

Adapting practice: Infection risk assessment and mitigation guide

This document provides a written record of the heightened infection control measures that this clinic has put into place to ensure the safety of all staff and patients during COVID-19.

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

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

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

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

Please also ensure that you are aware of the following:

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

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

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

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

In this section, you should provide an overview of measures you have taken to adapt your practice for preparation for operating in the current COVID-19 situation. You may wish to publish this overview as your clinic policy, so patients are aware of the measures you have taken.

Undertaken a risk assessment	<p><i>Risk Assessment done on 20/05/2020.</i></p> <ul style="list-style-type: none"> ● <i>these processes will be reviewed on change of Government guidance or in a stated period if sooner.</i>
Heightened cleaning regimes	<ul style="list-style-type: none"> ● <i>Clinic rooms will be cleaned between in each patient</i> ● <i>Common areas/washrooms will be cleaned every hour</i> ● <i>Hard surface in common areas will be cleaned after every patient</i> ● <i>30 minutes in being left in between each patient to clean, and aerate the treatment room</i>
Increased protection measures	<p><i>additional processes or protections you have put in place:</i></p> <ul style="list-style-type: none"> ● <i>We have removed all linens from the clinic, soft furnishings, fabric chairs, and are using disposable plinth covers.</i> ● <i>We are using waterproof pillow protectors which are changed after each patient.</i> ● <i>If you have introduced screens for reception areas,</i> ● <i>Cashless payments (where possible)</i> ● <i>Staff PPE; this includes masks, gloves, aprons and full face visors, changed for every patient.</i>
Put in place distancing measures	<p><i>We have put in place the following distancing measures</i></p> <ul style="list-style-type: none"> ● <i>Stagger appointments</i> ● <i>Limit the number of patients in common areas (we are rotating our shifts, as well as minimilising the chance of patients contacting each other (30 minute gap between patients)</i>
Staff training	<p><i>Additional training undertaken:</i></p> <ul style="list-style-type: none"> ● <i>Correct handwashing technique best practice</i> ● <i>Put on/remove PPE safely</i> ● <i>Webinars attended hosted by the Institute of Osteopathy for best infection control.</i>
Providing remote/telehealth consultations	<p><i>We are using telehealth as our first line of PPE:</i></p> <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: 20/05/2020)</p>

The following sections are a means to consider/describe the risks in your clinic and record the measures you have put in place to operate as safely as possible and mitigate risk of infection. The sections here may not all be applicable or conversely, you may want to add further areas that you have assessed. The indicators in grey are suggestions and are not intended to be an exhaustive list.

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>You need to triage and offer a virtual consultation in the first instance. Consider taking an initial case history by telephone to determine if a face to face is relevant or support can be provided by a telehealth consultation.</i></p> <p><i>If a virtual consultation does not meet the needs of the patient, detail here how you will pre-screen a patient (and chaperone if relevant) before they arrive in the clinic for example but not limited to:</i></p> <ul style="list-style-type: none"> ● <i>Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days?</i> ● <i>Screening for extremely clinically vulnerable patients</i> ● <i>Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc</i> ● <i>Screen to see if a member of their household had/has symptoms of COVID-19 or are in a high-risk category i.e. shielded as considered extremely clinically vulnerable?</i> ● <i>Have they been in contact with someone with suspected/confirmed COVID-19 in last 14 days?</i> <p><i>Detail here what other information you will provide during the pre-screening call</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>Detail here what process you expect the patient to undertake on arrival and whilst at the clinic e.g. as detailed in processes below</i></p> <p><i>triage pre-screening information must be documented in the patient notes.</i></p>	

Protecting members of staff		<p><i>No members of staff or their family members have been identified as vulnerable.</i></p> <p>See Table 3 for PPE measures.</p>	
Confirmed cases of COVID 19 amongst staff or patients?		<p><i>The process is attached should a member of staff be tested for COVID-19 see the attached Flowchart describing return to work,</i></p> <p><i>Policy should a patient advise you that they have symptoms of COVID-19 after visiting the clinic in line with government guidance:</i></p> <ul style="list-style-type: none"> ● <i>If the patient experiences symptoms within 2/3 days of visiting the clinic, any staff 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>Travel in own clothes, get changed at work. Travel home in own clothes. Work clothes must be washed at 60 degrees, and ironed/tumble dried. Patient/chaperones to wait in the car park until they are called. Patient asked to attend alone unless a chaperone is needed.</i></p>	
Entering and exiting the building		<p><i>Detail here if you have a process for both staff and patient entering and exiting the clinic</i></p> <ul style="list-style-type: none"> ● <i>Staff to 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>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>Patients arriving early be asked to wait in their car or outside the building (observing social distancing).</i> ● <i>Are there clear and specific routes through your clinic that should be taken?</i> ● <i>Patients to wash their hands (with either soap and water or a form of hand sanitiser) upon entering exiting the building</i> 	
Reception and common areas		<p><i>Common areas:</i></p> <ul style="list-style-type: none"> ● <i>patients to turn up promptly at their appointment time to reduce time in the waiting area</i> ● <i>Common areas/any patient contact area to be cleaned after each patient.</i> ● <i>contactless payment instead of cash, ask patients prior to their appointment.</i> ● <i>We will be using floor spacing markers to indicate distancing from reception (where needed)</i> 	
Social/physical distancing measures in place		<p><i>Measures/ other distancing put in place:</i></p> <ul style="list-style-type: none"> ● <i>Staggered appointment times so that patients do not overlap in reception</i> 	

		<ul style="list-style-type: none"> ● Prescribe a maximum number of staff and/or patients on the premises at any one time (one member of staff) 	
Face to face consultations (in-clinic room)		<p>Practitioners are asked to:</p> <ul style="list-style-type: none"> ● Consider whether you will be able to increase the spacing between you and the patient to encourage social distancing when taking a case ● Consider what adaptation in treatment techniques may be needed to avoid unnecessary close proximity <p>Policy on chaperones/family members in clinic rooms/reception/waiting area: e</p> <ul style="list-style-type: none"> ● One parent/guardian only with visits for children ● No additional family members except if requested as a chaperone ● Chaperones will also have to answer the pre-treatment Covid-19 screening questions. 	<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>Detail types/and or changes of sanitisers that will be used and detail which surfaces will be cleaned at what intervals.</p> <ul style="list-style-type: none"> ● Clinic rooms - plinths, desk, door handles, equipment chairs - between each patient cleaned with Chlor-Clean. ● Reception surfaces, doors and door handles, chairs, taps, card machines etc are cleaned with Chlor-Clean. ● Use of at least 70% alcohol sanitisers/wipes, using bleach-based detergents for floors <p>Actions to minimise the number of surfaces requiring cleaning</p> <ul style="list-style-type: none"> ● Removed unnecessary linen/use plastic pillowcases that can be cleaned between patients etc. ● Decluttering the clinic rooms and waiting area on unnecessary items <p>Keeping doors between common areas open if safe and appropriate to do so, to reduce touch points</p>	
Aeration of rooms		<p>Aeration for clinic rooms:</p> <ul style="list-style-type: none"> ● If no windows, will you leave clinic room doors open for at least 20 minutes ● Removal of fans and other air-circulation mechanisms 	

		<i>Aeration of common/reception areas e.g. opening windows and or doors every 30 minutes</i>	
Staff hand hygiene measures		<i>Staff hand hygiene measure put in place:</i> <ul style="list-style-type: none"> ● <i>Bare below the elbow/hand washing before and after patients with soap and water for at least 20 seconds, including forearms/use of hand sanitiser gel/ use of gloves where possible.</i> 	
Respiratory and cough hygiene		<i>Communication of cough hygiene measures for staff and patients:</i> <ul style="list-style-type: none"> ● <i>'Catch it, bin it, kill it' posters</i> ● <i>Provision of disposable, single-use tissues waste bins (lined and foot-operated)</i> ● <i>Hand hygiene facilities available for patients, visitors, and staff</i> 	
Cleaning rota/regimes		<i>Detail here the details of your cleaning rota and how these will be recorded by staff:</i> <ul style="list-style-type: none"> ● <i>Cleaning rota frequency increased from half-day to 2 hours for common areas</i> ● <i>A written record of cleaning time and by whom kept by Emily and Sarah.</i> ● <i>Cleaning rota frequent and inspection of washrooms, detail recorded e.g. on notice of washroom door</i> 	

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

Clinicians will wear the following PPE	<i>PPE will clinicians wear:</i> <ul style="list-style-type: none"> ● <i>Single-use nitrile gloves and plastic aprons with each patient</i> ● <i>Fluid-resistant surgical masks (or higher grade)</i> ● <i>Eye protection, e.g. if there is a risk of droplet transmission or fluids entering eyes this is a face visor.</i>
When will PPE be replaced	<ul style="list-style-type: none"> ● <i>Masks when potentially contaminated, damaged, damp, or difficult to breathe through</i> ● <i>Aprons and gloves after each patient</i> ● <i>Visors at the end of each patient will be cleaned with Chlor-Clean.</i>
Reception staff will wear the following PPE	<i>N/A</i>
Patients will be asked to wear the following PPE	<i>Patients will be asked to wear (or be provided with)</i> <ul style="list-style-type: none"> ● <i>Fluid-resistant surgical masks if respiratory symptoms e.g. from hay fever or asthma</i> ● <i>Face-covering in clinical and waiting areas (this will be a surgical mask)</i>
PPE disposal	<i>The surgery will dispose of PPE including cleaning wipes and tissues after use:</i> <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 your local authority.</i> ● <i>Cloths and cleaning wipes also bagged and disposed of with PPE</i>

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

<p>Publishing your updated clinic policy</p>	<p><i>Clinic policy will be available e.g.</i></p> <ul style="list-style-type: none"> ● <i>Publish on clinic wall, available on request</i> ● <i>Provide as part of appointment confirmation emails</i> ● <i>Available on your website and social media information.</i>
<p>Information on how you have adapted practice to mitigate risk</p>	<p><i>General information on steps taken and where it has been published</i></p> <ul style="list-style-type: none"> ● <i>Updating of website and via your social media accounts</i> ● <i>Email to your patient base</i> <p><i>This is updated in line with new Government guidance</i></p>
<p>Pre-appointment screening calls</p>	<p><i>Pre appointment screening questions will be made for every patient:</i></p> <ul style="list-style-type: none"> ● <i>24 hours/morning before a scheduled appointment</i> ● <i>A clinician will call.</i> ● <i>This will be recorded on patient notes.</i>
<p>Information for patients displayed in the clinic</p>	<p><i>Detail here any patient information posters that you have in your clinic e.g.</i></p> <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</i> ● <i>Providing patients contact for more information if needed see iO website for free posters</i>
<p>Other patient communications</p>	<p><i>Phone calls, emails, and video on social media showing the patient journey.</i></p>