

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

<i>Undertaken a risk assessment</i>	<ul style="list-style-type: none"> • Risk mitigations and assessment first put in place on 12/05/20 • The most recent version was updated on 29/11/21 • The risk assessment will be reviewed every 14 days in addition to being updated in response to significant changes in guidelines
<i>Heightened cleaning regimes</i>	<ul style="list-style-type: none"> • Clinic rooms will be cleaned between in each patient and frequently touched surfaces wiped with disinfectant cleaning products • Drinks and food may be consumed, but only individually served portions/drinks and any cups, glasses or plates will be disposed off or put through a dishwasher before reused. • Touched surfaces will be wiped with disinfectant cleaning products every shift* • Washrooms' touch surfaces will be wiped every shift* • Hand sanitiser will be available at several points in the clinic
<i>Increased protection measures</i>	<ul style="list-style-type: none"> • We have increased frequency of all linen wash and using wipe clean pillow cases • We ask all patients to pay electronically or by contactless card payments if possible • Staff PPE will be worn as per government and public health England guidelines • Scrubs or a newly washed set of clothes will be worn by all practitioners • Any pregnant staff member will be given additional time between each patient and the liberty to add breaks whenever feels necessary. They will also be encouraged to use as many new face masks as necessary if needing a drink more often.
<i>Put in place distancing measures</i>	<ul style="list-style-type: none"> • We now stagger appointments with 5-15 minutes between sessions to minimise patient contact and allow for cleaning • When waiting in the waiting room, chairs are spaced out to help keep social distancing
<i>Staff training</i>	<ul style="list-style-type: none"> • Correct handwashing technique best practice



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	<ul style="list-style-type: none">• Put on/remove PPE safely• Staff briefed and trained on updated clinic policies and infection measures
<i>Providing remote/telehealth consultations</i>	<ul style="list-style-type: none">• We have introduced a new booking system and patient record system which minimises the use and exchange of physical forms and supports telehealth appointment for those who do not need to attend a face to face• We have the option for all new patients to conduct their initial consultation and medical history over the phone or by Telehealth to minimise time spent in the clinic• We also screen and offer our current patients to get help remotely if they can benefit equally from this
	<i>(Document last updated: 29/11/2021)</i>

<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 to</i>			
	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
<i>Pre-screening for risk before public/patients visit the clinic</i>	<i>Exposing a member of the public to unnecessary risk of infection by attending a face-to-face consultation</i>	<p><i>If a virtual consultation does not meet the needs of the patient, we will do the following to ensure the patient can be attend a face-to-face consultation with appropriate benefit to risk:</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, loss of smell or taste) in the last 10 days?</i> • <i>Asked if they have travelled out of the country in the last 14 days and/or if they have been vaccinated</i> • <i>Screening for extremely clinically vulnerable patients (this will be done by requesting patients to fill an electronic form or by direct questioning)</i> • <i>Screen to see if a member of their household had/has symptoms of COVID-19 (when this is relevant for isolation in combination with vaccination and GOV guidelines)</i> • <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 may be offered</i> • <i>Patients will be asked to wear a face cover during the entire consultation</i> • <i>Patients’ (and chaperones’) temperatures will be recorded before they are welcomed to enter the treatment room (if above 37.8°C, then requested to reschedule appointment and rescheduling to be done remotely</i> <p><i>NB: All triage pre-screening information must be documented in the patient notes.</i></p>	<i>26/05/20</i>

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	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
<i>Protecting members of staff</i>	<i>Practitioners and family members being infected</i>	<ul style="list-style-type: none"> <i>All practitioners will be asked to wear scrubs or a newly washed set of clothes for their shift</i> <i>Daily staff temperature checks on arrival to clinic (If above 37.8°C, then not to work)</i> <i>All practitioners will have the freedom to choose not to continue seeing patients if they feel their treatments are posing a bigger risk of infections to themselves and the public than when they made themselves available for the treatment (they will not be obliged to find a replacement osteopath, in accordance to their contracts)</i> <i>Aerate room between treatments and during if temperature and practicality allows for this</i> 	<i>26/05/20</i>
<i>Confirmed cases of COVID 19 amongst staff or patients?</i>	<i>There is a risk that patients or practitioners may be asymptomatic during the appointment, but subsequently experience COVID-19 symptoms</i>	<ul style="list-style-type: none"> <i>For symptomatic osteopath: flowchart describing return to work following a SARS-CoV-2 test (attached below)</i> <i>If patients develop symptoms within 2 days of appointment – the practitioner is advised to monitor for symptoms the following days and adhere to government guidelines on self-isolating if symptoms were to develop</i> 	<i>31/05/2020</i>

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	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
<i>Travel to and from the clinic</i>	<i>Risk of clothes, items and members of the public carrying the virus on surfaces</i>	<ul style="list-style-type: none"> <i>If using public transport follow government and public health guidelines on hygiene</i> <i>Practitioners are asked to travel in different clothes to the one they will treat their patients in</i> <i>Practitioners will be asked to apply hand sanitiser or wash their hand upon arrival at the clinic</i> 	<i>31/05/20</i>
<i>Entering and exiting the building</i>	<i>Patients, family and staff members contaminating surfaces, air and items unnecessarily</i>	<ul style="list-style-type: none"> <i>If patients do find themselves in the common areas with anyone else, social distancing must be maintained</i> 	<i>26/05/20</i>
<i>Reception and common areas</i>	<i>Air and surfaces being contaminated due to unnecessary time spent in common areas</i>	<i>Osteopaths will when possible take payments (contactless when possible) and rebook after treatment</i>	<i>26/05/20</i>
<i>Social/physical distancing measures in place</i>	<i>Patients and practitioners being</i>	<ul style="list-style-type: none"> <i>Patients will only be in the treatment room for the duration of their session and kept at a social distance until manual treatment commences</i> 	<i>29/11/21</i>

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	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
	<i>close longer than necessary</i>		
<i>Face to face consultations (in-clinic room)</i>	<i>Patients, family and staff members contaminating surfaces, air and items unnecessarily</i>	<ul style="list-style-type: none"> <i>No treatments inducing coughing or encouraging heavy breathing will be performed</i> <i>If possible - only one parent/guardian only with visits for children</i> <i>Only one additional family member/person if requested as a chaperone or emotional support</i> 	<i>31/05/20</i>

<i>Table 2b Hygiene measures</i>			
<i>We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures</i>			
	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
<i>Increased sanitisation and cleaning</i>	<i>Surfaces, items and floors could be contaminated and</i>	<ul style="list-style-type: none"> <i>Wipe clean clinic rooms - treatment equipment, pillow covers - between each patient</i> <i>Waiting room surfaces, desk, card machine, laptops, tablets and phones (if used for payments and consultations) doors and door handles, chairs, doorbell to be wiped clean once per shift</i> 	<i>26/05/20</i>

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

	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
	<i>infect other users if not mitigated for</i>	<ul style="list-style-type: none"> • Use alcohol sanitisers/wipes, using cleaning products for floors in the treatment room once per shift and deeper clean with mop and water weekly • Use plastic pillowcases that can be cleaned between patients etc. • Keeping doors between common areas open if safe and appropriate to do so, to reduce touch points 	
<i>Aeration of rooms</i>	<i>Infection spread through air droplets</i>	<ul style="list-style-type: none"> • Leaving the window/door open after each patient (if temperature allows for this) 	<i>26/05/20</i>
Staff hand hygiene measures	<i>Transmission from hands, forearms and sleeves</i>	<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 	<i>26/05/20</i>
Respiratory and cough hygiene	<i>Patients coughing or sneezing unaware of the risk attached or unable to observe good hand hygiene</i>	<ul style="list-style-type: none"> • Hand hygiene facilities available for patients, visitors, and staff 	<i>31/05/20</i>
Cleaning rota/regimes	<i>Surfaces could be contaminated and pose a risk to</i>	<ul style="list-style-type: none"> • Cleaning will take place between each patient 	<i>26/05/20</i>



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	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
	<i>others using the building</i>		

*a shift could be up to 5 hours of a practitioner treating patients



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

