

## Standard Operating Procedure

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

#### 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

Version	Effective Date	Authorised by	Review Due	Amendments/Comments
1.0	06/07/2020	L. Sherratt	07/08/2020	

## PURPOSE

Following the Government's update, and in line with the consensus of Government, professional and regulatory advice, evidence and opinion, clinical treatment should continue to be delivered on a 'virtual first' basis, with face to face assessment and/or treatment available under exigent circumstances while the country remains on Alert Level 3.

Covid-19 is still present, and still life threatening to both patients and therapists. As such, the clinical need for face to face consultation must outweigh the significant risk to both.

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 ...

## 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 either via email or at their initial face to face consultation.

### 3) STANDARD OPERATING PROCEDURES

1	<p><b>Risk Assessment</b></p> <p>Premises Environmental Risk Assessment must be carried out before face to face consultations are allowed.</p> <p>CoViD 19 screening of both therapist and patient (and any accompanying adult) must be <u>passed</u> before face to face consultations can be considered, including body temperature measurements</p> <p>A Clinical Risk/Clinical Reasoning Triage Process must be followed by the referring or treating clinician, to clinically reason that the risk of infection is outweighed by the clinical need of face to face assessment and/or consultation. The outcomes must be fully documented in the patient health records.</p>
2	<p><b>Informed Consent</b></p> <p>Patients must be advised about the risk of infection during the Clinical Risk Triage.</p> <p>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.</p>
3	<p><b>Data Protection/Privacy</b></p> <p>Privacy considerations:</p> <ul style="list-style-type: none"> <li>Patient Data Processing Standards</li> <li>Temperatures and health status of clinicians is health monitoring – legal basis for processing special category data</li> <li>Contact details of accompanying adults for contact tracing – Public interest processing or vital interest</li> <li>Health status of accompanying adults – Public interest or vital interest</li> </ul>
4	<p><b>Personal Protective Equipment (PPE) Requirements</b></p>

	<p>Our PPE recommendations stem from the National Guidance on PPE for primary, outpatient, community and social care by setting, NHS and independent sector</p> <p><a href="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">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</a></p> <p>Gloves – single patient use</p> <p>Aprons – single patient use</p> <p>Masks – sessional use – 2 per day, 1 am, 1 pm.</p> <p>Goggles – Reuse – decontaminated twice daily and reused</p> <p><b>Sessional use:</b> by one health or care worker during one shift while working. Clinical areas should include all ward areas. Face masks/respirators, gowns/ coveralls and eye protection should only be changed when taking a break or when visibly contaminated or damaged.</p> <p><b>Reuse:</b> using the same item again, with appropriate precautions, by the same healthcare worker.</p> <p>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 suggests that it is also acceptable 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.</p> <p>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.</p> <p><a href="https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures">https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures</a></p>
5	<p><b>Infection Prevention (IPC) Controls</b></p> <p>Colleagues</p> <p>Daily Covid-19 screening</p> <p>Pre-Appointment</p> <p>Patient Covid-19 Screening</p> <p>Patient Clinical Need Risk Assessment/Triage</p> <p>Patient's accompanying adult (if applicable) screening.</p> <p>Contact Tracing details for all visitors.</p> <p>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.</p> <p>No walk-in appointments are accepted, and all appointments must be made by request.</p> <p>To reduce the risk of patient contact all patient appointments must be staggered with treatment gaps. When booking the appointments, a 15- 20 minute gap must be provided for</p>

a

Sole clinician to disinfect the treatment room .

Patient and any attending carer or guardian should be advised to wait in their car outside the clinic before their appointment time and should be called in once the mid-session cleaning process has been completed.

### **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 wash the hand sanitiser at the clinic exit and be advised to return home to follow the national stay at home 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. 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. Aim to minimise time of social contact within 2 meters to less than 15 minutes.

### **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 both open and close the door.

Hand sanitiser should be available at all entry and exit points.

Clinic rooms should be assigned to a therapist and room sharing should not take place without full deep clean between handover.

An additional deep clean of the clinic should be completed at the end of each clinic day. In line with cleaning plan this must be signed and recorded.

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

	<p>the areas for contact. i.e. all magazines, patient leaflets in reception and water coolers.</p> <p>Clinic toilets should be closed, and patient must be informed of this in advance of the appointment.</p> <p>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.</p> <p>Uniforms should be laundered:</p> <ul style="list-style-type: none"> <li>· separately from other household linen</li> <li>· in a load not more than half the machine capacity</li> <li>· at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried</li> </ul> <p>It is best practice to change into and out of uniforms at work and not wear them when travelling</p> <p>Further reference on guidance can be found here  <a href="#">COVID-19: infection prevention and control guidance</a> </p>
6	<p><b>Documentation</b></p> <p>Risk Assessment</p> <p>Covid Screening Tool</p> <p>Consent Form</p>
7	<p><b>Decontamination Procedures</b></p> <p>Cleaning of goggles/visors should be completed in line with decontamination process  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877533/Routine_decontamination_of_reusable_noninvasive_equipment.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877533/Routine_decontamination_of_reusable_noninvasive_equipment.pdf</a> </p> <p>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) after patient including pens, clipboards for form filling.</p> <p>Fabric seating (in treatment rooms) to be covered in plastic shrink wrap and to be changed at the end of the day.</p> <p>Arrange a deep clean with onsite cleaners at the end of week with specific rooms (treatment rooms &amp; waiting rooms).</p>
8	<p><b>Waste Disposal</b></p>

	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf</a> <a href="https://dpsos.uk/ewc-codes/18/18-01/18-01-04/">https://dpsos.uk/ewc-codes/18/18-01/18-01-04/</a> <a href="https://www.gov.uk/how-to-classify-different-types-of-waste/healthcare-and-related-wastes">https://www.gov.uk/how-to-classify-different-types-of-waste/healthcare-and-related-wastes</a>
9	<p>Emergency Procedures</p> <p>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.</p> <p>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.</p> <p>All normal emergency procedures should be followed.</p>

#### 4) Emergency Contact Phone Numbers

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#### 5) Appendices

Copies of:

Environmental Risk Assessment

Screening form

Clinical Risk Assessment/Triage process

Covid Consent form

#### 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-novel-coronavirus-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/urgent-emergency-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-community-health-services-with-annex\\_19-march-2020/](https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-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-the-community/>

Physio first Guidance for reopening clinics

<https://www.physiofirst.org.uk/uploads/assets/e66dd603-0a61-4863-b22054cf2ce7a6b8/Guidance-for-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/878750/T2\\_poster\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_community\\_and\\_social\\_care\\_by\\_setting.pdf](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)