

## Adapting practice: Infection risk assessment and mitigation guide

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

*This risk assessment and mitigation record should be undertaken in conjunction with review of the iO's guidance 'Infection control and PPE' and 'Adapting practice guide' available from [here](#). In this document you will find the following:*

- *Table 1: This is an overview of the measures you have taken that form my clinic policy for operating during COVID-19 and available to staff and patients.*
- *Table 2: Areas assessed for risk and mitigating action taken. This records in detail the areas of potential risk you have identified and record of the mitigating actions you have taken and when.*
  - **Table 2a - Protection for staff and patient before and when in clinic**
  - **Table 2b - Heightened hygiene measures**
- *Table 3: To outline my PPE policy for staff in my practice*
- *Table 4: Detail of how you will communicate my policies to staff and patients*

*Completion of the attached demonstrates compliance with the following Osteopathic Practice Standards including but not limited to:*

- **A2: “... adapting your communication to take account of [your patient’s] particular needs”**
- **C5: “You must ensure your practice is safe, clean and hygienic”**
- **D11: “You must ensure that any problems with your own health do not affect your patients”**

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

***In this section, I provide an overview of measures that I have taken to adapt my practice for preparation for operating in the current COVID-19 situation. I am publishing this overview of my clinic policy, so patients are aware of the measures I have taken.***

<p><b><i>Undertaken a risk assessment</i></b></p>	<p><b><i>Produced on 12th June 2020</i></b></p> <ul style="list-style-type: none"> <li><i>• To be reviewed on an ongoing and weekly basis during the current COVID-19 Situation</i></li> <li><i>• To be reviewed in the light of any changed guidance from GOsC, iO or PHE.</i></li> <li><i>• To be reviewed if any unanticipated risks arise.</i></li> </ul>
<p><b><i>Heightened cleaning regimes</i></b></p>	<ol style="list-style-type: none"> <li><b><i>1. Prior to every patient visit and at the end of each working day,</i></b>  <i>I will sanitise with Byotrol® ALL CLEAR™ (didecylmethylammonium) 24 hour disinfectant cleaner using disposable paper towel:-</i> <ul style="list-style-type: none"> <li><i>• Clinic rooms will be surface contact cleaned between in each patient</i></li> <li><i>• Doorbell and door furniture</i></li> <li><i>• Hand sanitiser dispensers</i></li> <li><i>• Toilet, toilet seat, toilet lid and flush (if utilised)</i></li> <li><i>• Hand basin, taps and soap dispenser</i></li> <li><i>• Bathroom light switches, door handles and lock</i></li> <li><i>• Light switches and door handles between and within bathroom and clinic room</i></li> <li><i>• Any clinical equipment used in the previous session</i></li> <li><i>• Payment terminal (which can be used contactless)</i></li> <li><i>• Filing cabinet</i></li> <li><i>• Cupboard handles</i></li> <li><i>• Common areas will be cleaned daily and after each use</i></li> <li><i>• Hard surface such as counter and desk top, plinth (including face hole and contact points such as levers), chairs, door handles and all contact point areas will be cleaned after each patient.</i></li> </ul> </li> <li><b><i>2. Between patient visits I will switch on the Xpelair extractor (outwardly extracted) and open the clinic front door to allow for air exchange.</i></b></li> <li><b><i>3. At the end of every clinic session,</i></b>  <i>I will repeat the above steps and additionally:-</i> <ul style="list-style-type: none"> <li><i>• Sanitise the plastic pillows</i></li> <li><i>• Sanitise the bathroom, and clinic entrance floors</i></li> <li><i>• Clean all lamp switches as I turn them off</i></li> <li><i>• Hot wash my clinic uniform• Sterilise the mop.</i></li> </ul> </li> </ol>
	<p><i>I will wash the clinic floor and dispose of any PPE appropriately in the pedal operated bins after each use. Reusable aprons will be sanitised with Byotrol® ALL CLEAR™ and hung to dry between each patient use.</i></p>

<p><b>Increased protection measures</b></p>	<p><b>In preparation for re-opening the clinic, the following additional measures have been undertaken:</b></p> <ul style="list-style-type: none"> <li>• The clinic, waiting area, hallways and patient bathroom have been decluttered</li> <li>• Magazines and journals in the waiting area have been removed</li> <li>• The clinic waiting area has had all fabric cushions removed and is temporarily redundant during this period</li> <li>• Treatment table cloth covers and blankets have been removed</li> <li>• Existing cotton pillowcases have been replaced by washable/wipeable pillowcases.</li> </ul> <p><b>Proposed and implemented information technology:</b></p> <ul style="list-style-type: none"> <li>• I am in the process of installing new clinic database software (JaneApp).</li> <li>• I am in the process of installing new clinic database software (JaneApp).</li> <li>• I am using Zoom and additional platforms such as Microsoft Teams and Google Meet to carry out online consultations which satisfies social distancing</li> <li>• I am using the website and mail-chimp to keep patients up to date with information regarding the clinic</li> <li>• Use of Microsoft Forms for pre-appointment COVID-19 Screening Questionnaire to patients prior to any in-person appointments</li> <li>• Use of Sum-Up terminal to take card payment for appointment as well as bank transfer to avoid handling of cash and cheque as payment.</li> <li>• PPE will be used by all staff and masks and gloves available for each patient.</li> </ul>
<p><b>Put in place distancing measures</b></p>	<p><b>Restructuring the clinic timetable</b>  I have reduced timetable capacity to support current physical distancing measures and to ensure sufficient time between patient appointments to follow a new cleaning regime:</p> <ul style="list-style-type: none"> <li>• There will be up to a 30 minute break between patient appointments</li> <li>• Patients will be encouraged to arrive promptly and not to use waiting area or use additional facilities of the clinic unless necessary.</li> <li>• Numbers of persons in the clinic will be limited to one practitioner and one patient/client in each area any one time. Social distancing will be adhered to.</li> <li>• I will continue to offer online virtual/telephone consultations as an alternative to face-to-face appointment to those that choose to and those categorised as high risk or shielding.</li> <li>• Where possible I will attempt to stagger face-to-face and virtual appointments.</li> </ul>
<p><b>Staff training</b></p>	<p><b>Detail here any additional training that I have undertaken:</b></p> <ul style="list-style-type: none"> <li>• Deb: 'Correct Handwashing Technique' and 'Guide to Sanitizing' written instruction and video demonstration.</li> <li>• Webinar: UCO - Remote MSK: good practice for video and phone consultations (Mar 2020)</li> <li>• Webinar: iO - Considerations for Infection prevention and control and PPE during COVID-19 crisis (May 2020)</li> <li>• Staff briefed on updated clinic policies and infection measures</li> </ul>

<i>Providing remote/ telehealth consultations</i>	<b><i>I am providing the following:-</i></b> <ul style="list-style-type: none"><li><i>• Online and telephone consultations for any patient who would prefer them, and for when it is deemed that they would be at risk if attending in person.</i></li><li><i>• All patients due to attend the clinic will have a telephone pre-screening call prior to their appointment; this is in addition to receiving a COVID-19 triage questionnaire.</i></li><li><i>• Follow-up/maintenance appointments available via telephone/video call</i></li></ul>
	<b><i>(Document last updated: 15th June 2020)</i></b>

<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>	<p><i>Risks are:- Transmission into the clinic of COVID-19 because of an encounter with a patient who is symptomatic.</i></p> <p><i>Transmission of COVID-19 to a patient who is deemed clinically vulnerable or extremely vulnerable.</i></p>	<p><i>I will triage and offer a virtual consultation in the first instance. I propose taking an initial case history by telephone/online video consultation to determine if a face to face is relevant or support can be provided by a virtual remote consultation.</i></p> <p><i>If a virtual consultation does not meet the needs of the patient, I detail here how I will pre-screen a patient (and chaperone if relevant) before they arrive at the clinic.</i></p> <p><i>Prior to attending any in-person clinic appointment, the following screening protocol will be followed. Patients will receive a screening questionnaire by e-mail prior to attending clinic. If they do not complete it, I will telephone them in advance of their appointment to ask them the questions. If they are at risk of having COVID-19 symptoms currently, or are in the group of high risk patients (as defined by the NHS) or have had recent contact with confirmed or suspected cases of the virus, the in-person appointment will be rescheduled as appropriate. There will be no cancellation fee for appointments cancelled as a result of this screening process.</i></p> <p><b>Main symptoms of COVID-19*</b>  <a href="https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/">*https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/</a>  <b>The main symptoms of coronavirus are:</b></p> <ul style="list-style-type: none"> <li>• <b>high temperature</b> - this means you feel hot to touch on your chest or back (you do not need to measure your temperature)</li> <li>• <b>new, continuous cough</b> - this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)</li> <li>• <b>loss or change to your sense of smell or taste</b> - this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal</li> </ul> <p><b>Most people with coronavirus have at least one of these symptoms.</b></p>	<i>12/06/2020</i>

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	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
		<p><i>Pre-Treatment screening questionnaire:</i> Forms: Dynamic Osteopathy Cambridge</p> <p>Daniel Rollins Osteopath Pre-Osteopathic Appointment COVID-19 Health Screen</p> <p><b>Section 1</b></p> <p>1. Please enter your full name: (Enter your answer)</p> <p>2. Please enter your email address: (Enter your answer)</p> <p>3. Please enter your best contact telephone number: (Enter your answer)</p> <p>4. Do you have / have you had symptoms of COVID-19 within the last 14 days?</p> <p style="text-align: center;">No Yes</p> <p>5. Do you co-habit with, or have you knowingly come into contact with a person, who has shown symptoms of COVID-19 in past 14 days?</p> <p style="text-align: center;">No Yes</p> <p>6. Have you been contacted by the Public Health England 'test and trace' system and informed that they have been in contact with someone diagnosed with Covid-19 in the last 14 days?</p> <p style="text-align: center;">No Yes</p>	12/06/2020

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	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
		<p>7. Please tell us about your condition requiring Osteopathy. (Enter your answer)</p> <p>8. Please state why you feel that face to face consultation would be more appropriate than remote video consultation. (Enter your answer)</p> <p>9. Please list any medical conditions you have (if none, please state none) (Enter your answer)</p> <p>10. Are you considered Moderate or High Risk in accordance with NHS England definitions?</p> <p>11. People at moderate risk (clinically vulnerable) from coronavirus include people who:  are 70 or older  are pregnant  have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)  have heart disease (such as heart failure)  have diabetes  have chronic kidney disease  have liver disease (such as hepatitis)  have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)  have a condition that means they have a high risk of getting infections  are taking medicine that can affect the immune system (such as low doses of steroids)  are very obese (a BMI of 40 or above)</p>	

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	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
		<p><u>What to do if you're at moderate risk</u>            If you're at moderate risk from coronavirus, you can go out to work (if you cannot work from home) and for things like getting food or exercising. But you should try to stay at home as much as possible.</p> <p>It's very important you follow the general advice on social distancing, including staying at least 2 metres (3 steps) away from anyone you do not live with.</p> <p>Unlike people at high risk, you will not get a letter from the NHS.</p> <hr/> <p>People at high risk (clinically extremely vulnerable) from coronavirus include people who:            have had an organ transplant            are having chemotherapy or antibody treatment for cancer, including immunotherapy            are having an intense course of radiotherapy (radical radiotherapy) for lung cancer            are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)            have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)            have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine            have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)            have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)            are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)            have a serious heart condition and are pregnant</p>	



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	<i>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
		<p>Information: If you're at high risk from coronavirus, you should have received a letter from the NHS.</p> <p>Speak to your GP or hospital care team if you have not been contacted and think you should have been.</p> <p>What to do if you're at high risk If you're at high risk from coronavirus, you're advised to take extra steps to protect yourself.</p> <p>This is called shielding.</p> <p>See what to do if you're at high risk from coronavirus.</p> <hr/> <p>Classifications can be found at: <a href="https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/">https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/</a></p> <p>12. Which classification best describes you? Moderate High</p> <p>13. Please list all medications you are currently taking (if none, please state none). (Enter your answer)</p> <p>14. All Government and Public Health England measures with regards to social distancing and use of PPE will be reasonably undertaken and enforced at Dynamic Osteopathy Cambridge by Daniel Rollins as it is possible that there is an increased risk of exposure to Covid-19 with a face to face appointment.</p>	

*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>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
		<p>With face-to-face appointments <u>close patient contact is required</u> for Osteopathic manual treatment and so risk cannot be 100% mitigated. By attending a face-to-face appointment you (the patient) acknowledge that you have been informed that there is still a risk, however small, of viral transmission.</p> <p>15. At this time, it is not possible to see you in person as you are required to be symptom free for a minimum of 14 days. However, all appointments are currently triaged and I can offer you an online appointment in which I will be able to carry out your 'case history' and 'physical assessment'. Based on these findings I will be able to recommend how best to move forward with prescribed exercises/stretching/self-help techniques, where appropriate, or onward referral to another practitioner. We can continue online until you are asymptomatic by which time we can reassess in person or continue with your online tele-health treatment.</p> <p>Would you like to book an online appointment with Daniel Rollins  Yes  Not at this time</p> <p>16. At this time, it is not possible to see you in person as you may be at risk of developing symptoms. Current government guidelines require you to self isolate for 7 days from the date of contact to establish whether you become symptomatic. However, I can offer you an online appointment in which I will be able to carry out your 'case history' and 'physical assessment'. Based on these findings I will be able to recommend how best to move forward with prescribed exercises/stretching/self-help techniques, where appropriate, or onward referral to another practitioner. We can continue online until you are asymptomatic by which time we can reassess in person or continue with your online tele-health treatment.</p> <p>Would you like to book an online appointment with Daniel Rollins?  Yes  Not at this time</p>	

*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>Description of risk</i>	<i>Mitigating action</i>	<i>When introduced</i>
		<p>17. Please click the 'submit' button below and get in touch by calling Daniel directly on +44 (0)7906401702 or email <a href="mailto:info@dynamicosteopathy.co.uk">info@dynamicosteopathy.co.uk</a>.</p> <p>I will inform patients who intend to visit the clinic of the risk of COVID-19 transmission, despite infection control measures, and and that I am not experiencing symptoms of COVID-19 myself.</p>	

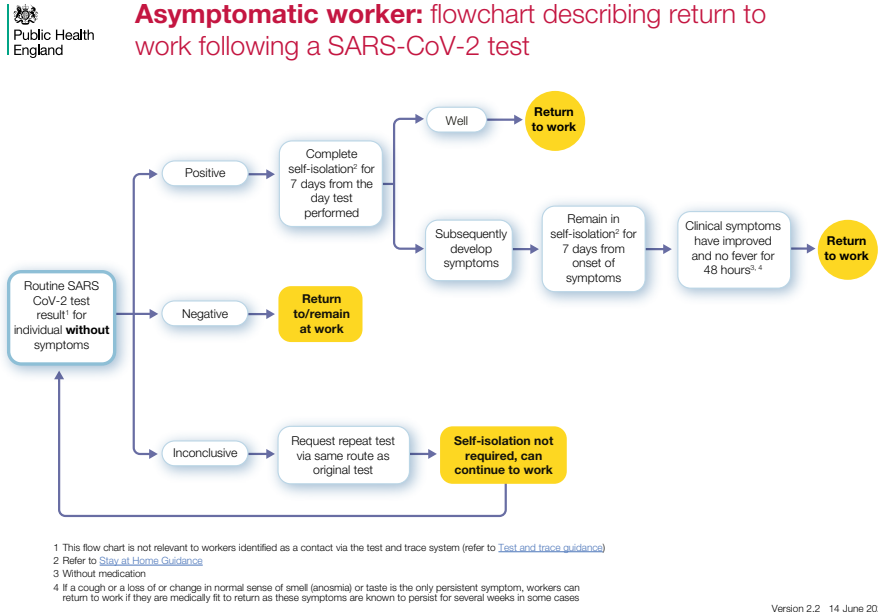
*Table 2a. Protection of staff and patients before they visit, and when in, the clinic. We have assessed the following areas of risk in our practice and put in place the following precautions to*

	Description of risk	Mitigating action	When introduced
		<p>Here is a diagram of the clinic with areas 1-5 highlighted which act as a visual aid for the patient journey.</p> <p>(1) Entry/Exit point. There is a sanitisation station at the door entrance. Patient will be greeted here and offered hand sanitiser and offered a facial mask and gloves. They may go and wash their hands in area (2) and use the toilet facilities (3) if required. The waiting area has been rendered inaccessible. Area (4) is the clinic room and area (5) the pilates suite. Most of the patient treatment will be confined to one of these areas but on occasion it may be appropriate to utilise the other area. Once treatment has been completed and the patient has exited the clinic I will commence cleaning and safely doff/don PPE.</p> <div data-bbox="853 810 1458 1326" style="text-align: center;"> <p>Key:  1: Entrance/Exit  2: Wash Hands/Sanitisation  3: Toilet Facilities  4: Clinic Room  5: Pilates Suite</p> </div>	05/06/2020

**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
Protecting members of staff	Risk of virus transmsion	In addition to myself there is one other osteopath (Toby Barker), my business partner Bethia Hope-Rollins (Pilates) and Rachel Buckley (Pilates). Presently, the Pilates suite is being used to carry out remote online pilates sessions. Cleaning protocols and ventilation are observed by those carrying out remote sessions wishing the clinic at the end of each day. Toby is aware of this document and will be responsible for carrying out his own safeguarding of patient and self once he has returned to clinic from the 16/6/2020.	12/06/2020
Confirmed cases of COVID 19 amongst staff or patients?	Risk of virus transmsion	<p>If I am tested after having COVID-19 symptoms, here is the return to work process that I will follow:*</p> <p>* <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892137/Flowchart_for_return_to_work_symptomatic_v3.2.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892137/Flowchart_for_return_to_work_symptomatic_v3.2.pdf</a></p> <p><b>Symptomatic worker: flowchart describing return to work following a SARS-CoV-2 test</b></p> <p>Public Health England</p> <p>1 If the testing was done because the individual was identified as a contact via the test and trace system refer to <a href="#">Test and trace guidance</a></p> <p>2 Refer to <a href="#">Stay at Home Guidance</a></p> <p>3 Consider contacting the <a href="#">NHS online coronavirus service</a>, or in a medical emergency dial 999</p> <p>4 Without medication</p> <p>5 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases</p> <p>Version 3.2 14 June 2020</p>	12/06/2020

**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
		<p><i>If I am tested after having no COVID-19 symptoms, here is the return to work process that I will follow:*</i>  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892138/Flowchart_for_return_to_work_asymptomatic_v2_2.pdf">*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892138/Flowchart_for_return_to_work_asymptomatic_v2_2.pdf</a></p>  <p><i>I will ask patients who have visited the clinic to let me know if they develop symptoms of COVID-19 after visiting the clinic in line with government guidance e.g</i></p> <ul style="list-style-type: none"> <li><i>• If the patient experiences symptoms within 2/3 days of visiting the clinic, any staff with direct contact to that individual should self-isolate</i></li> <li><i>• 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).</i></li> </ul>	12/06/2020

<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>			
	<b>Description of risk</b>	<b>Mitigating action</b>	<b>When introduced</b>
<i>Travel to and from the clinic</i>	<i>Patient at risk of contracting virus when travelling to the clinic, if using public transport.</i>	<i>The clinic is within 10-15 minutes cycle/drive from my home and as such I never use public transport for this journey. Each member of the clinical team uses their own personal transport methods to attend the clinic. I will ask patients to travel on foot, by bike or by car if possible. If they need to use a taxi or public transport, I will advise them to use a face-covering. We are located in close proximity to a carpark and so the patient and chaperones will be asked to wait in the car/carpark until their appointment time.</i>	<i>05/06/2020</i>
<i>Entering and exiting the building</i>	<i>Patient at risk of contracting the virus when entering, when within and when leaving the clinic.</i>	<p><u><i>Patients:</i></u>  <i>I have introduced infection control, physical distancing measures, clinic hygiene measures as described above. The clinic diagram graphic above indicates the routes undertaken by the patient. There is only one entry/exit door, but there will only be one patient (plus any chaperone) in the treatment room at a time. I will hand them a facemask prior to them entering, ask them to sanitise their hands with alcohol hand gel, and if they would prefer - or need to use the bathroom - they can wash their hands thoroughly there. Patients will be asked to keep their facemasks on until after they have left. I have a contact/contactless card payment machine and can take payment by BACS or online. I am no longer taking cheques or cash payments.</i></p> <p><u><i>Practitioners:</i></u>  <i>In addition to the above infection control I will ask staff to change into work clothing at the clinic and place work clothing in a separate clothes bag to take home for washing.</i>  <i>Are you asking patients not to arrive early or late for their appointment to avoid crossover and therefore complying with social distancing if other patients are in the clinic. If patients do arrive early they will be kindly asked to wait in their car or outside the building to observing social distancing.</i></p>	<i>05/06/2020</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>			
	<b>Description of risk</b>	<b>Mitigating action</b>	<b>When introduced</b>
<i>Reception and common areas</i>	<i>Patient at risk of contracting the virus when entering, when within and when leaving the clinic.</i>	<i>The waiting area is not currently being used and there is no reception desk/area outside of the entry/exit point of the clinic. I am currently in the process of creating an online booking and patient note-keeping database system to reduce the amount of 'paperwork' wishing the clinic.</i>	<i>05/06/2020</i>
<i>Social/physical distancing measures in place</i>	<i>Risk of transmission of the virus.</i>	<i>There will be staggered appointments with up to 30 minutes between osteopathy consultations to allow for physical distancing and cleaning. There will be a maximum of two practitioners working in the premises at any one time, each with their individual patient/client.</i>	<i>05/06/2020</i>
<i>Face to face consultations (in-clinic room)</i>	<i>Risk of transmission of the virus.</i>	<i>The clinic treatment room is approximately 14m<sup>2</sup> and has been modified by decluttering and modifying for tele-health consultations. After opening the door there is an opportunity to step back (adjacent to our doorway/pilates suite divide) and allow the patient to enter the premises. I have turned the closest patient seat to discourage usage and maintain a greater distance whilst taking a case. I will try and avoid aerosol-generating techniques and use alternatives where possible, including non-manual management approaches, such as exercise advice and remote follow-up appointments. Patients have the right to bring a chaperone with them and i will limit this to one person from the same household. I consider the clinic room large enough to accommodate this safely. I will ask chaperones to complete the COVID-19 triage screening questionnaire before they come to the clinic.</i>	<i>05/06/2020</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*

	<b>Description of risk</b>	<b>Mitigating action</b>	<b>When introduced</b>
<i>Increased sanitisation and cleaning</i>	<i>Risk of transmission of the virus.</i>	<i>See Heightened Cleaning Regime section of Table 1.  I will be using Deb Cutan® alcohol sanitiser and Byotrol® Invertu™ non-alcohol sanitiser, making available for patients and clients to use on entry to the clinic and at wash points.  Patients will have individual paper hand towels with which to dry their hands and a pedal-operated bin for disposal.</i>	<i>05/06/2020</i>
<i>Aeration of rooms</i>	<i>Risk that any viral particles fail to disperse and concentrate in the air of the clinic room.</i>	<i>I will intermittently be leaving the clinic room door ajar during the clinic day (and use heating if necessary to maintain the temperature of the room). I will open the front door for a period in between each patient consultation. I will use our Xpelir extractor to aid ventilation. Since the clinic room has no window I will leave the clinic room door open for at least 20 minutes. The clinic room fan is no longer used and will be removed. Aeration of common areas will happen when the door is periodically opened between patients.</i>	<i>05/06/2020</i>
<i>Staff hand hygiene measures</i>	<i>Risk of transmission of the virus to self and patients.</i>	<i>It will be necessary for practitioners to fully wash forearms and hand for at least 20 seconds before and after patients using soap and water. Disposable single use paper hand towels will be available to hand dry. Hand sanitiser and protective gloves will also be worn during consultations.</i>	<i>05/06/2020</i>
<i>Respiratory and cough hygiene</i>	<i>Risk of transmission of the virus to self and patients.</i>	<i>Communication of cough hygiene measures for staff and patients e.g.</i> <ul style="list-style-type: none"> <li><i>• information posters such as hand washing and ‘Catch it, bin it, kill it’ hygiene</i></li> <li><i>• Hand hygiene facilities available for patients, visitors, and staff</i></li> <li><i>• Provision of disposable, single-use tissues waste bins (lined and foot-operated)</i></li> </ul>	<i>12/06/2020</i>
<i>Cleaning rota/regimes</i>	<i>Risk of virus transmission</i>	<i>Cleaning regime is performed by the working practitioner(s) and will take place between patients and at end of day/shift.</i>	<i>05/06/2020</i>

**Table 3. Personal Protective Equipment: Detail here your policy for use and disposal of PPE**

Clinicians will wear the following PPE	<ul style="list-style-type: none"> <li>• Single-use nitrile gloves and plastic aprons/sanitised reusable apron with each patient?</li> <li>• Fluid-resistant surgical masks (or higher grade)</li> <li>• Eye protection, e.g. if there is a risk of droplet transmission or fluids entering eyes</li> </ul>
When will PPE be replaced	<ul style="list-style-type: none"> <li>• When potentially contaminated, damaged, damp, or difficult to breathe through</li> <li>• At the end of a session (up to 4 hours) or as appropriate</li> </ul>
Reception staff will wear the following PPE	N/A as there are no reception staff at the clinic
Patients will be asked to wear the following PPE	<p>I will provide patients with:</p> <ul style="list-style-type: none"> <li>• Surgical masks or Fluid-resistant surgical masks if respiratory symptoms e.g. from hay fever or asthma</li> <li>• Disposable single use gloves</li> </ul>
PPE disposal	I will dispose of PPE including cleaning wipes and tissues after use, after keeping them double-plastic bagged and left for 72 hours before removal, keeping away from other household/garden waste, and then placed in normal commercial waste for collection by my local authority.

**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	<p>The clinic policy will be,</p> <ul style="list-style-type: none"> <li>• Available on request</li> <li>• Provide as part of appointment confirmation emails</li> <li>• Available on your website</li> </ul>
Information on how you have adapted practice to mitigate risk	<ul style="list-style-type: none"> <li>• Updating of website and via your social media accounts</li> <li>• Email to your patient base</li> </ul>
Pre-appointment screening calls	<p>Detail here when the pre-screening calls may take place and by whom:</p> <ul style="list-style-type: none"> <li>• Within 24 hours of the scheduled appointment which may be the evening before a morning appointment or the morning of an afternoon appointment.</li> <li>• I will call patients, making sure that the appointment is booked for a specific time.</li> </ul>

<i>Information for patients displayed in the clinic</i>	<i>Detail here patient information posters that I will have in my clinic:</i> <ul style="list-style-type: none"><li><i>• Notices on public health measures e.g. hand washing/sanitising/Catch-it, bin it, kill it</i></li><li><i>• Consideration of a door notices advising anyone with symptoms not to enter the building.</i></li></ul>
<i>Other patient communications</i>	<i>I plan to include information in a patient clinic information update. There may be scope to develop a video for your website detailing patient journey and heightened hygiene measures.</i>