|  |
| --- |
| **A close up of a logo  Description automatically generatedAnna Shawcross Osteopathy****Risk Assessment** |
| **Undertaken a risk assessment** | 27th May 2020* To be updated when government policy changes or sooner if needed.
 |
| **Heightened cleaning regimes** | * Clinic room will be cleaned between each patient. All surfaces touched by patient. The treatment couch face hole and bar below. My laptop and any clinical instruments used.
* Common areas/washrooms will be cleaned end of each session (4 hours)
* Hard surface on clinic floor cleaned at end of session (4 hours)
 |
| **Increased protection measures**  | * I have removed all linens from the clinic
* I have removed all clinical models
* Payments requests by online banking transfers are preferred and where not possible cashless payments with card machine. This will be cleaned after use. If cash is the only option please bring correct amount in a sealed envelope for me.
* PPE use by practitioner in line with NHS England advice. Gloves, apron, mask and when needed a face screen. Changed between each patient.
* All patients screened by telephone before attending clinic.
* Patient assessment for Covid-19 risk on arrival. Temperature, pulse, physical signs of systemic sickness.
 |
| **Distancing measures** | * Stagger appointments by 1 hour minimum.
* No waiting area. 1 in 1 out.
* Patient to text me on arrival and wait in car while room is cleaned and I have ‘donned’ PPE
* Seated 2 meters apart with masks for practitioner and patient mask or face covering
 |
| **Staff training** | * Correct handwashing technique best practice guidelines studied
* Put on/remove PPE safely following standard NHS guidelines
* Practitioner regularly checking Government, General Osteopathic Council and Osteopathic Institute websites for updated clinic policies and infection measures and guidelines
* Online course on Covid-19 in General practice completed in April
 |
| **Providing remote/ telehealth consultations** | * All patients will have telephone pre-screening call to assess risk of Covid-19
* Follow-up/maintenance appointments available via telephone/video call
* All new patients to have video call for case history examination before any contact appointment is offered.
 |
|  | (Document last updated: 27th 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 to  |  |
| --- | --- |
|  | **Description of risk** | **Mitigating action** | **When introduced** |
| **Pre-screening for risk before patients visit the clinic** | Spreading Covid-19 virus between patients and practitioner knowing that this is possible before symptoms may arise.  | All persons requesting a consultation. Telephone screen call to take place for existing patients with known case history. Brief MSK assessment if deemed non urgent in nature offer video conference for further advice and exercise advice.New patients to be booked for a video conference case history assessment with Covid-19 screen. If deemed non urgent offer video conference advice, if urgent offer one off face to face consultation.(Urgent is currently defined as a serious pathology suspected or if unsure from remote screening. Or the patient has urgent care needs, which if not met, will require care from General Practice, secondary care or social care agencies. This is particularly important if they are themselves a carer for someone who is vulnerable). See index 1 for more details.*Screening details for all patients and chaperones:** *Any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough, anosmia) in the last 7 days?*
* *Have you had Covid 19? Tested when? No covid related symptoms > 7 days and in non vulnerable group, if urgent care needed as described above.*
* *Is the patient extremely clinically vulnerable? (Do not offer face to face consultation)*
	+ Solid organ transplant recipients.
	+ People with specific cancers:
		- people with cancer who are undergoing active chemotherapy
		- people with lung cancer who are undergoing radical radiotherapy
		- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
		- people having immunotherapy or other continuing antibody treatments for cancer
		- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
		- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
	+ People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
	+ People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
	+ People on immunosuppression therapies sufficient to significantly increase risk of infection.
	+ Women who are pregnant with significant heart disease, congenital or acquired.
* Additional respiratory symptoms or conditions e.g. hay fever, asthmas etc (included in all patient case history notes on file or performed over VC with new patients).
* 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?
* Have they been in contact with someone with suspected/confirmed COVID-19 in last 14 days?
* Have you travelled abroad recently? (14 days quarantine?)
* Have you sought help from your GP?
* Have you tried to self help at home or do exercises?

Other call details for patient:* 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.
* Telehealth/vc option for treatment

Details for the patient before arrival and upon arrival at clinic:* Recently bathed and wearing reasonably clean clothing for appointment. I will need to open the window for ventilation for some techniques and therefore wear loose fitting sports type clothing, vest top and shorts is perfect, in case the room is cold.
* Government guidance stipulates that within 2 meter contact you are advised to wear a face covering. This can be a shawl or mask of the clinical type or a homemade cloth type. Whatever you can find that is comfortable for you.
* I would also ask that no other persons accompany you unless with prior approval and that you **only** bring what is absolutely needed for your appointment.
* Upon arrival text me to say you are here and I will come to call you into the clinic
* You will be directed to wash your hands upon arrival

NB: All triage pre-screening information must be documented in the patient notes.  | *1st June 2020* |
| Protecting other users of the treatment room at Empire Hall | Spreading Covid-19 virus between patients and practitioner knowing that this is possible before symptoms may arise. | * All persons entering the room need permission from a committee member
* All persons using the hall must have a booking
* Signs on both doors advising other persons to not enter
* All persons using the room to be advised of any other people using the room in a timely manner.
* All persons using the room must have appropriate health and safety and risk assessment policy in place before practice
* All persons using the room must appropriately clean the room and equipment after use and remove contaminated cleaning items
* No general hall cleaning to take place in the treatment room by cleaning staff. Cleaning by practitioner only
* Use of full PPE as described in Table 3
 | *8th June 2020* |
| Confirmed cases of COVID 19 amongst staff or patients? | Spreading Covid-19 virus between patients and practitioner knowing that this is possible before symptoms may arise. | Practitioner process – see Index 2 and stay updated at: [return to work following a SARS-CoV-2 test](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings).*Very Important – If a patient advises of symptoms of COVID-19 after visiting the clinic in line with government guidance** *If the patient experiences symptoms within 2/3 days of visiting the clinic, any staff with direct contact to that individual should self-isolate*
* *Anyone with indirect contact with the patient, 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)*
 | *8th June 2020* |
| Travel to and from the clinic | Spreading Covid-19 virus between patients and practitioner knowing that this is possible before symptoms may arise. | * No public transport available to Empire Hall clinic. If getting a car share lift from a friend or family member. Inform practitioner of name of person driving.
* Parking at front of Empire Hall. Please wait in car and text upon arriving and I will come out to greet you.
* Practitioner arrives by private car. Hand gel use in car.
 | *8th June 2020* |
| Entering and exiting the building | Spreading Covid-19 virus between patients and practitioner knowing that this is possible before symptoms may arise. | * Practitioner to arrive wearing clinic uniform recently adorned just before leaving for clinic.
* Clean tunic put on upon arrival at clinic and taken off before leaving the clinic.
* Tunic washed at home on 60 degrees
* Patients to arrive on time to avoid cross over with other patients and to wait in car.
* Practitioner to guide patient through front doors or back door. Doors to be hooked open and handles only touched by practitioner with clean hands.
* Patients to wash hands with soap and water upon entering the building
 | *8th June 2020* |
| Reception and common areas |  | * No common areas used
 |  |
| Social/physical distancing measures in place |  | * Staggered appointment times so that patients do not overlap
* No floor markers. Patients directed one by one. Full PPE in use for close contact
 | *8th June 2020* |
| Face to face consultations (in-clinic room)  |  | * It is not possible maintain social distancing in a face to face appointment therefore full and appropriate PPE is worn by practitioner.
* Face mask for practitioner and face covering for patients.
* Adaptation in treatment techniques may be needed to avoid aerosol generation. Risk assessed by practitioner. Face shield used where needed.
* One parent/guardian only with visits for children. All adults to wear face covering.
* No additional family members except if requested as a chaperone
* Pre-screen chaperones and communicate the risks as for patients.
 | *8th June 2020* |



| Table 2b Hygiene measuresWe 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  |  | * Clinic room - plinths, shelf, door handles, equipment chairs, door handles, card machine, laptop, clinical instruments - between each patient
* Use of at least 60% alcohol sanitisers/wipes, using bleach-based detergents for floors
* Clinic room will be cleaned between in each patient. All surfaces touched by patient.
* Common areas/washrooms will be cleaned end of each session (4 hours)
* Hard surface on clinic floor cleaned at end of session (4 hours)
 | *8th June 2020* |
| Aeration of rooms  |  | * Leaving the window open for 20 minutes after each patient
* Removal of fan assisted heating
 | *8th June 2020* |
| Staff hand hygiene measures |  | * 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
 | *8th June 2020* |
| Respiratory and cough hygiene |  | * ‘Catch it, bin it, kill it’ poster
* Provision of disposable, single-use tissues waste bins (lined and foot-operated)
* Hand hygiene facilities available for patients, visitors, and staff
 | *8th June 2020* |
| Cleaning rota/regimes |  | * Cleaning rota on door detailing date and last cleaned
* Cleaning by practitioner only
* All users of room to sign rota to confirm room cleaned after use (not currently needed as ‘great feet’ not open yet.
 | *8th June 2020* |



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| Table 3. Personal Protective Equipment: Detail here your policy for use and disposal of PPE |
| Clinicians will wear the following PPE | * Single-use nitrile gloves and plastic aprons with each patient
* Fluid-resistant surgical masks (or higher grade)
* Eye protection, e.g. if there is a risk of droplet transmission or fluids entering eyes
* Single use disposable plastic apron
 |
| When will PPE be replaced | * When potentially contaminated, damaged, damp, or difficult to breathe through
* For each patient
 |
| Patients will be asked to wear the following PPE | * Fluid-resistant surgical masks if respiratory symptoms e.g. from hay fever or asthma
* Face-covering in clinical and waiting areas
 |
| PPE disposal | * Double-plastic bagged and left for 72 hours before removal, keeping away from other household/garden waste, and then this can be placed in your normal waste for collection by your local authority. Taken to practitioner home.
* Cloths and cleaning wipes also bagged and disposed of with PPE
* Donning and Doffing area (to be agreed with Empire Hall committee)
 |



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| 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 | * Publish on clinic wall, available to read at clinic
* Emailed to face to face clients when requested
* Available on your website
* Notice on facebook page
 |
| Information on how you have adapted practice to mitigate risk | Detail here what general information on steps taken and where it has been published* Updating of website and via your social media accounts
* Email to patients
* Updated in line with newest Government guidance
 |
| Pre-appointment screening calls  | * Within 24 hours of appointment or by extra check by text on morning of appointment
* A clinician will call
 |
| Information for patients displayed in the clinic | * Door notices advising anyone with symptoms not to enter the building.
* Notices on other public health measures e.g. hand washing/sanitising/Catch-it, bin it kill
* iO posters
 |
| Other patient communications | * Notice on clinic walls to remind patients to contact me if they develop any Covid 19 symptoms following an appointment. This is extremely important for my safely and the safety of my family.
* General clinic notice to inform patients of clinic opening and giving details of health and safety measures in place
 |



**Index 1**

Specialty guides for patient management during the coronavirus pandemic

Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral

23 March 2020 Volume 1

As clinicians we all have general responsibilities in relation to coronavirus and for these we should seek and act on national and local guidelines. We have a responsibility that essential musculoskeletal care continues with minimal burden on the NHS. This guidance is to help primary or community care practitioners recognise serious pathology which requires emergency or urgent referral to secondary care in patients who present with new or worsening musculoskeletal (MSK) symptoms.

Serious pathology as a cause of MSK conditions is considered rare, but it needs to be managed either as an emergency or as urgent onward referral as directed by local pathways.

Any part of the MSK system can be affected.

Consider serious pathology as a differential diagnosis if a person presents:

• with escalating pain and progressively worsening symptoms that do not respond to conservative management or medication as expected • systemically unwell (fever, weight loss) • with night pain that prevents sleep due to escalating pain and/or difficulty lying flat.

Emergency conditions The following serious pathologies must be dealt with on the day as an emergency. Pathways for emergency referral have changed in many areas: please keep updated about changes in the local system.

• Cauda equina syndrome (CES): People presenting with spinal and leg pain, with neurological symptoms and any suggestion of changes in bladder or bowel function or saddle sensory disturbance, should be suspected of having CES. The link below

2 | Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral

outlines the symptoms to be concerned about and these cards can be used to facilitate communication about sensitive symptoms. They can also be given to people who are at risk of CES and need to be warned about what to look out for and the action to take should they develop symptoms. https://www.eoemskservice.nhs.uk/advice-and-leaflets/lower-back/cauda-equina • Metastatic spinal cord compression (MSCC): MSCC occurs as a consequence of metastatic bone disease in the spine. It can lead to irreversible neurological damage. Symptoms can include spine pain with band-like referral, escalating pain and gait disturbance. This link outlines the symptoms to look out for: https://www.christie.nhs.uk/media/1125/legacymedia-1201-msccservice\_education\_mscc-resources\_red-flag-card.pdf • Spinal Infection: May present with spinal pain, fever and worsening neurological symptoms. Consider risk factors (eg immunosuppressed, primary source of infection, personal or family history of tuberculosis). • Septic arthritis: If the person presents unwell, with or without a temperature, with a sudden onset of a hot swollen painful joint and multidirectional restriction in movement, septic arthritis should be expected until proven otherwise. This is particularly important in children, who may present with a painful limp or loss of function in the upper limb, and not as a hot, swollen, painful joint.

Urgent conditions The following require an onward urgent referral:

• Primary or secondary cancers: Primary cancers such as breast, prostate and lung can metastasise to the spine. May present with escalating pain and night pain; people may describe symptoms as being unfamiliar and eventually become systemically unwell. If a person does become systemically unwell, they need to be escalated to the local emergency pathway. • Insufficiency fracture: Commonly presents with sudden onset of pain, mostly located in the thoraco-lumbar region following low impact trauma. The pain varies in presentation, but is often severe and mostly localised to the area of the fracture. Consider risk factors associated with osteoporosis; however, exclusion of a more serious pathological cause may be indicated. • Major spinal-related neurological deficit: Commonly presents with spinal pain and associated limb symptoms. A person may present with new-onset or progressively worsening limb weakness, present for days/weeks, less than grade 4 on the Oxford muscle grading scale, associated with one or more myotome. See the following link for information on the Oxford scale: https://www.csp.org.uk/documents/appendix-5oxford-muscle-grading-scale.

**Index 2**

**Latest updates**

22 May: clarification of actions if a staff member develops symptoms for a second time (section 2)

## 1. Introduction

Health and social care workers are vital to the functioning of the health system. They are generally aware of the recommendation to not come to work when unwell, to avoid spreading infections in healthcare settings.

Also, managers have a high level of skill in assessing whether individual staff are developing symptoms that would require exclusion from work and should remain the first point of contact for a health or social care worker feeling unwell.

## 2. Staff exposures

If a health or social care worker develops symptoms of COVID:

* they should follow the [stay at home guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance)
* while at home (off-duty), they should not attend work and notify their line manager immediately
* while at work, they should put on a surgical face mask immediately, inform their line manager and return home
* comply with all requests for testing

If a member of staff develops symptoms, they should be tested for SARS-CoV-2. Testing is most effective within 3 days of symptoms developing. Guidelines on who can get tested and how to arrange for a test can be found in the [COVID-19: getting tested guidance](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested).

If their symptoms do not get better after 7 days, or their condition gets worse, they should speak to their occupational health department if they have one or use the [NHS 111 online](https://111.nhs.uk/) coronavirus service. If they do not have internet access, they should call NHS 111. For a medical emergency they should call 999.

If, following a negative test result of a household member, a health or social care worker who has returned to work starts showing symptoms of COVID-19, they should follow the [stay at home guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance) and arrange to be tested themselves.

If a staff member who previously tested positive develops symptoms again, they should still self-isolate and be tested.

Staff without symptoms may also be tested where there is a clinical need to do so, in line with NHS England, Public Health England (PHE) or Department of Health and Social Care guidance.

The current recommended PPE that must be worn when caring for COVID-19 patients is described in the [infection prevention and control guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control).

These are guiding principles and there may need to be an individual risk assessment based on staff circumstances, for example for those working with individuals who are immunocompromised.

## 3. Staff return to work criteria

### 3.1 If staff are symptomatic when tested

Staff who test negative for SARS-CoV-2 can return to work when they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment. Interpret negative results with caution together with clinical assessment.

Symptomatic staff who test positive for SARS-CoV-2 or who have an inconclusive test result, and symptomatic staff who have not had a test, can return to work:

* no earlier than 7 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
* if a cough or a loss of or a change in normal sense of smell or taste (anosmia) is the only persistent symptom after 7 days (and they have been afebrile for 48 hours without medication), they can return to work (post-viral cough is known to persist for several weeks in some cases) if they are medically fit to return

If applicable, all members of a household shared with the individual should self-isolate for 14 days from the day the individual’s symptoms started. However, if any household member of a carer develops symptoms of COVID 19, they should isolate for 7 days from the onset of their symptoms, in line with the [stay at home guidance.](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance)

### 3.2 If staff are asymptomatic when tested

Staff who test negative for SARS-CoV-2 and who were asymptomatic at the time of the test can remain at work or return to work immediately as long as they remain asymptomatic.

Staff who test positive for SARS-CoV-2 and who were asymptomatic at the time of the test must self-isolate for 7 days from the date of the test. If they remain well, they can return to work on day 8.

If applicable, all members of a household shared with the individual should self-isolate for 14 days from the day the individual’s test was taken. However, if any household member of a carer develops symptoms of COVID 19, they should isolate for 7 days from the onset of their symptoms, in line with the [stay at home guidance.](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance)

If, during the 7 days isolation, they subsequently develop symptoms, they must self-isolate for 7 days from the day of symptom onset. They can return to work:

* no earlier than 7 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
* if a cough or a loss of or a change in normal sense of smell or taste (anosmia) is the only persistent symptom after 7 days (and they have been afebrile for 48 hours without medication), they can return to work (post-viral cough known to persist for several weeks in some cases) if they are medically fit to return

Staff may require evidence of viral clearance prior to working with extremely vulnerable people. This is subject to local policy.

Currently it is not known how long any immunity to COVID-19 might last. If staff become unwell again, they should self-isolate and may need to be tested again.

Further advice on return to work of staff with complex health needs, including immunosuppression, can be received from designated infection control leads in clinical commissioning groups (CCGs), from [local health protection teams in PHE](https://www.gov.uk/health-protection-team) and/or from directors of public health, according to local arrangements.

For more information on interpreting test results and the actions required for both symptomatic and asymptomatic individuals, see the [flowcharts illustrating the return to work process](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings).