

Bondgate Clinic: 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 has been undertaken in conjunction with review of the iO's guidance 'Infection control and PPE' and 'Adapting practice guide'. This document includes the following:

- **Table 1:** An overview of the measures we have taken that form our clinic policy for operating during COVID-19 and is available to all practitioners and patients.
- **Table 2:** Areas assessed for risk and mitigating action taken. This records in detail the areas of potential risk identified and records the mitigating actions taken.
 - **Table 2a - Protection for staff and patient before and when in clinic**
 - **Table 2b – Heightened hygiene measures**
- **Table 3:** PPE policy for practitioners in your practice.
- **Table 4:** Details of how policies are communicated to practitioners and patients.

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

| | |
|--|---|
| Undertaken a risk assessment | <p>28th May 2020.</p> <ul style="list-style-type: none"> • <i>These processes will be reviewed on change of Government, General Osteopathic Council or Institute of Osteopathy guidance.</i> |
| Heightened cleaning regimes | <ul style="list-style-type: none"> • <i>Clinic rooms will be cleaned between in each patient</i> • <i>Public toilet will be normally shut, but if needed will be cleaned after every use</i> • <i>Hard surface in common areas will be cleaned after any patient contact and daily</i> |
| Increased protection measures | <ul style="list-style-type: none"> • <i>All linens have been removed from the clinic</i> • <i>Cashless payments/online bookings only</i> • <i>Individual practitioner PPE</i> • <i>Restricted use of the waiting room – patients collected from outside</i> • <i>Clinic door to be kept locked shut to avoid unauthorised/supervised access and only opened by clinician</i> |
| Put in place distancing measures | <ul style="list-style-type: none"> • <i>Appointments should be staggered to reduce overlap</i> • <i>Number of patients in common areas limited – removal of chairs</i> • <i>Distancing of chair from desk increased in waiting room</i> |
| Staff training | <ul style="list-style-type: none"> • <i>Individual clinicians undertaking own professional body COVID Training</i> • <i>Correct handwashing technique best practice to be followed</i> • <i>Put on/remove PPE safely</i> • <i>Staff briefed on updated clinic policies and infection measures</i> |
| Providing remote/telehealth consultations | <ul style="list-style-type: none"> • <i>Remote appointments offered for initial and follow up appointments</i> • <i>All patients to have telephone pre-screening call</i> |
| | (Document last updated: 28 May 2020) |

| Table 2a Protection of staff and patients before they visit, and when in, the clinic. We have assessed the following areas of risk in our practice and put in place the following precautions | | | |
|--|---|--|---|
| | Description of risk | Mitigating action | When introduced |
| Pre-screening for risk before public/patients visit the clinic | <i>Public may bring infection into the clinic</i> | <p>Telephone triage and a virtual consultation will be offered in the first instance. Initial case history may be taken by telephone to determine if a face to face is relevant or support can be provided by a telehealth consultation.</p> <p><i>If a virtual consultation does not meet the needs of the patient, pre-screening of the patient (and chaperone if relevant) will take place before they arrive in the clinic, including 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 or loss of taste/smell) 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>During the pre-screening call the following information will be provided:</i></p> <ul style="list-style-type: none"> • <i>Inform of the risk of face to face consultation – practitioner 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> • <i>Temperature monitoring may take place</i> • <i>Requested to avoid public transport if at all possible.</i> <p>NB: All triage pre-screening information must be documented in the patient notes.</p> | <i>3rd June 2020</i> |
| Protecting practitioners | <i>Different practitioners use the clinic on different days</i> | <p><i>Practitioners will be asked if they or a member of their household is in a vulnerable category, if so, they should not be using the clinic.</i></p> <p><i>PPE is to be used: see table 3 below.</i></p> | <i>Prior to individual return to the clinic</i> |

| 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 | | | |
|--|--|--|---------------------------|
| | Description of risk | Mitigating action | When introduced |
| Confirmed cases of COVID 19 amongst practitioners or patients? | <i>Severe risk of infection spreading from the clinic</i> | <p><i>Should a practitioner be tested for COVID-19 see the attached Flowchart describing return to work following a SARS-CoV-2 test.</i></p> <p><i>If a patient advises a practitioner that they have symptoms of COVID-19 after visiting the clinic, government guidance should be followed.</i></p> <ul style="list-style-type: none"> <i>If the patient experiences symptoms within 2/3 days of visiting the clinic, any practitioner with direct contact to that individual should self-isolate</i> <i>Anyone with indirect contact with the patient, should be advised of the situation and suggest they monitor for symptoms (those with indirect contact with suspected cases COVID 19 do not need to self-isolate)</i> | 1st June 2020 |
| Travel to and from the clinic | <i>Risk of infection coming from public transport</i> | <ul style="list-style-type: none"> <i>The use of public transport to get to the clinic should be discouraged during pre-screening. Patients/chaperones should be dropped outside the clinic</i> <i>All patient/chaperones to wait outside until they are called</i> | 3 rd June 2020 |
| Entering and exiting the building | <i>Risk of failing to meet social distancing/infection Control if access is not controlled</i> | <ul style="list-style-type: none"> <i>The clinic door should be kept locked to prevent uncontrolled entry.</i> <i>Patients should be asked not to arrive early or late for their appointment to avoid overcrowding therefore complying with social distancing/avoidance of waiting room use</i> <i>All patients will be asked to wait in their car or outside the building (observing social distancing/parking restrictions)</i> <i>Patients should sanitise their hands on entering/exiting the building. (Hand washing can be made available as an alternative, but taps must be cleaned afterwards.</i> <i>Only practitioners should touch door handles.</i> <i>Patient temperatures may be monitored on arrival with a non-contact forehead thermometer</i> | 4 th June 2020 |
| Reception and common areas | <i>Risk of infection in waiting areas and in providing payment for services</i> | <ul style="list-style-type: none"> <i>Patients should be asked not to arrive early or late for their appointment to avoid overcrowding therefore complying with social distancing/avoidance of waiting room use</i> <i>Contactless payment instead of cash should be encouraged, or pin pads cleaned after use</i> <i>Remote payment methods (BACS etc) should be encouraged.</i> | 4 th June 2020 |

| Table 2a Protection of staff and patients before they visit, and when in, the clinic. We have assessed the following areas of risk in our practice and put in place the following precautions | | | |
|--|---|--|---------------------------|
| | Description of risk | Mitigating action | When introduced |
| Social/physical distancing measures in place | <i>Risk of multiple practitioners/patients increasing contact and failure of social distancing</i> | <ul style="list-style-type: none"> <i>Staggered appointment times should be used so that patients do not overlap in reception</i> <i>Only a single practitioner should be present if possible</i> | 8 th June 2020 |
| Face to face consultations (in-clinic room) | <i>Risk of contact greater than the government advised times due to the nature of the treatments provided</i> | <ul style="list-style-type: none"> <i>Increased space between practitioner and the patient should be used to encourage social distancing when taking a case</i> <i>Treatment techniques should be selected to avoid unnecessary close proximity</i> <i>AGP should be limited and if necessary, a mask provided to the patient if risk indicates</i> <i>One parent/guardian only with visits for children</i> <i>No additional family members except if requested as a chaperone</i> <i>Chaperones must be pre-screened and the risks communicated to them. Consent should be recorded in the patient notes</i> | 4 th June 2020 |

| 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 | <i>Infection risk due to virus contamination of surfaces/hands/equipment</i> | <ul style="list-style-type: none"> <i>Clinic rooms - plinths, desk, door handles, equipment, chairs - between each patient</i> <i>Reception surfaces, doors and door handles, chairs, taps, card machines etc after contact or daily</i> <i>Use of at least 60% alcohol sanitisers/wipes, using bleach-based detergents for floors</i> <p><i>Actions to minimise the number of surfaces requiring cleaning:</i></p> <ul style="list-style-type: none"> <i>Remove unnecessary linen/use plastic pillowcases that can be cleaned between patients etc.</i> | 4 th June 2020 |

| 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 |
| | | <ul style="list-style-type: none"> • Decluttering the clinic rooms and waiting area of unnecessary items • Putting disposable paper roll on carpeted area next to plinths if risk indicates • Keeping doors between common areas open if safe and appropriate to do so, to reduce touch points | |
| Aeration of rooms | Aerosol particles can be left in the room after patient visit | <ul style="list-style-type: none"> • Leave the window open and the door closed for 20 minutes after each patient • Removal of fans and other air-circulation mechanisms • Aeration of common areas e.g. keeping open windows and during clinic opening | 4 th June 2020 |
| Staff hand hygiene measures | Practitioner to patient infection transmission | <ul style="list-style-type: none"> • Bare below the elbow/hand washing before and after patients with soap and water for at least 20 seconds, including forearms/use of hand sanitiser gel/use of gloves | 4 th June 2020 |
| Respiratory and cough hygiene | Risk of aerosol transmission | <ul style="list-style-type: none"> • Provision of disposable, single-use tissues waste bins (lined and foot-operated) • Hand hygiene facilities available for patients, visitors, and staff | 4 th June 2020 |

| Table 3 Personal Protective Equipment: Detail here your policy for use and disposal of PPE | |
|--|---|
| Clinicians will wear the following PPE | <ul style="list-style-type: none"> • Single-use nitrile gloves (if appropriate) and plastic aprons with each patient • Fluid-resistant surgical masks (or higher grade) • Eye protection, e.g. if there is a risk of droplet transmission or fluids entering eyes |
| When will PPE be replaced | <ul style="list-style-type: none"> • When potentially contaminated, damaged, damp, or difficult to breathe through • At the end of a session (4 hours) |
| Patients will be asked to wear the following PPE | <ul style="list-style-type: none"> • Fluid-resistant surgical masks if respiratory symptoms e.g. from hay fever or asthma • Fluid-resistant surgical masks if AGPs |
| PPE disposal | <ul style="list-style-type: none"> • Double-plastic bagged and left for 72 hours before removal, keeping away from other household/garden waste, and then placed in normal waste for collection by local authority • Cloths and cleaning wipes also bagged and disposed of with PPE |

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

| | |
|---|---|
| Publishing your updated clinic policy | <ul style="list-style-type: none"> • Available on request – hard or electronic copy • Available on your website |
| Information on how you have adapted practice to mitigate risk | <ul style="list-style-type: none"> • Updating of website and social media accounts • Both to be updated in line with new Government guidance |
| Pre-appointment screening calls | <ul style="list-style-type: none"> • 24 hours before a scheduled appointment • Treating clinician will call |
| Information for patients displayed in the clinic | <ul style="list-style-type: none"> • Door notice advising anyone with symptoms not to enter the building • Door notice advising to wait outside/door will be locked/patient will be collected |