

ENHANCED COVID-19 INFECTION CONTROL AND PPE POLICY 30th MAY 2020.

Undertaken a risk assessment	Wednesday 20th May 2020. To be reviewed : 1st June 2020 following Public Health Wales update.
Heightened cleaning regimes	 Clinic rooms will be cleaned between in each patient - floor, treatment couch, wipe clean pillows, chair, desk, keypads, keyboard, door furniture, equipment. Common areas/washrooms will be cleaned daily Hard surface in common areas will be cleaned after each patient.
Increased protection measures	 All linens and reading literature have been removed from the clinic Cashless payments, pre-payments, no cash transactions. Cling film covering for POS terminal - disposed of after each use. Staff PPE Patients to minimally undress - for modesty and warmth Consent forms for new / old patients to be emailed prior to appointment. Contact time to be minimised as much as possible.
Put in place distancing measures	 Stagger appointments (45mins appointments) with 45 mins gaps between appointments. No drop in appointments or enquiries - Practice door to be locked. No waiting in waiting room. Patients to arrive without friends / family members unless chaperone required. No provision of beverages. No toilet facilities offered. Practitioners to observe social distancing for case history taking / discussions. Patients advised not to arrive before appointment time.
Staff training	 Correct handwashing technique best practice - discussed and implemented. Put on/remove PPE safely Staff briefed and trained on updated clinic policies and infection measures
Providing remote/ telehealth consultations	 All enquiries documented in phone message book and / or patient notes. See COVID-19 folder for new patients records who enquired but didn't present to the Practice. All patients who warrant and appointment will have telephone pre-screening call for COVID-19 risk and appointment guidance. Follow-up/maintenance appointments available via telephone/video call
	(Document last updated: 30/5/20

	Description of risk	Mitigating action	When introduced
Pre-screening for risk before public/patients visit the clinic		 Triage and virtual consultation is offered in the first instance using a specific pro-forma. If treatment is warranted then the following will be considered: Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days, loss of taste or smell Screening for extremely clinically vulnerable patients Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc 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? Have they been in contact with someone with suspected/confirmed COVID-19 in last 14 days? Recent international travel? 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 option. Details of the process we expect the patient to undertake on arrival and whilst at the clinic will be included in the screening pro-forma and attached to patient notes. 	
Protecting members of staff		All staff are clinicians and self-isolating together. PPE policy, see table 3 below.	

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
Confirmed cases of COVID 19 amongst staff or patients?		 If the patient experiences symptoms within 2/3 days of visiting the clinic, both members of staff 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) 	
Travel to and from the clinic		 No travel considerations required for Clinicians. Socially distanced parking is available for patients. Patients will wait in their cars until their appointment time. Chaperones to wait with patient until the patient's appointment time. 	
Entering and exiting the building		 Clinicians will change safely and appropriately before and after each session. Patients will be required to arrive at their appointment time and not to arrive early or late for their appointment to avoid overcrowding therefore complying with social distancing if other patients are in the clinic Patients arriving early be asked to wait in their car or outside the building (observing social distancing). Clear signage on the main Practice door will reinforce the instructions given during screening phone calls. Patients will be required to sanitise their hands with hand sanitiser upon entering and exiting the Practice. 	
Reception and common areas		 Patients will be required to turn up promptly at their appointment time to reduce time in the waiting area. Patients will be encouraged to use contactless payment instead of cash, and ask patients prior to their appointment? A floor spacing marker to indicate distancing from Practice desk will be used 	

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	Description of risk	Mitigating action	When introduced
Social/physical distancing measures in place		 Staggered appointment times will be used so that patients do not overlap in reception Markers will be placed on the treatment, reception and fire door 	
Face to face consultations (in-clinic room)		 Spacing between Clinician and patient meets social distancing requirements when taking a case history / case discussion etc. Treatment techniques will be modified on a case by case basis to avoid unnecessary close proximity One parent/guardian only with visits for children No additional family members except if requested as a chaperone Chaperones will be pre-screened as if they were a new or returning patient. 	

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		Cleaning agents: World Health Organisation (WHO) advises the use of diluted Sodium Hypochlorite (bleach) at 0.5%. 60% alcohol sanitisers/wipes • Clinic rooms - floor, plinth, taps and sink, desk, chair, door handles, equipment between each patient • Reception surfaces, door handles, chairs, taps, card machines etc.? • Actions to minimise the number of surfaces requiring cleaning • Plastic pillowcases that can be cleaned between patients etc. • Decluttering the clinic room and Reception area of unnecessary items • All floors are washable. • Keeping doors between common areas open if safe and appropriate to do so.	
Aeration of rooms		 Both windows will remain open and the door closed for 20 minutes after each patient. If for any reason the windows can't be open, the clinic room door will remain open for at least 20 minutes. This will allow aeration of the reception area too. 	
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	
Respiratory and cough hygiene		 A 'Catch it, bin it, kill it' posters will be placed in the waiting area and/or treatment room We have disposable, single-use tissues waste bins (lined) and foot-operated Hand hygiene facilities available for patients, visitors, and staff is provided 	
Cleaning rota/regimes		 The treatment room will be cleaned after each patient and recorded. Cleaning of the reception area will occur after each session and will be recorded. A written record of cleaning time and by whom will be kept by reception computer. Exposed practitioner clothing will be washed after each session. 	

Table 3. Personal Protective	Table 3. Personal Protective Equipment: Detail here your policy for use and disposal of PPE	
Clinicians will wear the following PPE	 Single-use nitrile or plastic gloves and plastic aprons with each patient? Fluid-resistant surgical masks (or higher grade) Eye protection - visor 	
When will PPE be replaced	 Gloves and aprons will be changed after each patient When potentially contaminated, damaged, damp, or difficult to breathe through Mask will be changed at the end of a session (4 hrs) Visor will be cleaned at the end of each session (4hrs) 	
Reception staff will wear the following PPE	Fluid resistant surgical masks for those in direct contact with patients	
Patients will be asked to wear the following PPE	Patients will be required to bring their own 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. 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	 Updated Clinic Policy available on our Website library Provide as part of appointment confirmation emails and discussions
Information on how you have adapted practice to mitigate risk	 Updating of website and via your social media accounts Email to your patient base at point of relaunch and during screening telephone calls Constantly under review
Pre-appointment screening calls	24 hours/morning before a scheduled 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
Other patient communications	 Patients will be advised of the necessity to comply with PHE / PHW tracking policy. Patients will be asked to contact the Practice if they subsequently develop symptoms?