**EOS Return to Practice Covid 19 Hygiene Policy Updated 20th September 2020**

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**1 Pre-screening for risk before patients or chaperones visit the clinic**

Prior to an in-clinic or telehealth consultation, and no more than 48 hours before a scheduled appointment, Covid-19 pre-screening of the patient (and chaperone if relevant) will take place by telephone or by electronic submittable questionnaire delivered to the patient by email and the results will be recorded on the patient’s case notes. In the case of an electronic questionnaire, depending on the patient (and chaperone) responses, the clinician may call the patient after the screening questionnaire is completed and submitted. Subject to the patient’s (and chaperone’s) verbal consent, the clinician will provide them with relevant health advice depending on the screening results, ask further health or Covid-related questions, and take a telephone case history where appropriate to determine whether consultation should be initially via telehealth or in-clinic (face to face).

If the patient (or chaperone) does not have access to email, the practice manager or the clinician will initially call the patient no more than 48 hours prior to attending and ask the patient (and chaperone if relevant) to complete a telephone screening questionnaire and the responses will be recorded in the patient’s notes. As in the case of the electronic screening questionnaire, depending on the patient responses the clinician may then call the patient (and/or chaperone) to question them further as required and to take a case history if appropriate. The patient may respond to the telephone screening questionnaire on behalf of the chaperone. The patient will be informed that their contact details (but not any medical details) will be shared with a contact tracer should the need arise. The normal GDPR rules may be overridden for the performance of a task carried out in the public interest.

The pre-screening questionnaire will cover the following items:

 • Screening for any symptoms of COVID 19 in line with NHS guidelines (e.g. high temperature, a new, persistent cough, recent loss of smell, taste,)

• Screening for COVID-19/ antibody testing, and recording the result if known

• Does person believe they have had COVID-19 and if so was it confirmed and date of infection?

• Has patient been in proximity (< 2m) with someone (including household members) with suspected/confirmed COVID-19 in last 14 days?

• Is patient clinically vulnerable e.g. at risk of rapid deterioration in symptoms, underlying physical or mental wellbeing concerns, patient shielding

• Screening for additional respiratory symptoms or conditions e.g. breathlessness, COPD, asthma

• Recent travel / return to the UK from abroad of patient / household member / person in close proximity

Additional items on the electronic questionnaire are as follows:

• Pregnancy

• Over 70 years of age

• Living with someone who may be considered high risk

• Has the patient had an organ transplant

• Immunosuppressant drugs

• Current treatment for cancer

• Diabetes

• Rare diseases such as sickle cell or SCID.

• Heart, liver or kidney disease

1.1 Instructions issued to patients via email and/or telephone call, or by telephone at the time of booking.

The patient will be issued the following instructions.

* The patient will be asked not to enter the building until their appointment time. They will be advised to use the hand santiser on entering and be wearing a face covering securely over the mouth and nose, or take a face mask provided by the clinic and place it securely over the nose, mouth and chin as indicated on the poster. They will either then be asked to take a seat in the waiting area until called or instructed to enter the clinic room after fitting their face mask and sanitizing their hands. These instructions also apply to the chaperone if present.

The patient (and chaperone) will be reminded to avoid touching their face and surfaces as much as reasonably possible. At the end of the consultation the patient (and chaperone) will be invited to remove their face covering and dispose of it in the clinical waste bin provided if they wish. Finally, they should sanitise their hands thoroughly before leaving the premises.

* The patient will be asked to pay using contactless card payment if possible. If they wish to pay by cash, they will be asked to place the exact amount (£45) into the envelope provided.

1.2 Telehealth

If appropriate, patients will be offered the option of a telehealth consultation. A verbal and written explanation of the process and platform choices will be provided by the practitioner who will talk the patient through their preferred option and steps the patient will need to take to ensure the optimal success of the consultation.

When a patient requests an in-clinic appointment, an additional pre-screening process will be implemented:

**2 Face to Face Consultation following pre-screening**

• Prior to an in-clinic consultation, the patient will be advised of the risks identified with face to face consultations, and asked to confirm adherence to any mitigating measures including payment options (verbal explanation, confirmed by email/text signposting the patient to the clinic website) the clinic has implemented to reduce these risks (patient will be asked to confirm that these will be shared with and complied with by any chaperone if relevant).

• If the decision for a face to face consultation is made in a conversation subsequent to the electronic or telephone pre-screening, the patient will be asked to confirm whether there have been any changes to the answers previously provided.

• Returning patient for follow-up face to face consultations will be sent an electronic questionnaire by email and asked to confirm whether there have been any changes to the answers previously provided and reminded of the Covid screening questions, or alternatively they will be screened by telephone questionnaire no more than 48 hours before their scheduled appointment. Depending on the results of this follow up screening the practitioner may call the patient and seek further clarification to ensure that a face-to-face consultation is appropriate.

• Patients will be advised that the preferred options for payment is contactless. If patients do wish to pay cash, they will be requested to bring the exact amount and deposit it in the envelope provided.

• Patients will be asked to advise the clinic if they or any household member become ill with COVID-19 symptoms within 3 days of visiting the clinic.

The practitioner must note:

Patient consent to screening (and on behalf of chaperone if relevant) and case history taking.

Patient (and chaperone if relevant) responses to the screening questions.

It must be noted on the patient case notes that the patient (and chaperone if relevant) has understood the risks identified with attending the clinic, and of the mitigating measures that are in place.

**3 Protection of staff**

Team members will be asked to self risk-assess based on the following criteria:

Team members will be asked to consider if they/household member have any underlying health condition which may place them in a vulnerable category and the steps taken to mitigate the risk to health (e.g. hand hygiene, changing into clinic specific attire at work)

Team members will be asked to use the patient screening check-list to assess their own health status.

Team members to log any mitigating actions (e.g using a face covering; hand hygiene) being taken when travelling to/from work or when in confined spaces with other members of the public such as on public transport.

Team members to use provided PPE appropriately.

Team members to observe in-clinic social distancing measures.

**4 Confirmed or suspected cases of COVID 19 amongst staff or patients**

Staff

Should a member of staff be tested for COVID-19 they will be directed to the Flowchart describing return to work following a SARS-CoV-2 test which will also be displayed in the clinic.

If a member of staff receives a positive test for COVID-19 they should follow the government guidance on self-isolation and protocol for return to work. The clinic shall contact any patients with which the staff member has had direct contact with in the previous 2 days.

Should a staff member develop suspected COVID-19 symptoms they should self-isolate pending a test and the clinic shall contact any patients with which the staff member has had direct contact with in the previous 2 days.

Patients

Patients will be asked to notify the clinic if they experience any symptoms of COVID-19 after visiting the clinic in line with government guidance:

• If the patient subsequently develops symptoms or tests positive for COVID-19 within 14 days of visiting the clinic, any staff with direct contact to that individual need not self-isolate if they have been wearing PPE in accordance with current guidance, unless they themselves subsequently develop Covid-19 symptoms. There is no absolute requirement for the osteopath to inform patients seen subsequently to the one who reported symptoms although the osteopath may do so. If the osteopath is contacted by a contact tracer to tell them they have been in direct contact with a confirmed case of Covid-19 and requesting details of anyone they have been in contact with, the contact details of the patients concerned (but no medical details) will be shared with the contact tracer.

• Anyone with indirect contact with the patient, should be advised of the situation and monitor for symptoms. Those with indirect contact with suspected cases COVID 19 need not self-isolate.

**5 Travel to and from the clinic**

Team members: as part of their self-risk assessment

Patients (and chaperones):

During pre-consultation call, discuss with patients how they are planning to travel to the clinic and where relevant suggest precautions which they should consider e.g. if travelling by taxi, sit in the back; on public transport avoid overcrowding; use face covering; use hand sanitiser. If arriving by own/private transport, to wait in vehicle until appointment time.

**6 Entering and exiting the building**

Team members:

To change into/out of clinic attire in clinic room and place clinic attire into a cloth bag to take home for laundering.

6.1 Patient (and chaperone if relevant) safety and wellbeing

Patients will be asked to wait outside the building until their appointment time. If this is not possible, on entering the building patients are to proceed as follows:

Use the hand sanitiser provided and signposted to sanitise hands thoroughly. Take a face mask and place it over the nose and mouth and over the chin as indicated on the instructional poster. Take a seat in the waiting area until invited to enter the clinic room.

For patients who are able to wait outside the building:

At their appointment time, proceed into the building where the osteopath will invite the patient to:

Sanitise their hands thoroughly with sanitiser provided. Take the face mask provided and place it over the nose and mouth and over the chin as indicated and enter the clinic room

Patients are to be reminded to avoid touching surfaces and their face.

At the end of the consultation the patient will be invited to remove the face covering and dispose of it in the waste bin provided. Finally, they should sanitise their hands thoroughly before leaving the premises.

6.2 Reception and common areas

Patients will be asked whenever possible to wait outside the clinic until their appointment time when their osteopath will welcome them in.

Patients will be encouraged to use contactless payment. For cash payments, patients will be invited to place the exact payment amount into the envelope provided. Receipts are to be provided electronically only, the exception being ‘till roll’ receipts from card payment machine if requested.

**7 Social/physical distancing measures in place**

• Staggered appointment times or instructions given to patients to wait outside the clinic or inside the clinic room until the reception area is clear to avoid patient overlap in the reception area.

• Maximum number of 3 team members and patients on the premises at any one time

• Social distancing floor markings will be visible.

7.1 Face to face consultations (within-clinic room)

• Increase spacing between practitioner and the patient to encourage social distancing when taking a case history. Two metre distancing will not always be possible between patient and practitioner in the clinic room.

• Adapt treatment techniques to avoid aerosol generating procedures (AGP) and explain adaptions to patients.

7.2 Chaperones

 • One parent/guardian only with visits for children

• No additional family members except if requested as a chaperone

• Patients wishing to bring a chaperone will need to either complete pre-screening on their behalf or provide the practitioner with access to the chaperone for pre-screening

**8 Increased sanitisation and cleaning**

Sanitation procedures

• Clinic rooms - plinths, plastic pillowcases, desk, door handles, equipment used, chairs, practitioner pens to be sprayed with Liquid Medical 200 and wiped down with a fresh paper towel between each patient and left to dry for 15 minutes.

• Public touch points; reception surfaces, fingerplates and door handles, chair arms, taps, to be mist sprayed with Liquid Medical 200 and wiped down between each patient. Card machines if non-contactless payment made to be wiped with antiseptic wipes or a paper towel that has been made damp with Liquid Medical or 70% alcohol hand sanitizer between each patient where appropriate.

• Floors to be cleaned x2 daily using bleach-based detergents for hard floors with the spray-mop equipment provided.

Actions to minimise the number of surfaces requiring cleaning

• Unnecessary linen and stationery will be removed from clinic room.

• The clinic rooms and waiting area will be decluttered of unnecessary items such as magazines, toys and practice literature.

Aeration of rooms

• After each patient the clinic room window will be opened for 15 minutes with the door closed

For the aeration of common area the front door will be opened between patients.

8.1 Staff hand hygiene measures

Team hand hygiene measures:

• Team member will carry out below the elbow and hand washing before and after patients with soap and water for at least 20 seconds, including forearms, and will use hand sanitiser and nitrile gloves provided.

8.2 Respiratory and cough hygiene

Communication of cough hygiene measures for staff and patients e.g.

• ‘Catch it, bin it, kill it’ poster will be displayed

• disposable, single-use tissues and clinical waste bins (lined and foot-operated) will be provided, one in the staff room and one in the waiting area.

• Signposted hand sanitising facilities will be available for patients, visitors, and staff

8.3 Cleaning regimes

A cleaning rota and records will be used for all clinic rooms including bathroom on days when clinic is receiving patients

• Cleaning rota frequency 2 hours for common areas

• A written record of cleaning time and by whom will be kept in the office

**9 PPE**

Clinicians will wear the following PPE.

• Single-use plastic apron with each patient, single-use nitrile gloves.

• Type IIR surgical masks (or higher grade) with each patient

• Eye protection if there is a risk of droplet transmission or fluids entering eyes

Masks are to be replaced:

• When potentially contaminated, damaged, damp, or difficult to breathe through

• At the end of a four-hour session

Gloves & Aprons are for single use only.

Reception staff if present will wear the following PPE:

• Fluid resistant surgical masks for those in direct contact with patients,

• Gloves for any cleaning tasks

Patients will be asked to wear the following PPE:

• Fluid-resistant surgical masks if they have respiratory symptoms e.g. from hay fever or asthma.

• Face-covering in clinical and waiting areas

Staff and patient PPE disposal

Masks, gloves, aprons, paper towels:

• Double-plastic bagged and left for 72 hours before removal, keeping away from other general waste, and then placed in the clinic’s own contract commercial waste bin for collection.

**10 Communication**

This policy will be made available on the clinic website and a physical copy will be available in the clinic on request.

This policy will be updated in accordance with any new Government guidance.

Communication posters will be displayed in the clinic.

* A door notices advising anyone with symptoms not to enter the building.
* Notices on hand washing and sanitizing measures and a ‘Catch-it, bin it kill it’ poster.
* Signage for the hand santising station
* Instructions on hand sanitizing technique
* Instructions for the donning and doffing of face masks for patients and PPE for staff
* Further contact details for more information if needed

This policy together with information providing details of the patient journey from booking an appointment to leaving the clinic and beyond will be published on the clinic website.

10.1 Staff training

* Correct handwashing and sanitising technique best practice
* Donning & Doffing PPE safely video and notices will be provided.
* Staff briefed and trained on updated clinic policies and infection measures.
* Staff must understand their responsibilities for assuring correct hygiene measures are implemented