The 3 Point F2F Check

Only if a **3 point F2F check** has been passed, should patients be booked in for F2F Physiotherapy.

- ✓ Clinically indicated
- ✓ Risk assessment passed
- ✓ Consent of patient



	Clinic Name Getfitphysio		physio Ltd.	Review	12/07/2020	Reason for Assessment	COVID – 19 Return to Face to Face Practice				
	Assessor Name		Lyndsay Sherratt			Date of Assessment	12/06/2020				
Person(s) at Risk			Patients, Chaperones, Practitioners and Administration teams.								

	Likelihood of Risk – Frequency Risk Score (F)		Potential Consequence – Severity Risk Score (S)
1	Rare	1	Negligible
2	Unlikely	2	Minor
3	Possible	3	Moderate
4	Likely	4	Major
5	Almost Certain	5	Catastrophic

Risk Rating (R) = $F \times S$

				Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain		
		1	2	3	4	5		
	Catastrophic 5	5	10	15	20	25		
ces	Major 4		8	12	16	20		
Consequences	Moderate 3	3	6	9	12	15		
Cons	Minor 2		4	6	8	10		
	Negligible 1	1	2	3	4	5		

Tolerability of Risk Post-Control/Mitigation

Risk Rating (R)	Action to be taken
15 - 25	Do not continue with activity; attempt further mitigation with controls
6 - 14	Take action to improve and reassess after additional controls; consider criticality of activity if no further mitigation possible
1 - 5	No further action required; ensure controls are maintained; reassess as necessary in the event of change

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Risk	Hazard(s)	Risk / Harm Potential	Without Controls			Control measures in place		After Controls		
No	пагани(5)	RISK / Halli Fotelitidi	F	S	R	Control measures in place		S	R	
1	Clinically vulnerable/Extremely Vulnerable Persons	Patients/staff at greater risk of significant health issues if Covid-19 is contracted	4	4	16	Clinically vulnerable and at-risk patients will be refused F2F at point of screening/Appointment request.	1	4	4	
2	Staff and patients travelling to and from clinic	Restrictions on maintaining 2 metre recommended social distancing and increased risk of infection as a result	3	3	9	Team members must travel to work in non-uniform and avoid public transport and the use of a shared vehicle. Request Patients also travel to the clinic avoiding public transport and sharing vehicles.	2	2	4	
3	Staff returning to work	Risk to personal health due to reduced social distancing; risk to patients if symptomatic; potential risk to pandemic controls	3	3	9	Team members should ensure they are symptomatic free and maintain daily temperature readings. If the Team member comes into contact with anyone with or symptomatic of COVID-19, they must notify management before attending the clinic again to discuss the matter.	2	2	4	
4	Clinic site attributes	Location, facilities, space/capacity, communal areas, shared occupancy with other businesses	4	4	16	Closure of toilets, waiting areas and communal areas including kitchen.	1	2	2	

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5	Access and egress	Shared occupancy or facilities, appointment timing, increased risk of social distancing failures, control of symptomatic visitors	4	3	12	A one- way system cannot be adopted. Only 1 Pt in the building at one time. Waiting/next patient will wait outside the building until Practitioner comes to the door. Appointments have a 20minute gap for cleaning and to ensure Pt has left.	2	2	4
6	Clinic space/capacity	Over-occupation of premises, increased risk of contraction of Covid-19	4	4	16	Physio Room is large enough to allow for the chairs to be positioned 2M away from Practitioner at the computer. Chairs will be plastic wipe-down only. No screens in place but masks and shield to be used.	2	2	4
7	Staff culture	Non-compliance with procedures; employee tiredness; reduced risk perception leading to shortcuts in safety procedures	2	4	8	Practitioners are briefed and aware of the position for Don/Doff of PPE posters (back of doors). CCTV and Pt calls can be used to audit correct PPE to ensure protection of Practitioner and Pt.	2	2	4
8	Workstations/computers/tablets	Surface contamination transfer of Covid-19 virus	4	4	16	Surfaces: Desk, chairs, treatment table, door handles must be cleaned with a 70% alcohol spray and blue roll after every Pt. Ensure that every part of the item is cleaned sufficiently.	1	4	4
9	High traffic areas	Surface transfer throughout the premises, especially waiting/communal areas; doors, toilets; staff-rooms, kitchens	4	4	16	HI traffic areas such as waiting rooms, toilet and reception will remain closed. Cleaning of the handrails and door handles in the high traffic areas will be completed after each Pt appointment.	1	2	2

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10	Infection Prevention and Control (IPC)	Risk of contamination of surfaces and equipment	5	5	25	All surfaces to be de-contaminated with 70% alcohol spray after each appointment. All high traffic/contact areas of the building to also be de-contaminated after each appointment. Door to be left open (unless pt dressing/undressing) during treatment with window always open. Allowing air movement at all times. Room heater can be used if required.	1	3	3
12	Personal belongings	Risk of cross infection from contaminated items in shared storage areas, lockers	3	4	12	Practitioners must bring a wipe clean bag only. No fabric bags onsite. (COVID-19 proven to stay longer on fabric than wipeable surface) Small single bag must be kept under desk only in treatment room and must only be used for essential contents.	1	2	2
13	Clinical uniform	Risk of cross infection despite the use of PPE	4	4	16	Uniform must be cleaned at 40degrees (proven min bacteria killing) and following the washing label. Uniform must not be worn to/from the clinic. Single use aprons to be used, removed, suitably disposed of, and replaced for each new patient No part of clothing (shorts/trousers) must touch a patient or a patients clothing.	3	2	6
14	Toilets and showers	Risk of infection from contaminated surface, reduced social distancing	5	5	25	Toilets must remain closed to Patients. Toilet upstairs may be used by Practitioner and at the end of each day. Toilets are maintained by premises management company in compliance with current Government COVID directives.	1	1	1

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15	First aid/basic life support in emergency circumstances	Risk of cross infection	2	5	10	Any medical emergency must follow standard protocol with a 999 call being made if required. For basic 1st aid, try and aid a Pt to assist themselves and provide resources from the 1st aid kit in kitchen. Practitioners must treat within skill grade of life support and commence compression only CPR if they feel comfortable and must have at least L2 PPE Ventilations and further ALS measures should only begin when assistance has arrived wearing PPE L3. At this time, if not wearing PPE L3, (AGP PPE) retreat to a safe distance of 2M.	1	2	3
16	Emergency procedures	Social distancing procedures	1	3	3	In the event of an emergency evaluation, provide your Pt with direct instructions as to which fire exit you both will use. Where possible to do so, maintain social distancing measures during evacuation and at the designated assembly point.	1	3	3
17	Deliveries	Maintaining social distancing and integrity of access/egress and escape routes	1	1	1	No deliveries of post or parcels to practice premises or patient ingress or egress occurs.	1	1	1
18	Stress and wellbeing	Mental health wellbeing, feelings of isolation, concerns over pandemic	3	3	6	Stress and poor wellbeing may lead to the disregard to PPE and self-care of Practitioner. We have an EAP system in place and Lucy Livesey, Mental Health Nurse available for discussion of matters.	2	1	2
19	Occupational hazards	Skin exposure, dermatitis additional use of hand sanitisers, washing	3	2	6	Practitioners can provide their own supply of moisturiser to ensure they have the best self-care for their own skin. Lotion being used in appointments will help.	1	1	1