• <i>Hard surface in common areas will be cleaned every 4 hours or after every patient if applicable.</i></li> <li>• <i>All 'touch points' i.e. door handles &amp; handrails in used treatment room and at entrance/exit to be wiped after every patient</i></li> <li>• <i>Room to be aerated after each appointment (opening window)</i></li> <li>• <i>Declutter all rooms of non-essential items (to reduce amount of cleaning required)</i></li> </ul>
<p><b>Increased protection measures</b></p>	<ul style="list-style-type: none"> <li>• <i>All linens from the clinic have been removed (pillow cases &amp; fabric plinth covers).</i></li> <li>• <i>Towels to be washed after single use</i></li> <li>• <i>A screen has been introduced at the reception desk.</i></li> <li>• <i>Cashless payments administered by practitioners (contactless, online, payment link, BACS) encouraged.</i></li> <li>• <i>No reception staff on site to reduce number of people in clinic.</i></li> <li>• <i>Appointment bookings to be carried out by practitioners, online or over the phone</i></li> <li>• <i>Personal PPE- as indicated by guidelines (see practitioners, reception staff, cleaners)</i></li> <li>• <i>Patient facemasks to be encouraged (patients will be asked to bring their own if they have one, or will be provided by the practitioner if not).</i></li> <li>• <i>Hand sanitizer gel and disinfectant at multiple points around the clinic (including 2 new dispensers at point of entry/exit)</i></li> <li>• <i>Patient to come alone unless vulnerable, below the age of consent, scared or requiring a translator.</i></li> <li>• <i>Daily staff temperature checks on arrival to clinic (If above 37.8°C, then not to work)</i></li> <li>• <i>Every patient to have temperature checks on arrival at clinic (If above 37.8°C, then request to reschedule appointment)</i></li> </ul>

	<p>(rescheduling to be done remotely)</p> <ul style="list-style-type: none"> <li>• Pre-screening of each patient on day of appointment to identify any possible symptoms/risk factors of COVID-19 (see section 2a)</li> </ul>
<b>Put in place distancing measures</b>	<ul style="list-style-type: none"> <li>• Stagger appointments</li> <li>• Ask patients to arrive at their appointment time</li> <li>• Ask patients to wait in cars where possible in clinic car park</li> <li>• If another practitioner or patient is in a communal area (e.g. reception, entrance/exit, toilet), wait until they have cleared the space before another patient/practitioner enters that space</li> <li>• Advise patients to come alone (unless they are below the age of consent, vulnerable, require a translator, require a chaperone, need assistance (e.g. in the case of disability or severe pain) or are anxious.</li> <li>• Limit the practitioners in the building to 3 at any one time</li> <li>• Advise practitioners to avoid congregating in communal areas or each other's treatment rooms.</li> <li>• Any external workers (e.g. plumbers, electricians etc. to enter the building outside of clinic hours.</li> <li>• Patient to sit 2 metres away from practitioner when contact is not necessary (e.g. questioning, communicating diagnosis &amp; advice).</li> </ul>
<b>Staff training</b>	<p>To be completed by all personnel (reception, proprietor, practitioners, cleaning staff).</p> <ul style="list-style-type: none"> <li>• Correct hand washing &amp; hand sanitising technique best practice</li> <li>• Knowing what signs &amp; symptoms of COVID-19 are and what is the current government/PHE advice on isolation, when to seek NHS help.</li> <li>• Put on/remove PPE safely</li> <li>• Staff briefed and trained on updated clinic policies and infection measures</li> <li>• Laminated posters to be displayed with correct procedures in appropriate positions (e.g. hand washing by sinks, PPE donning &amp; doffing in staff rooms &amp; treatment rooms).</li> </ul>
<b>Providing remote/ telehealth consultations</b>	<ul style="list-style-type: none"> <li>• All patients attending face to face appointments will have pre-screening Covid-19 questionnaire within 24 hours of appointment (either electronically via Cliniko or via telephone/video call), risk awareness and consent form signed.</li> <li>• Follow-up/maintenance appointments available via telephone/video call if necessary/ requested.</li> <li>• Limitations of remote online/telephone consultations explained to patient at beginning of appointment.</li> </ul>
	<p>(Document last updated: 21/05/2020)</p>

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>Patients/staff who are potential carriers of COVID-19 or particularly vulnerable to effects of COVID-19 could enter the clinic could transmit or pick up the virus.</p>	<p>Receptionists should avoid booking appointments from initial enquiries or 'last minute appointments', as practitioners need to triage and offer a virtual consultation in the first instance. Practitioners can consider taking an initial case history by telephone to determine if a face to face is relevant or support can be provided by an online video consultation.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough, loss of sense/smell, sore throat, achy body) in the last 7 days?</li> <li>• 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?</li> <li>• Screen to determine if they have been in contact with someone with suspected/confirmed COVID-19 in last 14 days?</li> <li>• Screen to ascertain if they have been abroad in the last 14 days (especially to an area where there is high community transmission at present)</li> <li>• Screening for extremely clinically vulnerable patients (see appendix 2)</li> <li>• Patients should be explained of the risk of face-to-face consultation (however positive, reassuring language is encouraged). <b>NB: A patient's informed consent must be documented in the patient notes.</b></li> <li>• Extended appointment times for clean down.</li> <li>• Staggered appointments when multiple practitioners working</li> <li>• Waiting in the car not waiting room</li> <li>• Suggest patients wear a face mask</li> <li>• Practitioners to wear PPE inline with advice from PHE (gloves, FRSM IIR mask, apron &amp; goggles/visor), receptionists to wear mask (&amp; sit behind screen), cleaners to wear gloves, apron, goggles and FFP2 or FFP3 mask)</li> <li>• Pre screening to be emailed prior to treatment or filled in by staff over the phone if email not possible.</li> </ul>	

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
		<b>NB: All triage pre-screening information must be documented in the patient notes.</b>	
Protecting members of staff	Staff could be particularly vulnerable to the virus. Staff could pick up the virus and become infected or spread the virus (directly or indirectly)	<ul style="list-style-type: none"> <li>All staff to report if they are living with vulnerable people and feel unable to work or need to work in a moderated way. Individual cases to be reviewed where applicable.</li> <li>Staff (practitioners, reception &amp; cleaners) to complete training of best practice hand washing/sanitising, cleaning protocol, donning &amp; doffing of PPE &amp; understanding associated signs/symptoms of COVID-19 as well as risk factors.</li> <li>Staff (practitioners, reception &amp; cleaners) should be reminded to “stay alert” of the risk of the virus and to minimise touching face, cough into elbow/tissue (to be discarded) regular hand washing/sanitising</li> <li>The proprietor to provide PPE for reception staff. Practitioners and cleaning contractor to provide their own.</li> </ul> <p>PPE requirements will be discussed in Table 3 for individual circumstances</p>	
Confirmed cases of COVID 19 amongst staff or patients?		<p>Government guideline process should a member of staff be tested for COVID-19 (see the attached Flowchart describing <a href="#">return to work following a SARS-CoV-2 test (appendix 1)</a> at the end of this document)</p> <p>Should a patient advise you that they have symptoms of COVID-19 after visiting the clinic please inform all staff members immediately and follow government guidance that is: -</p> <ul style="list-style-type: none"> <li>If the patient experiences symptoms within 2/3 days of visiting the clinic, any staff with direct contact to that individual should self-isolate</li> <li>Anyone with indirect contact with the patient, should be advised of the situation and suggest they monitor for symptoms but do not need to self-isolate</li> <li>Call 111 or speak to your GP immediately if concerned about any symptoms and report the disease for track and trace</li> </ul>	
Travel to and from the clinic	Lack of control over hygiene of environment/other people on public transport	<ul style="list-style-type: none"> <li>Staff and/or patients/chaperones that may travel by public transport advised to “stay alert” wear a mask, carry and regularly use hand gel, maintain social distancing, avoid touching anything unnecessary, bring a change of clothes (if staff), wash hands and change into work clothes on arrival to the clinic and change out of work clothes when leaving work.</li> </ul>	

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
	Transmission of virus from one place to another	<ul style="list-style-type: none"> <li>• Patients/chaperones to wait in the car and call us to notify of arrival. Wait for call to come to clinic door.</li> <li>• Avoid chaperones unless necessary.</li> </ul>	
Entering and exiting the building	<p>Too many patients/practitioners in space at one time to adhere to social distancing</p> <p>People entering/exiting building could transmit virus into/away from clinic</p>	<ul style="list-style-type: none"> <li>• Staff to change into work clothing at the clinic on entry and place work clothing in a separate cloth bag at the end of the day to take home for washing at 60°C.</li> <li>• If another practitioner or patient is entering or exiting the building, wait until they have cleared the space before another patient/practitioner enters that space</li> <li>• Patients to be advised to arrive punctually for their appointment to avoid overcrowding in waiting room/minimise the time in our building therefore complying with social distancing if other patients are in the clinic. This way we can stagger and chaperone patients in and out of the clinic efficiently</li> <li>• Patients arriving early will be asked to wait in their car in the car park to help observe social distancing</li> <li>• Patients to use hand gel on entry &amp; exit of the clinic.</li> <li>• Practitioners to open/close the doors for patients to minimise the surfaces that patients contact</li> <li>• Avoid use of chaperone (where appropriate)</li> </ul>	
Reception and common areas	<p>Relatively higher traffic therefore increased risk of contact transmission of virus. Also potential for people (staff &amp; patients to congregate, limiting ability to social distance &amp; increasing risk of droplet transmission.</p>	<ul style="list-style-type: none"> <li>• Waiting area will be off limits unless completely unavoidable (illness, disability or exceptional circumstances).</li> <li>• Chairs in waiting room removed to reduce surface area for virus, reduce cleaning requirements &amp; dissuade people to loiter in waiting area.</li> <li>• We encourage contactless payment instead of cash and offer payment links so they can pay at home</li> <li>• Patients to be encouraged to use the toilet before they leave home. Our clinic toilets can be used if necessary, but the preference is for patients to not use clinic toilets to limit the amount of cleaning required.</li> <li>• Open windows in all working areas to ensure good air flow</li> <li>• No on-site receptionist. Some reception work can be performed remotely, and patients online can do tasks like cancellations. Online booking to be restricted at this moment in time so that practitioners can screen patients before booking to determine if face to face is appropriate/safe.</li> </ul>	

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
		<ul style="list-style-type: none"> <li>Increased cleaning, with high-risk objects to be identified. This will inform cleaning checklist to be completed &amp; initialled by members of staff every 4 hours (or more if necessary).</li> </ul>	
Social/physical distancing measures in place	If people in close proximity/too many people for the volume of the space the risk of transmission of virus increases.	<ul style="list-style-type: none"> <li>Staggered appointment times so that patients less likely to overlap in reception</li> <li>No reception staff onsite when practitioners working.</li> <li>Reception screen</li> <li>When reception returns to work in future, to wear facemask.</li> <li>No more than 2 people in any room at one time (unless chaperone necessary).</li> <li>Removal of chairs in waiting room to discourage use of waiting room</li> <li>Email or telephone screening. If appropriate, utilising telehealth calls for new patients/new cases to minimise time patients in clinic. When questioning, communicating (e.g. discussing diagnosis, prognosis, management) with patients in treatment room, to be done with 2 metres distance.</li> <li>15-minute gaps between appointments will reduce likelihood of patients 'bumping' into each other.</li> <li>External contractors (e.g. electricians &amp; plumbers) to attend out of clinic hours</li> <li>Cleaning staff to work when patients/practitioners/staff not in the clinic.</li> <li>Stickers on floor to mark 2 metre distance to highlight to people in the building the need for social distancing</li> </ul>	
Face to face consultations (in-clinic room)	Two people (or 3 if chaperone attending) create a potential for disease transmission.	<ul style="list-style-type: none"> <li>Practitioners to correctly don, wear &amp; doff required PPE (session use of FRSM IIR mask or better, single-use of nitrile gloves &amp; plastic apron with each patient &amp; goggles/visor).</li> <li>Chairs have been moved to increase the spacing between practitioner and the patient to encourage social distancing when taking case notes</li> <li>New patients/new cases to give case history over phone/video call where possible</li> <li>Ensure good room ventilation: windows in clinic room to be left open when outside temperature allows, but to always open windows in between patients and whenever possible</li> <li>Reduce frequency of use of aerosol-generating procedures (AGP's) including but</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

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
		<p><i>not limited to supine HVT techniques, sternal and upper rib compression work, breath work, techniques that could induce a cough and exercises that cause patients to increase respiratory rate. Consider lift offs or alternative techniques where possible.</i></p> <ul style="list-style-type: none"> <li>• <i>Pre-screening of patients (via email form or phone) prior to patients entering the clinic to risk assess for COVID-19</i></li> <li>• <i>Temperature taken on arrival (before entrance to building)</i></li> <li>• <i>Remove fans from rooms</i></li> <li>• <i>For manual therapists (physiotherapists, osteopaths, chiropractors, massage therapists - when treating necks keep well back from the face of the patient so you are not directly breathing over a patients face and visa versa</i></li> <li>• <i>Request patients to bring a mask (this does not need to be medical grade. A scarf, snood or homemade mask is fine). If a patient does not bring a mask, practitioners to provide a mask for the patient (charging at practitioners discretion).</i></li> <li>• <i>Encourage patient to attend clinic on his or her own (unless patient is under the age of consent, needs a translator, is a vulnerable patient, needs a chaperone or is disabled and needs assistance).</i></li> </ul> <p><i>Policy on chaperones/family members in clinic rooms/reception/waiting area.</i></p> <ul style="list-style-type: none"> <li>• <i>One parent/guardian only with visits for children</i></li> <li>• <i>No additional family members except if requested as a chaperone</i></li> <li>• <i>Pre-screening of chaperones must be done for symptoms/risk factors of COVID-19 prior to them entering the clinic (can use the patient pre screening form).</i></li> </ul>	

**Table 2b Hygiene measures**

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

	<b>Description of risk</b>	<b>Mitigating action</b>	<b>When introduced</b>
Increased sanitisation and cleaning	Surfaces can harbour the COVID-19 virus for up to 72 hours. If a person touches a contaminated surface then their mouth, nose or eyes they can become infected with the virus. A patient can also transmit the virus from a surface in the clinic to a surface outside the clinic.	<ul style="list-style-type: none"> <li>• Practitioners to wipe surfaces in treatment room after each patient, paying particular attention to all used hard surfaces (e.g. plinth, equipment used, anatomical models, desk, chairs, sideboard/shelves, filing cabinets, door handles, card payment machine, light switch) as well as waterproof pillowcases</li> <li>• Goggles/visor to be wiped after each patient</li> <li>• Checklists created for each area to highlight the necessary objects to be routinely cleaned &amp; initialled when cleaned by practitioner/receptionist.</li> <li>• <u>Clinic rooms checklist</u> - plinth, equipment used (e.g. sphygmomanometer), anatomical models, desk, chairs, sideboard/shelves, filing cabinets, basin &amp; taps, door handles, card payment machine, light switch) as well as waterproof pillowcases</li> <li>• <u>Reception checklist</u> - desk, desk chair, computer (mouse &amp; keyboard) doors and door handles, light switches, diaries, modem router, phone, printer filing cabinet, hand sanitiser dispenser every 4 hours (hand sanitiser &amp; card machine always after keys have been used by patient and desk, phone, computer &amp; its peripherals after end of use by each user)</li> <li>• <u>Kitchenette</u> - Dishwasher door &amp; handle, kettle, fridge door and handle, sink &amp; taps, worktop, door &amp; door handles &amp; light switch</li> <li>• <u>Toilet</u> - Toilet, flush, handrail, toilet roll holder, basin, hand towel holder.</li> <li>• <u>Entrance</u> - handrail, door, door handle</li> <li>• Cleaning with cloth, bleach-based detergent or alcohol wipes.</li> <li>• Use of at least 60% alcohol hand sanitiser</li> <li>• Actions/behaviours to minimise the number of surfaces requiring cleaning</li> <li>• Decluttering of unnecessary items from reception, treatment rooms, kitchen &amp; staff room.</li> <li>• Remove unnecessary linen/use wipeable pillowcases that can be cleaned between patients etc.</li> <li>• Keep doors open between common areas (waiting room and kitchenette &amp; staff room) to reduce door handle us</li> <li>• Towels to be single use and provided by practitioners and put in lidded laundry basket after each use. To be taken away by practitioner in cloth laundry bag to be washed at home at 60°C with detergent separately from their home laundry.</li> </ul>	

**Table 2b Hygiene measures**  
**We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures**

	<b>Description of risk</b>	<b>Mitigating action</b>	<b>When introduced</b>
		<p><i>Alternatively, practitioners can request their patients to bring their own towel.</i></p> <ul style="list-style-type: none"> <li>• Staff to put on clean clothes when they arrive at the clinic and then put them in dedicated cloth laundry bag (e.g. pillowcase) before they leave the clinic to be washed at home separate from their non work laundry at 60°C with detergent to minimise the risk of cross-contamination with other items. Wash the cloth bag and clothing within together.</li> <li>• Cleaner to come out of clinic hours to avoid contact with other people</li> </ul>	
Aeration of rooms	Covid-19 can be transmitted by droplet transmission & airborne transmission.	<ul style="list-style-type: none"> <li>• If ambient temperature allows, keep windows open</li> <li>• If too cold, aerate the treatment room after each patient</li> <li>• Removal of fans</li> <li>• Aeration of reception areas as frequent as possible.</li> </ul>	
Staff hand hygiene measures	COVID -19 can be picked up by the hands if a contaminated surface is touched, which can be easily passed onto other surfaces or to the persons respiratory tract if one touches face with a hand contaminated by COVID	<ul style="list-style-type: none"> <li>• Practitioners to be bare below the elbow.</li> <li>• Hand washing before and after patients with soap and water for at least 20 seconds (following hand washing steps displayed in laminated posters by sinks/basin (including forearms)</li> <li>• Installation of hand sanitiser dispensers (with adjacent laminated poster displaying correct hand sanitising procedure</li> </ul>	
Respiratory and cough hygiene	COVID-19 lives in the mouth/throat & respiratory tract. Cough droplets can carry COVID-19 and	<ul style="list-style-type: none"> <li>• 'Keep that cough under cover' posters</li> <li>• Provision of disposable, single-use tissues.</li> <li>• Waste bins (lined, lidded and foot-operated)</li> <li>• Hand hygiene facilities available for patients, visitors, and staff</li> </ul>	

**Table 2b Hygiene measures**  
 We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures

	<b>Description of risk</b>	<b>Mitigating action</b>	<b>When introduced</b>
	<i>transmit it</i>		
Cleaning rota/regimes	<i>Areas may not be cleaned or cleaned thoroughly.</i>	<ul style="list-style-type: none"> <li>• <i>Cleaning rota frequency every 4 hours for common areas</i></li> <li>• <i>A written record of cleaning time and by whom kept in relevant room</i></li> <li>• <i>Cleaning rota frequent and inspection of washrooms, detail recorded e.g. on notice of washroom door</i></li> </ul>	

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

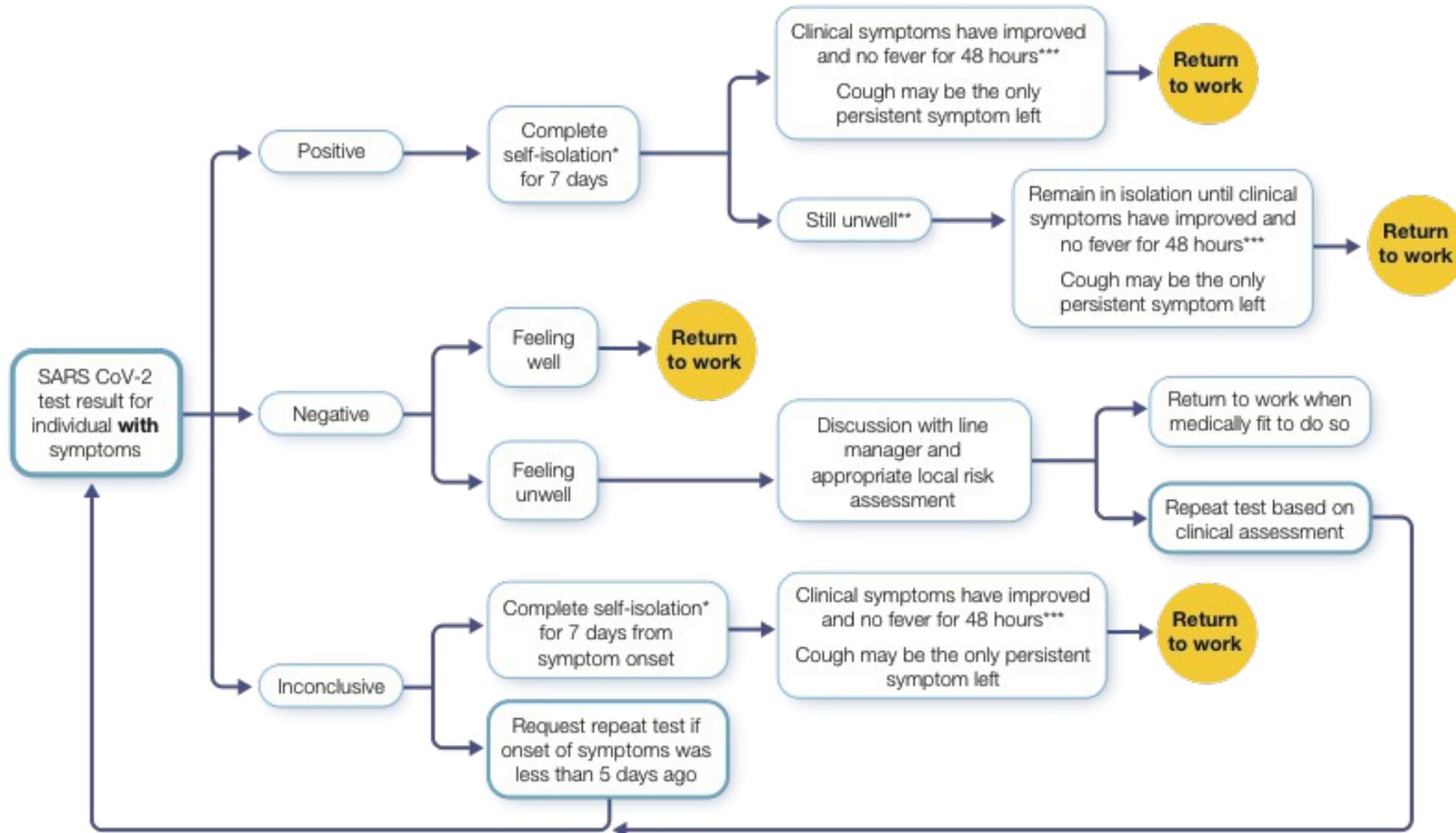
Practitioners will wear the following PPE	<ul style="list-style-type: none"> <li>• <i>Single-use nitrile gloves and plastic aprons with each patient</i></li> <li>• <i>Fluid-resistant surgical masks (FRSM Type IIR) or higher grade</i></li> <li>• <i>Eye protection (goggles or visor), e.g. if there is a risk of droplet transmission or fluids entering eyes</i></li> <li>• <i>All practitioners to follow correct donning &amp; doffing procedures (see laminated posters in each treatment room and staff room, kitchenette).</i></li> </ul>
When will PPE be replaced	<ul style="list-style-type: none"> <li>• <i>Gloves &amp; aprons after each patient or if becomes damaged</i></li> <li>• <i>Masks at the end of a session (4 hours) or if becomes damaged, damp or it's difficult to breath through or uncomfortable</i></li> <li>• <i>At the end of a session (4 hours)</i></li> <li>• <i>Visors/goggles to be cleaned at the end of a session (4 hours) or when there has been known droplet contamination.</i></li> </ul>
Reception staff will wear the following PPE	<ul style="list-style-type: none"> <li>• <i>Fluid resistant surgical masks for those in direct contact with patients</i></li> <li>• <i>N95 if in the vicinity and has concerns about social distancing.</i></li> <li>• <i>Desk screen for office use</i></li> <li>• <i>Hand sanitizer to be used frequently</i></li> </ul>
Patients will be asked to wear the following PPE	<ul style="list-style-type: none"> <li>• <i>Face covering in clinical and waiting areas (this does not need to be a medical grade mask, homemade masks, scarfs and snoods are fine). If the patient does not have a mask, then masks to be provided by the practitioner (and can be charged for at the practitioner's discretion)</i></li> <li>• <i>Fluid-resistant surgical masks if respiratory symptoms (e.g. from hay fever or asthma)</i></li> </ul>
PPE disposal	

- *Single-use PPE, plus any cleaning cloths and tissues used should be double-plastic bagged, labelled and put aside for 72 hours before being placed in normal waste for collection by the local authority.*

**Table 4. Communicating with patients: Detail here how you will advise patients of measures that we have taken to ensure their safety and the policies that have been put in place in our clinic**

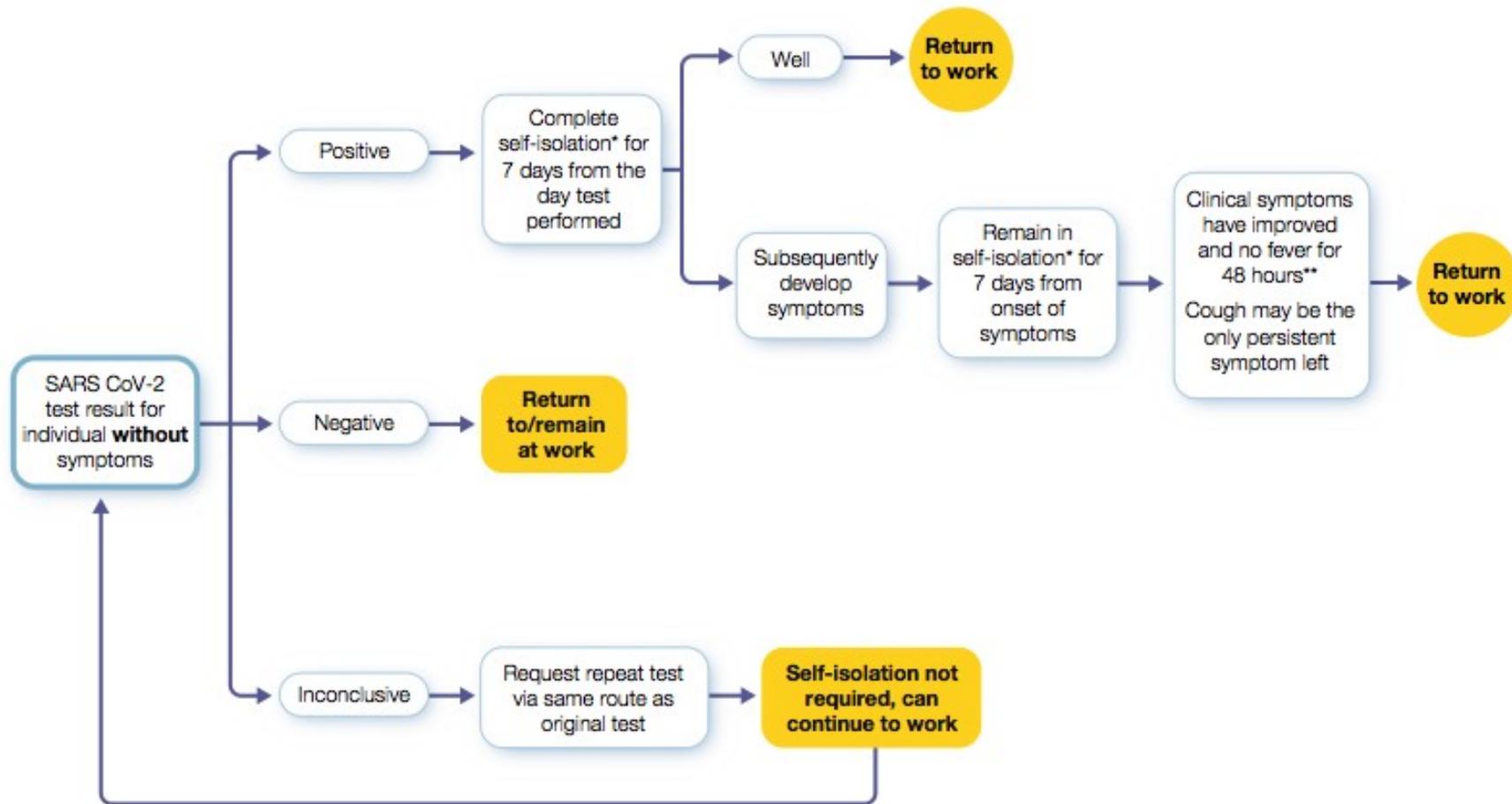
<b>Publishing your updated clinic policy</b>	<ul style="list-style-type: none"> <li>• <i>Available on request</i></li> <li>• <i>Provide as part of appointment confirmation email</i></li> <li>• <i>Create video for website highlighting new procedures and 'patient journey'</i></li> <li>• <i>Available on social media channels (Facebook, YouTube, Instagram)</i></li> </ul>
<b>Information on how you have adapted practice to mitigate risk</b>	<ul style="list-style-type: none"> <li>• <i>Updating of website and social media accounts (Facebook, YouTube, Instagram)</i></li> <li>• <i>Email mailshot to patient base</i></li> </ul>
<b>Pre-appointment screening calls</b>	<ul style="list-style-type: none"> <li>• <i>Email COVID pre-screening form or fill in form with patient via a phone call by practitioner up to 24 hours before appointment</i></li> <li>• <i>If non-clinician (e.g. receptionist) then a screening questionnaire will be provided along with training. If any red flags appear then this will be handed to clinician to call the patient to discuss treatment viability.</i></li> </ul>
<b>Information for patients displayed in the clinic</b>	<ul style="list-style-type: none"> <li>• <i>Door notices advising anyone with symptoms not to enter the building.</i></li> <li>• <i>Notices/posters on public health measures e.g. hand washing/sanitising/'keep that cough under cover', what to do if has symptoms etc.</i></li> </ul>
<b>Other patient communications</b>	<ul style="list-style-type: none"> <li>• <i>Social media updates will continue as government guidance and our policy's change.</i></li> <li>• <i>Emails and messages to patients require more information will be made available on a case by case basis</i></li> <li>• <i>Website updates will happen in the near future.</i></li> </ul>

## Symptomatic worker: flowchart describing return to work following a SARS-CoV-2 test



\* Refer to [Stay at Home Guidance](#)  
 \*\* Consider contacting the [NHS online coronavirus service](#), or in a medical emergency dial 999  
 \*\*\* Without medication

## Asymptomatic worker: flowchart describing return to work following a SARS-CoV-2 test



\* Refer to [Stay at Home Guidance](#)  
\*\* Without medication

## **Appendix 2: Who's at higher risk from coronavirus (SOURCE NHS WEBSITE)**

There are 2 levels of higher risk:

(i) high risk (clinically extremely vulnerable)

(ii) moderate risk (clinically vulnerable) The lists below may not include everyone who's at higher risk from coronavirus and may change as we learn more about the virus

### People at high risk (clinically extremely vulnerable)

People at high risk from coronavirus include people who:

- 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 Information:If you're at high risk from coronavirus, you should have received a letter from the NHS.Speak to your GP or hospital care team if you have not been contacted and think you should have been.

### People at moderate risk (clinically vulnerable)

People at moderate risk from coronavirus include people who:

- are 70 or older or 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 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)

## Appendix 3: CORONAVIRUS RISKS: CONSENT TO TREATMENT

Patient Name:

Patient DOB: .

If you are under 16 years of age, this consent should be signed by a parent or guardian.

Although it is legally acceptable for Castle Clinic to remain open and provide you with treatment, not least because this can help relieve pressure on the NHS, it is important that you understand the risks involved. These risks are minimal, and we are doing all we can to avoid any possibility of contamination, but the decision to go ahead with treatment must be yours, and must be based on the best information we have. Therefore, please read the information below and, if you agree to proceed, sign the consent form at the bottom.

**Staff Health:**All practitioners at Castle Clinic monitor themselves daily for symptoms of COVID-19, including testing their temperature. None of those in clinic are currently exhibiting any signs or symptoms of the disease. Between appointments, all staff wash their hands thoroughly with soapy water (this is more effective than hand gel) and change their gloves and disposable apron. Practitioners are following government guidelines on social distancing when not at work. If they believe they might have been in contact with an infected person, they will self-isolate and not attend clinic.

**Premises:**All surfaces in the clinic which might be touched by patients are thoroughly cleaned, using detergent/disinfectant solution between appointments. This includes chairs, desks, card machines, pens, door handles and doorbells. All floors are mopped with disinfectant at least once a day. All patients are screened before attending the clinic to minimise the risk from an infected person. We are practicing safe distancing wherever possible and request patients not to use waiting room facilities and sit 2m away from any other occupant.

**Patients:**Patients are asked to sanitize their hands on arrival and to wear face masks. We try to ensure that patients do not touch any unnecessary surfaces. Hand sanitizer is available for everyone's use throughout the clinic. Appointments are interspaced with a gap in order to minimise cross-contamination and to allow time for disinfection.

**The Risks:**Coronavirus is most easily spread through close contact with a contaminated person. The most likely mechanism is through respiratory droplets produced when an infected person coughs or sneezes. However, the virus is known to survive on various surfaces for up to 72 hours. It is likely that a person may be contagious even when they display no symptoms of COVID-19. It is impossible for us to guarantee that Castle Clinic is entirely free of coronavirus, but as you can see, we are doing everything possible to minimise the risk to you.

**High Risk:**Some people are at higher risk from COVID-19. We try to screen such patients out before they arrive in the clinic, but if you are aged over 70, pregnant, immuno-compromised or have significant other health concerns (diabetes or COPD, for example), you are advised NOT to receive treatment.

Ultimately, we are doing all that we reasonably can to minimise risk whilst remaining open. However, we cannot eliminate risk, especially as COVID-19 can be spread by those showing no symptoms.

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Signed:

I agree that Castle Clinic cannot accept responsibility for transmission of COVID-19 should I become infected. I understand that there is a risk of transmission of COVID-19 as a result of attending Castle Clinic

I have had the chance to ask any questions I wish to and understand that I can discontinue treatment at any stage if I wish.

Date:

## Appendix 4 – Cleaning Checklists

### RECEPTION CLEANNG CHECKLIST

Date:

Date:	Item to be cleaned around desk (note if items used, to be cleaned immediatley after) <i>please initial</i>						Items to be cleaned around Waiting Area & Door (note items to be cleaned immediatley after use also) <i>please initial</i>				
	Desk	Computer	Mouse & Keyboard	Printer	Filing Cabinet	Desk chair	Hand sanitiser Dispensers	Doors	Door handles	Light switches	Hand rail
7:00 AM											
11:00 AM											
3:00 PM											
7:00 PM											
<b>Deep Cleaning</b>											

### KITCHENETTE CLEANING CHECKLIST

Date:

Date:	Kitchenette (note - if items used, to be cleaned immediatley after use) <i>please initial</i>							
	Kettle	Dishwahser Door & Handle	Sink & Taps	Fridge door & handle	Worktop	Light Switch	Bin	Door & Handle
7:00 AM								
11:00 AM								
3:00 PM								
7:00 PM								
<b>Deep Cleaning</b>								