

pHenomenal Health

WITH

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Adapting my practice: Infection control, risk assessment and mitigation guide

Date: 1st September 2020
(Updated 8th October 2020)

This document provides a written record of the heightened infection control measures I have put into place at my practice in Waltham St Lawrence to ensure the safety of patients and myself during COVID-19.

This risk assessment and mitigation record has been undertaken in conjunction with a review of the iO's guidance "Infection Control and PPE" and "Adapting Practice Guide" (available at www.iosteopathy.org) and the General Osteopathic Council "Interim Infection Control Guidance for COVID-19" (available: <https://www.osteopathy.org.uk>).

This document contains the following:

SECTION 1: This is an overview of the measures I have taken that will form my practice policy for operating during COVID-19 and available to all patients.

SECTION 2: Areas assessed for risk and mitigating action taken. This records in detail the areas of potential risk I have identified and records the mitigating actions I have taken and when.

Section 2.1 - Protection for patients and self before and during visit.

Section 2.2 - Heightened hygiene measures.

SECTION 3: Outline of my PPE policy for working in the practice.

SECTION 4: Details of how I will communicate my policies to patients.

Completion of this document 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"

SECTION 1

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

		DATE	
Undertaken a risk assessment	* To be reviewed after each government review or change of guidelines.	1st Sept 2020	
Most recent update	* Document last updated 8 th October 2020	8th Oct 2020	
Heightened cleaning regimes	<ul style="list-style-type: none"> * Treatment room touch points will be cleaned between each patient, specifically surfaces, plinth, chairs, desk, computer equipment, card reader, door handles. * Washroom will be cleaned every 4 hrs unless used by a patient and then cleaned after individual use. Alternative washrooms which are separate from the treatment room and public areas will be used by myself. * Communal areas will not be in use other than to walk through on the way to and from the treatment room, or for residents to access non-public areas. * There will be no cross-over of patients as at least 30 minutes is allocated between appointments to prevent this, with patients led to and from the premises by myself. * Hard surface in communal areas will be cleaned every 4 hours. * Entrance door and treatment room door to be handled only by myself. * Touch points will be cleaned after each appointment. 	1st Sept 2020	
Increased protection measures	<ul style="list-style-type: none"> * I have removed all spare linens, fabric hand towels and absorbent seat coverings from the treatment room and public areas. * Pillow covers are the hospital style, wipe down variety. These will be augmented by freshly laundered cotton slips for patient comfort and which will be removed from the treatment room after the session and re-laundered. * Seat coverings are non-absorbent, wipe-clean and washable. * Enclosed plastic dispensers for paper towels etc. have been installed in the washroom. * Treatments where possible to be paid for in advance on booking and if not, card payment made in treatment room. If payment is made by cash, an envelope will be provided for the cash payment and contents handled at end of the day. * I will use fresh PPE for each appointment - a fluid resistant surgical mask (type IIR); outer garments (shirt and trousers) will be changed after each appointment. * Nitrile gloves will only be used in some circumstances e.g. for the treatment of facial zones if I judge this to be necessary. At other times, gloves will not be worn, except where I judge it to be necessary for the safety and comfort of the patient, such as when skin lesions are present. Gloves will be worn for cleaning and hygiene regimes... 	1st Sept 2020	

<p>Increased protection measures</p>	<p>... (Reason: continued long-term use of all types of medical gloves has proven detrimental to the health of my skin with consequent effects on my palpatory skills which I am not prepared to sacrifice as these are essential to the treatment and to maximising successful outcomes for my patients. (See also the discussion paper on the use of gloves in medical settings, posted to my website).</p> <p>* Plastic aprons will be in stock but not generally used as my clinic wear will be fresh for each appointment. (Reason: the wearing of an apron restricts my movements and adversely affects the treatment I offer and therefore I will wear one only in exceptional circumstances, where, after consulting with the patient, I deem it necessary for their safety and comfort.). This is the same for the use of a full-face visor.</p> <p>* Patients will be required to wear a fluid resistant surgical mask (type IIR). If they do not arrive with one of their own, a mask will be given to them.</p> <p>* All PPE will be double bagged at the end of each day and stored safely for 72 hours before disposal.</p> <p>* Clothes worn by the practitioner will be laundered daily.</p> <p>* Appointments and class times will be staggered to ensure that patients and clients enter and leave the house without contact with the other resident of the house, Amanda Bartlett.</p> <p>* The documented cleaning regimes will be undertaken when the treatment room and public areas are used for teaching exercises, such as Tai Chi and Stretch 1 to 1's etc.</p>	<p>1st Sept 2020</p>	
<p>Put in place distancing measures</p>	<p>* Staggered appointments with minimum 30 minutes in between each.</p> <p>* Communal areas will not be in use other than to walk through on the way to and from the treatment room, with patients led to and from the premises by myself, or when residents need to access non-public areas.</p> <p>* Single treatment room in operation.</p>	<p>1st Sept 2020</p>	
<p>Practitioner training</p>	<p>* I have no additional staff and I am fully aware of the following:</p> <ul style="list-style-type: none"> * Correct handwashing technique * Correct technique to put on/remove PPE safely * Updated clinic policies and infection control measures 	<p>1st Sept 2020</p>	
<p>Providing virtual/ telehealth consultations</p>	<p>* Prior to appointments for new clients to my practice, or if it is not clear that the appointment is a follow up to a previous appointment, patients will be contacted to pre-screen their suitability for a face to face appointment and to ensure that they are fully aware of my new procedures and protocols.</p> <p>* During this contact all patients will be given the alternative options to a face to face appointment (advice via telephone or email; accessing the patient information sections on my website for example).</p> <p>* It will also be ensured that they are aware of the risks associated with a face to face appointment.</p>	<p>1st Sept 2020</p>	

SECTION 2.1

Protection of patients and self before they visit, and when in, the practice. I have assessed the following areas of risk in my practice and put in place the following precautions:

Activity	Description of risk	Mitigating action	Date introduced
<p>Pre-screening for risk before public/patients visit the practice.</p>	<p>COVID-19 contamination and spread between patients and self.</p>	<ul style="list-style-type: none"> * Patient will be required to undertake procedures on arrival and whilst at the practice as detailed in this section: * Patients will be made aware of these requirements via email, website visit and/or telephone prior to their appointment. * Patients will be contacted prior to their appointment to be triaged and made aware of the alternative options to a face to face appointment (advice via telephone or email, consultations). * It will also be ensured that they are aware of the risks associated with a face to face appointment. * It will be documented in the patient's notes that the patient has been informed of the risks associated with attending the practice, and that they are not experiencing symptoms of COVID-19. * If a virtual consultation does not meet the needs of the patient, they will be pre-screened (together with chaperone if relevant) before they arrive at the practice, which will include: <ul style="list-style-type: none"> * Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough, loss of sense of taste or smell) or sore throat in the last 7 days. * Screening for extremely clinically vulnerable patients. * Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc. * Screening to see if a member of the patient's 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. 	<p>1st Sept 2020</p>

<p>Confirmed cases of COVID-19 amongst self or patients?</p>	<p>COVID-19 contamination and spread between patients and self.</p>	<p>* Should a patient advise me that they have symptoms of COVID-19 after visiting the practice, the following procedure will be followed in line with government guidance: * If the patient experiences symptoms within 2/3 days of visiting the practice and subsequently tests positive for Covid-19, and if I had direct contact with that individual, I will be required to self-isolate for 14 days. * Anyone with indirect contact with the patient, should be advised of the situation and suggest they monitor for symptoms (those with indirect contact only with suspected cases COVID-19 do not need to self-isolate).</p>	<p>1st Sept 2020</p>
<p>Travel to and from the practice.</p>	<p>COVID-19 contamination and spread between patients and self.</p>	<p>* I live in the house at Waltham St Lawrence with my wife, Amanda Bartlett. * I also operate from a satellite premises in Harley Street, London. (A separate document relating to the Risk Assessment and Mitigation Procedures for the London practice will be made available.) * Off-street parking is available for patients at the Waltham St Lawrence practice. * Clients will be greeted at the front door of the house and led to and from the treatment room.</p>	<p>1st Sept 2020</p>
<p>Entering and exiting the house.</p>	<p>COVID-19 contamination and spread between patients and self.</p>	<p>* Patients will be greeted at the front door or on the driveway and led to and from the treatment room. * On greeting the patient, if they are not already wearing one, they will be invited to put on a moisture resistant surgical mask (type IIR) which I will provide if necessary. This will remain worn throughout their visit and they will be asked to dispose of it safely. (There may be some patients who are exempt from wearing a mask and this will be noted in their records.) * When lying prone (face downwards on the treatment couch, the patient may remove the face mask temporarily if desired and according to PPE guidelines or if the wearing of one becomes intolerable. * Only one patient at a time will be allowed in the house. (See also section on helpers and chaperones in "Face to face consultations" below.) * Patients will either use a 70% alcohol hand sanitiser upon entering (available in the entrance lobby) and also exiting the house or they can wash their hands in the washroom facilities.</p>	<p>1st Sept 2020</p>

Entrance lobby and communal areas	COVID-19 contamination and spread between patients and self.	<ul style="list-style-type: none"> * Communal areas will not be in use other than to walk through on the way to and from the treatment room and for access for the residents to non-public areas. * There will be no cross-over of patients as a min. 30 minutes is allocated between appointments to prevent this with patients led to and from the entrance to the house by myself. 	1st Sept 2020
Social/physical distancing measures in place	COVID-19 contamination and spread between patients and self.	<ul style="list-style-type: none"> * Appointment and exercise class times will be staggered to ensure that patients enter and leave the house without contact with Amanda Bartlett. * There will be no cross-over of patients as 30 minutes is allocated between appointments to prevent this with patients led to and from the premises by myself. 	1st Sept 2020
Face to face consultations (in-clinic room)	COVID-19 contamination and spread between patients and self.	<ul style="list-style-type: none"> * For new patient consultations and for existing patients returning with new conditions, a pre-appointment telephone call will be used to discuss initial details about their presenting issue to minimise unnecessary close proximity when discussing the case face to face. * During the case discussion part of the face to face consultation, a distance of 2 metres will be maintained. * On booking an appointment, patients will be emailed my new procedures and protocols which will advise that: * No additional family members should attend except if requested as a chaperone. Chaperones will also be required to be available to have a telephone conversation to ensure that they are aware of our new procedures and protocols and be screened as per the patient. This will require 48 hours' notice before the appointment to allow for this additional phone call to be scheduled. * One parent/guardian only with visits for children * Where possible, treatment techniques will be adapted or alternatives used to avoid unnecessary close proximity. 	1st Sept 2020

SECTION 2.2

Hygiene measures: I have assessed the following areas of risk in my practice and put in place the following heightened hygiene measures

Activity	Description of risk	Mitigating action	Date introduced
Increased sanitisation and cleaning	COVID-19 contamination and spread between patients, self and residents.	<ul style="list-style-type: none"> * Treatment room will be cleaned between each patient, specifically touch points and surfaces, plinth, plastic pillow covers, chairs, computer equipment, card reader, door handles. * Entrance lobby area washroom will be cleaned every 4 hrs unless used by a patient and then cleaned after individual use. * Alternative washrooms which are completely separate from the treatment room and public areas will be used by myself. * Communal areas will not be in use other than to walk through on the way to and from the treatment room and for residents to access non-public areas of the house. * There will be no cross-over of patients as a min. 30 minutes is allocated between appointments to prevent this, with patients led to and from the premises by myself. * Hard surface in communal areas will be cleaned every 4 hours. * All doors to be handled only by myself. They will be cleaned after each appointment. * Actions to minimise the number of surfaces requiring cleaning: Treatment room and public areas will have unnecessary items removed. 	1st Sept 2020
Aeration of rooms and air quality	COVID-19 contamination and spread between patients and self	<ul style="list-style-type: none"> * Treatment room will be aerated in the 30 minute interval timetabled between appointments. * A HEPA air filter will be installed and will be in use during working hours in the treatment room. * An air ionizer will be installed and will be in use during working hours in the treatment room. 	1st Sept 2020 To follow To follow
Practitioner hand hygiene measures	COVID-19 contamination and spread between patients and self	<ul style="list-style-type: none"> * Practitioner (self) clothing will be bare below the elbow. * Hands and forearms will be washed before and after appointments with soap and water for at least 20 seconds. * Nitrile gloves will be worn by myself in certain circumstances (see Section 1 above). * Patients will be advised to use 70% hand sanitiser or to wash their hands on arrival/departure. 	1st Sept 2020

Respiratory and cough hygiene	COVID-19 contamination and spread between patients and self.	<ul style="list-style-type: none"> * Cough hygiene measures will be communicated via email to patients in my new procedures and protocols document prior to their appointment * I am the only practitioner at the house and am fully aware of these measures. * Disposable, tissue single-use tissues are available which patients and myself will be required to dispose of in the lined, foot-operated bin provided. * 70% alcohol sanitising gel is available for myself and patients to use. Patients will be advised to apply this or to wash their hands on entering and similarly on leaving. 	1st Sept 2020
Cleaning rota/regimes	COVID-19 contamination and spread between patients and self.	<ul style="list-style-type: none"> * Cleaning will be undertaken by myself immediately following all appointments or classes. * New washing machine installed with DrumClean Program facility for periodic high temperature 70° hygienic drum cleaning. 	1st Sept 2020
Use of towels, draping in treatment room	COVID-19 contamination and spread between patients and self.	<ul style="list-style-type: none"> * A unique set of laundered towels and other linen will be taken from storage to the treatment room for each session in a lidded plastic container. * All used towelling and linen will be folded and packed into the container at the end of the session, closed and removed from the room, ready for laundering and cleansing. 	1st Sept 2020
Practice environment	COVID-19 contamination and spread between patients and self.	<ul style="list-style-type: none"> * From June 2020 a complete and thorough cleansing of all public areas and connected residential areas in the house has taken place and subsequently a re-decoration and re-flooring was undertaken of these zones: * This included a new hardwood floor for the treatment room, lacquered for easy cleansing; re-painting of all walls and woodwork with durable, easy to clean paint; removal of soft furnishings including curtains and replacement with wipe-clean blinds; redesign and enclosure of shelving; clearance of all items not essential for treatment purposes and use of lidded plastic containers for clinical equipment, patient clothing, PPE and consumables. 	1st Sept 2020

SECTION 3

Personal Protective Equipment: Detail of my policy for use and disposal of PPE

When will PPE be replaced:

- * When potentially contaminated, damaged, damp, or difficult to breathe through.
- * At the end of an appointment.
- * All PPE which has been disposed of will be double bagged and stored for 72 hours before being added to other general waste for collection.

SECTION 4

Communicating with patients: Details of how I will advise patients of measures that I have taken to ensure their safety and the policies that have been put in place in my practice:

Publishing my updated clinic policy:

- * Provide as part of appointment confirmation emails including a link to my website outlining the guidelines and the changes to my practice and information emails as per my GDPR Privacy Policy.
- * Available on my website.
- * Available on request.

Information on how I have adapted my practice to mitigate risk:

- * Updating of website.
- * Email to my patient base.
- * These channels will be used to communicate updates to my procedures and protocols in line with changes to the government's guidelines and the advice of the osteopathic professional bodies.

Pre-appointment screening contacts:

- * I will contact each patient prior to their appointment either on the day or the day before.

Information for patients displayed in the clinic:

- * Clear notices will be on view in the practice to direct them to the 70% alcohol hand sanitiser for use on arrival and departure or to wash their hands in the washroom.

END