

STANDARD OPERATING PROCEDURE

Covid -19 Returning to Face to Face Practice in Alert Level 3

SANDERSTEAD PHYSIOTHERAPY

PURPOSE

Following the Government's update, and in line with the consensus of Government, professional and regulatory advice, evidence and opinion, clinical treatment can continue to be delivered on a face to face basis – providing a virtual triage takes place to assess for covid symptoms, contacts and clinical vulnerability.

Face to face appointments should only be offered in line with the Covid-19 F2F Referral Pathways and must only be delivered in accordance with this Standard Operating Procedure (SOP), in order to reduce the risk of infection to patients and to colleagues.

1) **SCOPE** This SOP applies to Sanderstead Physiotherapy

2) **BACKGROUND**

a) **Required Training and Resources** All colleagues must be provided with enough training, documentation, support and resources to be able to understand and comply with the SOP. Training should be undertaken by any employed clinical or administrative staff involved in delivering the service or in managing the referrals. Training should cover all aspects of the process, not just the part of the process that the trainee is involved in performing.

b) **Administrative Procedures** Copies of the processes, the SOP, and all associated documentation must be provided according to role. The processes will be reviewed weekly initially, changing to monthly should the Covid-19 Alert Level remain at Level 3 in the longer term. Once the Alert Level is reduced to Level 2, a Level 2 SOP and procedures will supersede this SOP.

c) **General Safety** It is important to remember that the infection prevention and control procedures are in place to lower the risk of infection, however they do not eliminate the risk, and therefore even with the greatest precaution, we cannot guarantee there is no possibility for infection for either staff or patients. Only therapists who pass Covid-19 screening, including temperatures below 37.8 will be able to treat patients in a face to face setting, and only in accordance with this SOP. Patients who choose to attend face to face consultations must accept the residual risk, and the acceptance of the risk must be clearly documented in the patient's health record. Patients will be asked to sign a specific consent form prior to, or if unable to complete it virtually, at their initial face to face consultation.

3) STANDARD OPERATING PROCEDURES

1 Risk Assessment

Premises Environmental Risk Assessment must be carried out before face to face consultations are allowed.(Completed)

CoViD 19 screening of both therapist and patient (and any accompanying adult) must be passed before face to face consultations can be considered, including body temperature measurements

A Clinical Risk/Clinical Reasoning Triage Process must be followed by the referring or treating clinician. The outcomes must be fully documented in the patient health records.

2 Informed Consent

Patients must be advised about the risk of infection during the Clinical Risk Triage. If the risk is accepted and the patient consents to comply with Infection Prevention and Control (IPC) measures, this must be clearly documented in the Health Records.

3 Data Protection/Privacy

Privacy considerations:

Patient Data Processing Standards

Temperatures and health status of clinicians is health monitoring – legal basis for processing special category data

Contact details of accompanying adults for contact tracing – Public interest processing or vital interest

Health status of accompanying adults – Public interest or vital interest

4 Personal Protective Equipment (PPE) Requirements

Our PPE recommendations stem from the National Guidance on PPE for primary, outpatient, community and social care by setting, NHS and independent sector

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and__social_care_by_setting.pdf

Gloves – single patient use

Aprons – single patient use

Masks – to be used single patient use

Goggles/ Visors – Reuse – decontaminated between clients:

This guidance is in line with non-aerosol generating procedures. MSK patient case load should not require any aerosol generating procedures however the treating therapist should reason if any mobilisation, exercise or other rehabilitation activity may pre-dispose the patient to cough. Government guidance requires for the patient to wear a surgical face mask as an added layer of protection if it does not compromise their clinical care in these circumstances. PPE must be worn as per guidelines and following donning and doffing procedures for Non AGPs. A video of procedure

can be found at the following link. <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

5 Infection Prevention (IPC) Controls

Colleagues

Daily Covid-19 screening

Pre-Appointment

Patient Covid-19 Screening

Patient Triage

Patient's accompanying adult (if applicable) screening.

Contact Tracing details for all visitors.

Covid-19 notices outside the clinic/externally facing advising patients of the signs and symptoms of COVID 19 and again advising patients and any attending carer or guardian if they are exhibiting any of these symptoms, they should not enter the clinic but instead return to their home to self-isolate.

No walk-in appointments are accepted, and all appointments must be made by request.

To reduce the risk of patient contact all patient appointments must be staggered with treatment gaps, to allow for disinfection and ventilation. Patient and any attending carer or guardian should be advised to wait in their car outside the clinic before their appointment time and only attend at the exact appointment time.

Appointment

On entering the clinic, the treating therapist should repeat the COVID 19 screening questions with both the patient and any attending carer or guardian. The patient and any attending carer or guardian should then have their temperature screened using contactless infra-red thermometer to confirm the patient and any attending carer or guardian current temperature. The responses and outcomes to this assessment should be documented in the patient health record. If a patient and any attending carer or guardian during this assessment shows potential symptomatic signs, they should be provided a surgical face mask, asked to apply the hand sanitiser at the clinic exit and be advised to return home to follow the national guidance.

All patients and any attending carer or guardian should be asked to either wash their hands or use hand sanitiser prior to commencement of the appointment.

A pen should be provided for patients to complete any necessary registration forms if not already completed online. This pen should be cleaned after each use.

During the subjective assessment section of any consultation the patient and any attending carer or guardian should be positioned at least 2 meters from the treating therapist.

Subjective assessment will be at distance of over 2 metres.

Post Appointment

All surfaces the patient and any attending carer or guardian has made contact with inclusive of chair, plinth, any surfaces or handles and equipment should be cleaned and disinfected between each patient appointment.

In accordance with PPE guidance, gloves and apron should be changed between patients.

Full patient and any attending carer or guardian contact details should be recorded in the patient health record to allow for future contact tracing if required.

General

Where possible doors and windows should be left open to allow for ventilation.

When entering the clinic where possible doors should be positioned opened to reduce the need for patients to use door handles. When entering the clinic room, the clinician should open the door. Clinic room door to remain open during sessions if possible to allow for better ventilation of treatment room. Hand sanitiser should be available at all entry and exit points.

An additional deep clean of the clinic should be completed at the end of each clinic day.

Self-pay patients should have their payments collected either online or via the telephone with the accounts department.

All unnecessary furniture and documents should be removed from the clinic setting to limit the areas for contact. i.e. all magazines, patient leaflets in reception and water coolers.

Clinic toilets should be closed, and patient must be informed of this in advance of the appointment.

Uniforms and work clothing should be washed at the hottest temperature suitable for the fabric. Check the care label, which is usually near a seam in the garment. A 10-minute wash at 60°C removes almost all micro-organisms. Washing with detergent at a range of temperatures between 30°C-60°C removes most micro-organisms.

Uniforms should be laundered: · separately from other household linen · in a load not more than half the machine capacity · at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried It is best practice to change into and out of uniforms at work and not wear them when travelling Further reference on guidance can be found here [COVID-19: infection prevention and control guidance](#)

6 Documentation

Risk Assessment

Covid Screening Tool

Consent Form

7 Decontamination Procedures

Cleaning of goggles/visors should be completed in line with decontamination process
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877533/Routine_decontamination_of_reusable_noninvasive_equipment.pdf

All surfaces (plinth, desk, chair, door handles, handrails, pillow covers) to be wiped down (should be cleaned according to manufacturer's instructions, and where possible with chlorine-based disinfectant, 70% alcohol or an alternative disinfectant used within the organisation that is effective against enveloped viruses, or clinell wipes) after patient including pens, clipboards for form filling.

8 Waste Disposal

Waste to be double bagged and kept three days before being put in container outside for collection by Biffa).

Hazardous waste to be put in appropriate bag (orange) for collection by SRCL

9 Emergency Procedures

In an emergency procedure safety is the priority. To prioritise safety during incidents in an emergency, for example, an accident or fire, people do not have to stay 2m apart if it would be unsafe. People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands. Chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders (any setting) can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other clinicians to undertake airway manoeuvres. All normal emergency procedures should be followed.

4) Emergency Contact Phone Numbers

Christopher Mallows 07967340504 02086604756 02806575700

5) Appendices

Copies of: Environmental Risk Assessment

Screening form

Clinical Risk Assessment/Triage process

Covid Consent form

Cleaning schedule

6) References

Templates for donning /Doffing, Video for procedure, Cleaning protocol and decontamination protocols can all be found her <https://www.gov.uk/government/publications/wuhan-novelcoronavirus-infection-prevention-and-control> Specialty guides for patient management during the coronavirus pandemic Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral <https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty->

guides/#msk <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgentemergency-msk-conditions-requiring-onward-referral-23-march-2020-updated.pdf> Prioritisation within community Health services
https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-communityhealth-services-with-annex_19-march-2020/ HCPC Guide to adapting your practice in the community <https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/adapting-your-practice-in-thecommunity/> Physio first Guidance for reopening clinics
<https://www.physiofirst.org.uk/uploads/assets/e66dd603-0a61-4863-b22054cf2ce7a6b8/Guidancefor-opening-our-practices.pdf> CSP guidance on Face to Face or not
<https://www.csp.org.uk/news/coronavirus/clinical-guidance/face-face-or-remote-consultations>
<https://www.physiofirst.org.uk/resources/coronavirus-covid-19.html>] National Guidance on PPE for primary, outpatient, community and social care by setting, NHS and independent sector
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file