



COVID-19 Infection Risk Assessment and Mitigation: Howe Osteopaths

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

This risk assessment and mitigation document was undertaken in conjunction with:

- Institute of Osteopathy guidance 'Infection Control and PPE in osteopathic practice' (22 September 2020, V1)
- Institute of Osteopathy guidance 'Adapting Practice' (Version 1, 18 May 2020) and 'Guidance on opening out osteopathic practices' 19 May 2020.
- General Osteopathic Council Interim Infection Control Guidance for COVID-19 (5 January 2021)
- Public Health England Guidance 'COVID-19 Personal Protective Equipment (PPE)' (Last updated 18 June 2020)
- Institute of Osteopathy 'Adapting your practice: quick guide and checklist'
- General Osteopathic Council updated statement about face to face osteopathic practice (4 January 2021)

This document contains:

- Table 1: Summary of Assessments
- Table 2: Risk Assessment
- Table 3: Hygiene Measures
- Table 4: Personal Protective Equipment (PPE)
- Table 5: Patient Communication

Table 1: Summary of Assessments

I have assessed the practice for risks outlined and put in additional processes, as detailed below:

Action	Detail
Undertaken a risk assessment	Risk assessment 13/07/2020 by Zoë Clark. Review if changes to Government/Public Health England guidance occur. Last reviewed 10/01/2021.
Heightened cleaning regimes	<ul style="list-style-type: none"> • Clinic room, including all contact points, will be cleaned after every patient. • Room aired after every patient. • Patients to wash their hands on arrival for at least 20 seconds with soap and water/use hand sanitiser. • Washroom washed regularly. • Practitioner to wash hands and forearms up to elbows regularly for at least 20 seconds with soap and water, at least after every patient. • Practitioner to wear new pair of single-use gloves for each patient.
Increased protection measures	<ul style="list-style-type: none"> • All soft furnishings removed from treatment room. • Patients won't have contact with other practitioners or patients in the building. • Practitioner to wear full PPE as per Government, GOsC and iO guidance. Patients to wear face covering (nose and mouth) for duration of appointment. See table 4.
Put in place distancing measures	<ul style="list-style-type: none"> • Appointments staggered to allow room airing after every appointment and minimise crossover of patients. • Patients asked to wait in car park until appointment time. • Restroom available for urgent use only. • Case history undertaken via telephone. • Payment by contactless card. • Waiting room not in use. Receptionists wear face coverings and maintaining distance.
Staff training	Practitioners undertaken Continued Professional Development in PPE donning/doffing, hand washing best practice and SARS-CoV-2 guidance including (but not limited to): World Health Organization hand washing guide; Institute of Osteopathy webinar (Infection Control and PPE in Osteopathic Practice); Public Health England guide to donning and doffing standard PPE.
Providing remote consultations	<ul style="list-style-type: none"> • Case history and discussion will take place by telephone to minimise duration of face-to-face appointment. • All patients called evening before/morning of appointment for COVID-19 screening.

Table 2: Risk Assessment

Protection of staff and patients before they visit, and when in, the clinic: I have assessed the following areas of risk in my practice and put in place the following precautions to mitigate those risks:

Area	Description of risk	Mitigating action	When introduced
<p>Pre-screening for risk before public/patients visit the clinic</p>	<p>Risk of face-to-face contact</p>	<p>If face-to-face appointment is required, prior to appointment a COVID-19 screening call will take place, including but not limited to:</p> <ul style="list-style-type: none"> • Screening for any symptoms of COVID-19 (e.g. high temperature, new/persistent cough, loss/change in sense of smell or taste, skin rash) in the last 7 days? • Screening for extremely clinically vulnerable patients. • Screening for additional respiratory symptoms or conditions (e.g. asthma, hay fever). • Screen to ask if a household member or close contact is extremely clinically vulnerable or shielding. • Have they been in contact with someone with suspected/confirmed COVID-19 in last 14 days? • Have they travelled abroad/high risk area within the last 14 days? • Have they been advised to self-isolate in last 14 days? <p>Pre-screening call will discuss with patient the risk of face-to-face consultation.</p> <p>Patient will be informed of new process for appointment:</p> <ul style="list-style-type: none"> • Patient to arrive on time for appointment and wait in car/car park until called. • Patient asked to bring minimal personal belongings. • Patient to wear surgical mask provided by practice. • Temperature taken by practitioner (patient advised to self-isolate if temperature 38C or above). • Patient asked to wash/sanitise hands on arrival and before leaving. • Chaperones still able to attend, but will undertake pre-screening of COVID symptoms and discussion of risk prior to appointment. • Payment taken by contactless card. 	<p>13/07/20</p>

(Table 2 continued)

Area	Description of risk	Mitigating action	When introduced
Protecting colleagues	Shared communal area/risk of cross-contamination	Patients not to access reception area. Minimal use of restroom (urgent use only) and cleaned frequently. See Table 4 (PPE) for practitioner and patient PPE use.	13/07/20
Confirmed cases of COVID-19 amongst staff or patients?	Risk of COVID-19 transmission	In pre-screening call, patients will be informed of practitioner duty to share patient contact details with NHS Test and Trace if required. If a patient experiences symptoms within 2 days of visiting the clinic: <ul style="list-style-type: none"> • Patient to self-isolate and contact NHS Test and Trace for guidance. • Patient to inform the clinic. • Any staff with direct contact may self-isolate, on advice from NHS Test and Trace. 	13/07/20
Travel to and from the clinic	Risk of COVID-19 transmission	Staff travel to clinic alone in private car. Discussion with patient in pre-screening call on mode of transport to reach clinic. Ample car parking available. Patients (and chaperones) asked to wait in car or car park until called in for appointment.	13/07/20

(Table 2 continued)

Area	Description of risk	Mitigating action	When introduced
Entering and exiting the building	Contact with others	<p>Staff will change into work clothing at the clinic and at end of session place work clothing in a separate bag to be washed at home.</p> <p>Patients to arrive on time and wait in car park until called in for appointment.</p> <p>Time between each appointment end time and next start time to minimise risk of contact.</p> <p>Patients to wash their hands with soap and water on arrival (or use alcohol gel provided).</p>	13/07/20
Common areas	Contact with others	<p>Common areas not in use.</p> <p>Restroom adjacent to clinic room will be available for urgent use only (cleaned regularly).</p>	13/07/20
Face to face consultations (in clinic room)	Social distancing	<p>2 metres between patient and practitioner during discussion before assessment/treatment commences.</p> <p>Practitioner to wear PPE (see table 4) and patient to wear face covering.</p> <p>Treatment will not include any aerosol-generating procedures or techniques that cause deep inhalation/exhalation.</p> <p>No additional friends/family members in clinic room, unless present as chaperone.</p> <p>Pre-screening for COVID-19 symptoms and discussion of risk will be undertaken for patient and chaperone via telehealth before appointment.</p>	13/07/20

Table 3: Hygiene Measures

I have assessed the following areas of risk in my practice and put in place the following heightened hygiene measures to mitigate those risks:

Area	Description of risk	Mitigating action	When introduced
Increased sanitisation and cleaning	COVID-19 surface transmission	Clinic room (plinth, chairs, door handles, taps, touch points, desk) cleaned between each patient. If used, touch points in restroom cleaned after each use. Minimising the number of surfaces requiring cleaning (removal of soft furnishings and any unnecessary treatment room items. Treatment supplies stored in cupboard). Plinth and pillow covers are single-use and removed prior to full cleaning.	13/07/20
Aeration of rooms	COVID-19 air transmission	Not using air circulation machines/fans. Leaving windows and outside door open for air exchange after every appointment.	13/07/20
Practitioner hand hygiene measures	COVID-19 transmission	Practitioner bare below the elbow. Correct hand washing technique for at least 20 seconds with soap and water from elbow down after every patient. Use of alcohol gel (minimum 60% alcohol) and single-use disposable gloves.	13/07/20
Respiratory and cough hygiene	COVID-19 transmission	Practitioner aware of respiratory/cough hygiene. Provision of disposable, single-use tissue and waste bins (lined and foot pedal operated). Hand hygiene facilities available for practitioner, patients and chaperones in clinic room.	13/07/20

Table 4: Personal Protective Equipment (PPE)

Policy for use of PPE and disposal:

Action	Detail
Practitioner wearing PPE	Single-use nitrile gloves and single-use plastic apron with each patient. Fluid-resistant surgical mask (IIR) or higher grade (FFP2). Eye protection (glasses or face shield).
When will PPE be replaced	Gloves and apron replaced after each patient. Mask replaced every 4 hours or if wet/contaminated/damaged (whichever is earliest). Eye protection (glasses/face shield) cleaned between patients.
Patients/chaperones/reception staff wearing PPE	All patients, chaperones and reception staff to wear surgical mask provided by the clinic.
PPE disposal	Used PPE and cleaning wipes will be double-plastic bagged and left for 72 hours away from other household waste, then added to normal waste collection by local authority.

Table 5: Patient Communication

Actions for advising patients of measures taken to ensure their safety and the policies that have been put in place:

Area	Communication
Publishing updated clinic policy	Available on website. Available on request.
Information on adapted practice and risk mitigation	Available on website. Available on request. Updated on change of Government advice.
Pre-appointment screening calls	Pre-screening calls evening before/morning of appointment by telephone call.
Other	Infographic on new policy created and shared on social media with links to website and updated guidance. Patients asked to contact practice if they develop COVID-19 symptoms within 2 days of appointment. Patients informed during pre-screening call of contact details being shared with NHS Test and Trace if required.