

COVID-19 Risk Assessments

Osteopathy & Wellbeing @CT6 Protection of staff and patients before they visit, and when in the clinic Risk Assessment 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	Risk of contamination and spread of infection to the patient others in the clinic via face to face consultations	All patients will be subject to a pre-screening/triage process which will form part of the osteopath's professional judgement on whether a face to face consultation should be considered (full details can be found on the clinic pre-screening algorithm) under the following headings: <ul style="list-style-type: none"> • Can remote consultation be implemented, to include using remote consultation for case history taking to reduce the need for time in clinic should a face to face consultation be indicated • Determining patient risk for COVID-19 and clinical reasoning for a face to face consultation i.e. in the osteopath's clinical judgement, the need for a face-to-face consultation against any risk to the patient, osteopath or others in their clinic. The osteopath's clinical reasoning for the need for a face to face consultation must be clearly documented in the patient notes. • Obtaining patient consent (verbal and implied) for a face to face consultation, outlining the potential risks to the patient of a face to face consultation. Consent will include but not limited to the close patient contact required for osteopathic manual treatment and risks of transmission and exposure, the level of PPE that the osteopath will be required to wear to mitigate the risk of transmission and the infection prevention and control measures in place within the clinic. The osteopath 	20 May 2020

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		<p>must document within the patient notes that they have informed the patient of risks associated with attending the clinic, and that they are not experiencing symptoms of COVID-19.</p> <p>NB: All triage pre-screening information must be documented in the patient notes.</p>	
Protecting members of staff	Risk of contamination and spread of infection to the staff and potentially their households, following face to face consultations	<p>Staff will be asked whether or not they or a member of their household is in a vulnerable category and how will you manage this if they are?</p> <p>Clinicians will wear the following PPE during all face to face contacts:</p> <ul style="list-style-type: none"> • Single use gloves which will be changed in-between every patient or sooner as required • Single use plastic aprons which will be changed in-between every patient or sooner as required • Fluid-resistant surgical masks will be changed if damp or damaged and will not be reused once removed nor worn for more than 4 hours • Eye protection, if there is a risk of spray or droplet transmission or fluids entering eyes, nose or mouth. The decision to wear eye protection will be determined by the clinician 	20 May 2020
Travel to and from the clinic for staff and patients	Risk of contamination and spread of infection to the patient and others in the clinic	Where possible, staff will travel to the clinic in their own transport and will as a matter of course decontaminate their hands on entering the clinic and where possible, minimise the amount of personal possessions they carry with them.	20 May 2020

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	Description of risk	Mitigating action	When introduced
	(including households) following face to face consultations	<p>Patients will be asked to enter the clinic alone, with minimal personal belongings and any chaperones or accompanying others to remain outside of the clinic or in their cars.</p> <p>Where patients require a chaperone due to frailty, vulnerability or being a minor, pre-agreement will have been sought and specific measures to mitigate risk of contamination agreed.</p> <p>Any staff or patients using public transport will be reminded of the importance of decontaminating their hands on entering the clinic and where possible, to minimise the amount of personal possessions they carry with them.</p>	
Entering and exiting the clinic	Risk of contamination and spread of infection to the patient and others in the clinic via face to face consultations	<p>All individuals entering the clinic must stop at the hand sanitising station by the front door and decontaminate their hands.</p> <p>Where possible, all staff will wash their hands with soap and water on arrival at the clinic.</p> <p>Staff and patients must use the hand sanitising stations within the clinic rooms as required and prior to leaving the clinic.</p> <p>Where possible, staff will change into clean/freshly laundered uniform on arrival at work and change out of the “uniform” before they leave the clinic. The uniform will be carried in a plastic bag and laundered separately on a hot wash as soon as the staff member gets home, disposing of the plastic bag.</p>	20 May 2020

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	Description of risk	Mitigating action	When introduced
		<p>Patients are asked to arrive at the time of their appointment, as opposed to being early. If patients do arrive at the clinic earlier than their scheduled appointment, where possible they are asked to wait in their car or outside the clinic building, observing social distancing.</p> <p>On entering the clinic, patients are asked to observe the waiting area instructions by moving directly to the waiting area designated according to the clinic room they will be treated in, following the clear signage on the floor and the clinic room doors.</p>	
	<p>Reception and common areas and social/physical distancing measures in place</p> <p>Risk of contamination and spread of infection to the patient and others in the clinic whilst attending face to face consultations</p>	<p>Patients are asked to arrive at the time of their appointment and not early, to reduce the amount of time they are waiting in the waiting area.</p> <p>On entering the clinic, patients are not required to report to reception but instead move directly to the waiting area designated according to the clinic room they will be treated in, following the clear signage on the floor and the clinic room doors.</p> <p>Patients will be asked to observe the clinics version of social distancing, as indicted on the floor signage.</p> <p>The clinic will accommodate contactless payments where required and within the clinic room, therefore removing the need for patients to move to reception to pay.</p> <p>The following details the clinic’s version of distancing measures:</p>	<p>20 May 2020</p>

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	Description of risk	Mitigating action	When introduced
		<p>Patients are asked to visit the clinic alone, unless they have specific needs to be accompanied.</p> <p>Treatment session times have been extended to mitigate potential overlap of patients, thereby reducing the number of individuals in the waiting areas.</p>	
Face to face consultations (in-clinic room)	Risk of contamination and spread of infection to the patient and clinicians during face to face consultations	<p>As part of the mandatory pre-screening/triage process all new patients will have a telephone appointment prior to their face to face appointment, for the treating osteopath to take a case history, thereby reducing the need for additional time in clinic.</p> <p>All staff will wear full PPE during all face to face contacts and the clinic will hold a supply of surgical face masks which can be purchased by patients, if requested.</p> <p>Patients are asked to visit the clinic alone, with accompanying others to remain outside of the clinic or in their cars.</p> <p>Where patients require a chaperone due to frailty, vulnerability or being a minor, pre-agreement will have been sought and specific measures to mitigate risk of contamination agreed. Pre-screening will be applied to chaperones, along with obtaining their consent to attend the clinic.</p>	20 May 2020
Confirmed cases of COVID 19 amongst staff or patients	Risk of contamination and spread of infection	Should a patient report that they have symptoms of COVID-19 or have tested positive for COVID-19 after visiting the clinic and within the last 7 days, any staff with direct contact to that individual should self-isolate for 7 days, referring to the Government Staying at Home	20 May 2020

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	Description of risk	Mitigating action	When introduced
	to the patient and others in the clinic (including households) following face to face or other contact	Guidance. Anyone with indirect contact with the patient, should be advised of the situation and suggest they monitor for symptoms (according to Government Guidance, those with indirect contact with suspected cases COVID 19 do not need to self-isolate)	

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Osteopathy & Wellbeing @CT6 Hygiene Risk Assessment			
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	Risk of contamination and spread of infection to the patient and others in the clinic whilst attending face to face consultations	<p>All individuals entering the clinic must stop at the hand sanitising station by the front door and decontaminate their hands.</p> <p>Where possible, all staff will wash their hands with soap and water on arrival at the clinic.</p> <p>Staff and patients must use the hand sanitising stations within the clinic rooms as required and prior to leaving the clinic.</p> <p>Clinic rooms including plinths, desk, door handles, equipment and chairs will be cleaned using antibacterial wipes between each patient.</p> <p>Clinic rooms and waiting areas have been decluttered of unnecessary items in order to minimise the number of surfaces which require cleaning.</p> <p>Touch points such as door handles will be cleaned with antibacterial wipes at regular intervals throughout the day.</p> <p>Common areas with hard surfaces such as waiting areas, washroom, door handles, chairs, taps and card machines will be cleaned with antibacterial wipes at regular intervals throughout the day and at the end of every day.</p>	20 May 2020

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		<p>Where possible, all linens have been removed from the clinic and replaced them with wipe able alternatives.</p> <p>The entire clinic will be cleaned using Micro Kill, a revolutionary certified veridical cleaner at the end of every day.</p>	
Aeration of rooms	Risk of contamination and spread of infection to the patient and others in the clinic whilst attending face to face consultations	<p>Privacy screens have been introduced to allow us to open the clinic room door once treatment is complete, facilitating aeration of the clinic rooms.</p> <p>Within clinic rooms with windows, the window will be opened and the door closed to facilitate effective aeration of the clinic room between patients.</p> <p>Mechanical fans have been removed from clinic rooms in order to avoid circulating the air whilst a patient is in the room.</p> <p>Within the waiting area and the reception area, aeration will be facilitated by opening the back door at regular intervals throughout the day and at the end of every day whilst the clinic is cleaned.</p>	20 May 2020
Staff hand hygiene measures	Risk of contamination and spread of infection to the patient and others in the clinic during face to face consultations	<p>All staff will have undertaken a Hand Hygiene training course, in order to revise best practice in respect of hand washing and infection control.</p> <p>All staff will practice hand hygiene (either with soap and water or hand sanitiser) before and after patients, including forearms</p> <p>All staff will practice “Bare below the elbow” to reduce the risk of cross contamination.</p> <p>All staff will wear single use gloves during all patient contact, which will be changed in-between every patient or sooner as required.</p>	20 May 2020

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		All staff will take measures to protect their skin against potential dermatitis following the use of hand sanitisers and/or repeated hand washing, in order to avoid creating an increased risk of transmission of pathogens through broken skin. If staff have signs of dermatitis or broken skin then gloves should be used.	
Respiratory and cough hygiene	Risk of contamination and spread of infection to the patient and others in the clinic during face to face consultations	<p>All staff and patients will observe essential cough hygiene measures, i.e. 'Catch it, bin it, and kill it.'</p> <p>There is provision of lined and foot-operated enclosed waste bins in each clinic room.</p> <p>Hand sanitising stations are available within the waiting area as well as within every clinic room, for use by patients and staff.</p>	20 May 2020

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