



Risk Assessment & Mitigation Record - COVID-19 POLICY.

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

This risk assessment and mitigation record has been undertaken in conjunction with review of the iO's guidance 'Infection control and PPE' and 'Adapting practice guide'. In this document you will find the following:

- **Table 1:** An overview of the measures I have taken that will form my clinic policy for operating during COVID-19 available to view by all patients on my website and copies made on request.
- **Table 2:** Areas assessed for risk, and mitigating action taken. This records in detail the areas of potential risk that I have identified and records the mitigating actions I have taken.
 - **Table 2a - Protection for staff and patient before and when in clinic**
 - **Table 2b – Heightened hygiene measures**
- **Table 3:** PPE Policy for practice.
- **Table 4:** Communication of COVID-19 policies and procedures to patients.

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

Measures taken to adapt my practice for preparation for operating in the current COVID-19 situation.

Undertaken a risk assessment	<i>11/10/2021. This will be reviewed if there is any significant change to professionals or government guidance that would affect the measures in this policy.</i>
Heightened cleaning regimes	<ul style="list-style-type: none"> <i>The following will be cleaned/disinfected before and after every patient:</i> <ul style="list-style-type: none"> <i>The entrance hall, cloakroom and clinic room</i> <i>The stair bannister.</i> <i>All hard surfaces in the cloakroom, hallway and clinic room including door handles and light switches.</i> <i>All soft surfaces within the clinic room including the plinth and 2 chairs</i> <i>All hard flooring found in the entrance hallway, cloakroom and clinic room.</i> <i>All equipment used during the previous appointment.</i> <i>I will use a separate washroom facility to patients and will clean this between patients.</i>
Increased protection measures	<ul style="list-style-type: none"> <i>Waiting room facilities have been temporarily suspended. Patients will be asked to stay outside away from the door until called in.</i> <i>I have removed all linens from the clinic room (except towels used for treatment) and decluttered all surfaces.</i> <i>I have changed the fabric chairs to wipeable vinyl/plastic.</i> <i>I am asking all patients to pay by BACS or contactless card payment where possible.</i> <i>I have acquired recommended PPE for the practice. I also have surgical masks available for patients to wear where appropriate.</i> <i>Hand sanitiser and hand washing facilities have been made available in the cloakroom next to the entrance and hand sanitiser within the treatment room.</i>
Put in place distancing measures	<ul style="list-style-type: none"> <i>I have spaced my appointments out to avoid patients meeting within the building or immediately outside.</i> <i>Only one patient will enter the building at a time with enough time between patients to allow for cleaning, disinfection and aeration.</i>
Staff training	<ul style="list-style-type: none"> <i>I have followed all guidance published by the Institute of Osteopathy on infection risk assessment and mitigation, adapting my practice post-lockdown and infection control/PPE use in osteopathic practice.</i> <i>I have read and understand the guidance provided by my regulatory body (General Osteopathic Council).</i> <i>I have ensured that I know how to don and doff PPE and have put posters up in the clinic room as a reminder of this process.</i> <i>I attended a webinar on infection control and PPE use in osteopathic practice on 7th May 2020.</i>
Providing remote/telehealth consultations	<ul style="list-style-type: none"> <i>All patients who are considered high-risk, COVID-19 positive or who would prefer not to attend the clinic will be offered a telehealth alternative. This will be conducted where possible by video call on an end-to-end encrypted software.</i>
	<i>(Document last updated: 11th Oct 2021 Minor changes made for V2 23/11/2020 since V1 31/05/2020. Minor changes to this V3 07/05/2021. Minor changes to V4 10/07/2021. Minor changed to V4 11/10/2021. Minor changes 05/04/2022</i>

Risks previously identified in my clinic and the measures put in place to operate as safely as possible/mitigate risk of infection.

Table 2a. Protection of staff and patients before they visit, and when in, the clinic. I 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
Pre-screening for risk before public	<p><i>Risk of the practitioner bringing COVID-19 into the practice/transmitting the virus to patients</i></p> <p><i>Risk of high-risk/clinically vulnerable patients contracting COVID-19 at the clinic</i></p> <p><i>Risk of low-moderate risk patients contracting COVID-19 at the practice</i></p> <p><i>Risk of all patients attending the practice with (or after exposure to) COVID-19</i></p>	<ul style="list-style-type: none"> <i>I will monitor myself for COVID-19 symptoms/contact and will not attend work if, in any way, I think I am putting my patients at risk by attending. I will wear recommended PPE for all patient visits to reduce the risk of transmitting or catching the virus, will follow the stringent cleaning procedures and will practice good hand and respiratory hygiene always, encouraging my patients to do so also. Also see the above measures taken to mitigate this risk.</i> <i>No patients with COVID-19 symptoms or positive test results will be seen at the clinic at this time and only tele-health appointments will be offered to these patients.</i> <i>I will make patients aware on booking that they must not attend appointments and should rearrange if they have:</i> <ul style="list-style-type: none"> <i>any of the main symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) or have tested positive for covid-19 in the past 10 days unless negative day 5/6.</i> <i>are suffering with any known contagious infection.</i> <i>if they have experienced fever, diarrhoea and/or vomiting in the 48 hours before their appointment is due to take place.</i> <i>A patients attendance at an appointment is considered acceptance of the remaining risk of covid-19 transmission that cannot be mitigated by the points set out in this risk assessment.</i> <i>If I deem there to be a high risk of a patient bringing COVID-19 into the practice, due to active respiratory infections or contact with those with active respiratory infections, appointments will be cancelled and rearranged for a more appropriate time after discussion with the patient. However, patients that routinely are exposed to an increased risk of infection, such as key workers (including teachers, healthcare professionals etc.), will not be excluded for this reason and will be able to attend appointments where they are symptom free.</i> 	<p><i>31/05/2020</i></p> <p><i>Minor changes V2 23/11/2020 High risk patients can now be seen but offered tele-health alternative.</i></p> <p><i>No changes V3 07/05/2021</i></p> <p><i>Minor changes to contact isolation + acceptance of risk 11/10/21</i></p> <p><i>Major changes to attendance criteria following changes to covid-19 testing and public/gov rules 05/04/2022</i></p>


Table 2a. Protection of staff and patients before they visit, and when in, the clinic. I 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
Patients Visit to the Clinic	<p><i>Risk of patient to patient transmission through close contact.</i></p> <p><i>Risk of transmission to the practitioner and/or patient(s) from the their neglect of, or improper use of, hand and respiratory hygiene</i></p> <p><i>Risk of transmission onto patient personal items from surface contact.</i></p> <p><i>Risk of household member contamination of cleaned surfaces.</i></p>	 <p>AT YOUR CLINIC APPOINTMENT PLEASE...</p> <p>ON ARRIVAL</p> <ul style="list-style-type: none"> ARRIVE ON TIME AND WAIT IN YOUR CAR UNTIL YOU ARE CALLED IN. WASH & SANITISE YOUR HANDS AS YOU COME IN IF YOU ARE NOT ALREADY WEARING ONE, POP A MASK ON AFTER YOUR HANDS ARE CLEAN PROCEED TO THE TREATMENT ROOM <p>DURING THE TREATMENT</p> <ul style="list-style-type: none"> TRY NOT TO TOUCH YOUR FACE DO NOT PLACE ITEMS ON THE FLOOR PAY BY BACS OR CONTACTLESS CARD PAYMENT <p>AS YOU LEAVE</p> <ul style="list-style-type: none"> DISPOSE OF YOUR MASK IN THE PEDAL BIN OF THE CLOAKROOM WASH/SANITISE YOUR HANDS AS YOU LEAVE. <p><i>All of the measures outlined in Table 1 and the earlier aspect of 2a will also mitigate these risks. I will also ask patients to bring a minimal amount of items with them to their appointments and will display a poster about proper hand and respiratory hygiene. (As the clinic is run from a household, members of the household will not be permitted to enter the treatment room at any time during or outside of clinic hours or use the patients cloakroom during clinic hours. If they need to use the front door during clinic hours they will be advised to wash or sanitise their hands prior to and after its use.</i></p>	<p>31/05/2020</p> <p>No changes V2 23/11/2020</p> <p>No changes V3 07/05/2021 or V4 11/10/21</p> <p>No change 05/04/2022</p>

Table 2a. Protection of staff and patients before they visit, and when in, the clinic. I 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	<p><i>Risk of patients transmitting the virus to the practitioner.</i></p> <p><i>Risk of the practitioner passing the virus to family/friends/community outside of the clinic.</i></p>	<p><i>PHE guidance on PPE use with regards to 'direct patient contact with those who are not currently possible or confirmed cases (within 2 metres)' will be followed.</i></p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf</p> <p><i>The practitioner will at all times, for patient visits and cleaning, wear a fluid resistant (Type IIR) surgical mask. Eye wear, disposable aprons and latex-free nitrile gloves may also be used if there is an increased risk of transmission of covid-19 or any other contagion, such as when seeing those with respiratory conditions, as this will increase the likelihood of droplet expulsion.</i></p> <p><i>PPE will be donned before the patient enters the premises. Gloves will be changed after the patient leaves so that a clean pair of gloves are used for cleaning purposes. All PPE will then be doffed appropriately.</i></p> <p><i>I will follow guidance on proper use of PPE, donning and doffing procedures, disposal of PPE/clinical waste guidance, and good hand and respiratory hygiene. Posters are displayed within the treatment room for my reference, to ensure that these procedures are not forgotten or performed incorrectly at anytime.</i></p> <p><i>I will change my clothes after the last patient contact/cleaning procedure of the day and will use proper linen washing procedures (in this case - high temp, anti-microbial wash fluid, tumble dry). I will wear a pair of nitrile gloves/practice proper hand hygiene when handling clean clothing used for clinical purposes. I will put new clothes on to leave the clinic.</i></p>	<p><i>31/05/2020</i></p> <p><i>Minor changes to wording V2 23/11/2020</i></p> <p><i>Changes V3 07/05/2021 - removal of shower statement.</i></p> <p><i>Minor wording change 11/10/21.</i></p> <p><i>Minor changes due to PPE rule change - now only Type IIR required unless increased risk of transmission - 05/04/2022</i></p>

Table 2a. Protection of staff and patients before they visit, and when in, the clinic. I 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
Confirmed cases of COVID 19 amongst staff or patients?	<p><i>Risk of patients attending the clinic with symptoms of COVID-19</i></p> <p><i>Risk of the practitioner/ patients being asymptomatic when attending the clinic but developing symptoms post-visit.</i></p>	<ul style="list-style-type: none"> <i>No symptomatic patients or practitioners should be visiting the clinic as this is mitigated by the previous mentioned risk assessment/triage procedures put in place prior to their visit.</i> <i>If the practitioner, a member of their household, or any member of the household in which the clinic runs, tests positive for COVID-19 on an LFT/PCR test the clinic will be closed until the member receives two negative covid-19 tests following day 5 of infection.</i> <i>If a patient tests positive for covid-19 they will not be able to visit the clinic until the member receives two negative covid-19 tests following day 5 of infection.</i> <i>As the clinic is run in a household with my family members (of whom I do not live with) they will be advised to keep at least a 3m distance from both myself and all patients at all times during clinic hours and should a patient inform us that they have COVID-19, they will be advised to monitor for symptoms. A deep clean of the property would take place immediately on notification of the confirmed case, conducted in full PPE (including eye protection) and this clean will occur again before reopening.</i> 	<p><i>31/05/2020</i></p> <p><i>Minor wording changes made for V2 23/11/2020</i></p> <p><i>No changes V3 07/05/2021</i></p> <p><i>Changes V4 10/07/2021 changed all periods of 14 days to 10 days as per current isolation guidance.</i></p> <p><i>Major changes 11/10/21 due to change in isolation rules.</i></p> <p><i>removal of gov guidance, contact criteria 05/04/2022</i></p>

Table 2a. Protection of staff and patients before they visit, and when in, the clinic. I 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
Travel to and from the clinic	<i>Risk of catching or transmitting COVID-19 on route to or travelling away from the clinic</i>	<ul style="list-style-type: none"> <i>I will be driving, walking or cycling to work. Patient parking is available outside the property. There is also a safe place to leave bicycles. Patients will be asked to remain in their cars/ outside away from the entrance until called in for their appointment. Patients will be advised to arrive at their appointments on time rather than arriving early.</i> <i>I will not travel to or from work in my clinic uniform.</i> 	<p>31/05/2020</p> <p>No changes for V2 23/11/2020</p> <p>No changes V3 07/05/2021 or V4 11/10/21</p> <p>05/04/2022 removal of public transport advice and patient TypellR mask wearing</p>
Entering and exiting the building	<p><i>Risk of patient to patient contact.</i></p> <p><i>Risk of bringing into the clinic (or leaving the clinic) with virus on hands or clothing.</i></p>	<ul style="list-style-type: none"> <i>I am asking patients not to arrive early or late to their appointment to avoid patient crossover and allow for adequate cleaning and room aeration. Therefore complying with social distancing and infection control guidance.</i> <i>Patients will be asked to wait in their car or outside the building (observing social distancing) until called in.</i> <i>Patients will be asked to wash/sanitise their hands upon entering the building and will be asked to sanitise their hands on exit.</i> <i>I will change my work clothing before leaving the property. I will bag my work clothing until ready to wash and will wash the clothes appropriately (high temp, anti-microbial wash, tumble dry/steam iron).</i> 	<p>31/05/2020</p> <p>No changes made for V2 23/11/2020</p> <p>Changes for V3 07/05/2021 Removal of shower statement.</p> <p>No changes 11/10/21</p> <p>No changes 05/04/2022</p>

Table 2a. Protection of staff and patients before they visit, and when in, the clinic. I 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
Reception and common areas	<p><i>Risk of transmission from patient to patient/ household member and vice versa.</i></p> <p><i>Risk of transmission from contact with surfaces/objects</i></p>	<ul style="list-style-type: none"> <i>Waiting room facilities will be temporarily suspended to avoid patient crossover/ surface contamination.</i> <i>Members of the household in which the clinic is run will be asked to stay out of the common areas whilst patients enter and exit the building, and use different washroom/toilet facilities to patients. If they need to use the front door at anytime during clinic hours they will be told to thoroughly wash/sanitise their hands both before and after.</i> <i>I will be asking patients to pay for sessions by BACS or contactless card payment where possible instead of cash. Patients will be notified of this prior to their appointment.</i> 	<p><i>31/05/2020</i></p> <p><i>No changes for V2 23/11/2020</i></p> <p><i>No changes V3 07/05/2021 or V4 11/10/21</i></p>
Social/physical distancing measures in place	<p><i>Risk to the practitioner/ household members of direct or proximity contact during the patient visit.</i></p>	<ul style="list-style-type: none"> <i>Gaps have been created between patient appointments to ensure no patient crossover, allow for cleaning between patients and allow for adequate room aeration between patients.</i> <i>There will only be one practitioner and one patient within the practice areas (cloakroom, hallway, stairs and clinic room) at any one time.</i> <i>Appropriate PPE is used for ANY contact with the patient under 2 metres.</i> <i>Practitioners and patients will all be advised to keep a 2m distance wherever possible throughout the patient journey.</i> <i>Household members will stay out of patient areas as the patient enters and exits the building to avoid any contact and will keep a minimum of 3m distance at all times from patients/practitioners where being in common areas at the same time cannot be avoided.</i> 	<p><i>31/05/2020</i></p> <p><i>Minor changes for V2 23/11/2020 Removal of specific 15 minute aeration</i></p> <p><i>No changes V3 07/05/2021 or V4 11/10/21 or V5 05/04/2022</i></p>

Table 2a. Protection of staff and patients before they visit, and when in, the clinic. I 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
Face to face consultations (in-clinic room)	<i>Risk to the practitioner/ household members of direct or proximity contact during the patient visit.</i>	<ul style="list-style-type: none"> • <i>Appropriate PPE is used by the practitioner for ANY contact with the patient.</i> <p><i>Chaperones:</i></p> <ul style="list-style-type: none"> • <i>Only one parent/guardian can visit with children</i> • <i>No additional family members except if requested as a chaperone</i> • <i>Chaperones will need to confirm that they understand that I will not be able to socially distance from them (due to the small treatment room size) so they are therefore at an increased risk of transmission of infections. This confirmation will be noted in the patients notes.</i> 	<p><i>31/05/2020</i></p> <p><i>PPE is used for any contact under 2-metres.</i></p> <p><i>Minor wording change for V2 23/11/2020</i></p> <p><i>No changes V3 07/05/2021 or V4 11/10/21</i></p> <p><i>Minor change - removal of prone/ sidelying technique protocol 05/04/2022</i></p>

Table 2b Hygiene measures

We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures

	Description of risk	Mitigating action	When introduced
Increased sanitisation and cleaning		<ul style="list-style-type: none"> • <i>Plinths, Pillows and Hard surfaces throughout the property will be cleaned using a detergent spray or wipes known to be effective against coronavirus, left for adequate contact as instructed by the label, and, where a spray is used, will be wiped away using anti-bacterial disposable wipes or disposable paper roll.</i> • <i>The hard flooring of the clinic room, practitioners washroom and cloakroom will be mopped using a spray mop and disinfectant mixed to the manufacturers instructions. The mop head will be cleaned daily.</i> • <i>All door handles throughout the property, banister, light switches and taps/flushes, sinks and toilet seats will be wiped with detergent wipes known to be effective against coronavirus.</i> • <i>Use of waste basket with 100% cotton waste liner to capture the 100% cotton washcloths used to dry patient hands so that only contact with the liner is made and the whole bag can be put in the wash without handling the cloths. These cloths will be soaked in anti-viral/anti-bacterial laundry cleanser effective against viruses, washed and tumble-dried.</i> • <i>Actions to minimise the number of surfaces requiring cleaning</i> <ul style="list-style-type: none"> • <i>Removal of any unnecessary linen.</i> • <i>Medical grade wipeable pillow case will be used and cleaned between appointments.</i> • <i>Decluttering the clinic rooms and waiting area of unnecessary items</i> • <i>Keeping doors between common areas open if safe and appropriate to do so, to reduce touch points</i> • <i>Use of no-hands pedal bins to dispose of cleaning waste/PPE in the clinic room and in the cloakroom.</i> 	<p><i>31/05/2020</i></p> <p><i>Minor wording changes made for V2 23/11/2020</i></p> <p><i>No changes V3 07/05/2021 or V4 11/10/21</i></p> <p><i>No change 05/04/2022</i></p>

Table 2b Hygiene measures

We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures

	Description of risk	Mitigating action	When introduced
Aeration of rooms	<i>Risk of patients or the practitioner catching COVID-19 due to droplets remaining in the air after patient visits.</i>	<p><i>These may be altered where a change in the weather occurs...</i></p> <ul style="list-style-type: none"> <i>Keep all doors to rooms not in use during clinic hours shut.</i> <i>Open the clinic room windows at the front of the property and bathroom window used by the practitioner at the back of the house to create a current of air in order to ventilate/aerate the areas used for clinic purposes between patients. These will be left open between patients (in hot weather they may be open permanently.</i> <i>cloakroom window can be opened downstairs to improve air flow in communal areas.</i> 	<p><i>31/05/2020</i></p> <p><i>Minor wording changes for V2 23/11/2020 and V5 05/04/2022</i></p> <p><i>No changes V3 07/05/2021 or V4 11/10/21</i></p>
Staff hand hygiene measures	<i>Risk of contact transmission from practitioner to patient.</i>	<ul style="list-style-type: none"> <i>Practitioners will be bare below the elbow for all patient interactions and cleaning.</i> <i>Practitioners will perform hand washing with soap and water for at least 20 seconds, including forearms, followed by hand sanitiser application, before and after all patient interactions and cleaning.</i> <i>Practitioners will always clean and sanitise their hands on donning and doffing PPE.</i> <i>Practitioners will wear gloves for cleaning.</i> <i>Posters for effective hand washing/sanitising are displayed in the cloakroom/clinic room.</i> 	<p><i>31/05/2020</i></p> <p><i>No changes for V2 23/11/2020</i></p> <p><i>No changes V3 07/05/2021 or V4 11/10/21</i></p>

Table 2b Hygiene measures

We have assessed the following areas of risk in our practice and put in place the following heightened hygiene measures

	Description of risk	Mitigating action	When introduced
Respiratory and cough hygiene	<i>Risk of droplet transmission from/to the patient or practitioner.</i>	<ul style="list-style-type: none"> • <i>'Catch it, bin it, kill it' poster is displayed in the clinic room</i> • <i>Provision of waste bins (closed, double lined and foot-operated)</i> • <i>Hand hygiene facilities available for patients, visitors, staff and household members including hand wash and sanitiser on entry and hand sanitiser within the treatment room.</i> • <i>Masks will be provided to patients where required if they do not have their own or if they are at increased risk from covid-19 infection.</i> 	<p><i>31/05/2020</i></p> <p><i>No changes for V2 23/11/2020</i></p> <p><i>No changes V3 07/05/2021 or V4 11/10/21</i></p> <p><i>minor wording change V5 05/04/2022</i></p>
Cleaning rota/regimes	<i>Risk of missed cleaning.</i>	<ul style="list-style-type: none"> • <i>Cleaning will occur before and after every patient.</i> 	<p><i>31/05/2020</i></p> <p><i>No changes V3 27/05/2021, 10/07/21 or 11/10/21 or 05/04/2022</i></p>

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

Clinicians will wear the following PPE	<p><i>Detail here what PPE will clinicians wear and when risk assessed, in what circumstance they will be used</i></p> <ul style="list-style-type: none"> • <i>Single-use nitrile gloves and plastic apron in high-risk cases</i> • <i>Fluid-resistant surgical masks Type IIR certified - sessional use - 4 hours maximum - all patient interactions</i> • <i>Eye protection on a risk-assessed basis (e.g. if there is a risk of droplet transmission or fluids entering eye) - visor</i>
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<p>When will PPE be replaced</p>	<ul style="list-style-type: none"> • <i>When potentially contaminated, damaged, damp, or difficult to breathe through</i> • <i>Nitrile gloves and aprons are for single-use so will be disposed of after every patient visit/cleaning.</i> • <i>A new pair of nitrile gloves will be worn when cleaning.</i> • <i>The FRSM Type IIR certified will be used for sessional use (maximum of 4 hours) and will then be disposed of appropriately and replaced if work is to continue.</i>
<p>Patients will be asked to wear the following PPE</p>	<ul style="list-style-type: none"> • <i>If low risk - their own face coverings or an FRSM/FRSM Type IIR provided by myself if they do not have their own (voluntary)</i> • <i>If moderate risk - own face covering or FRSM/FRSM Type IIR provided by myself (voluntary).</i> • <i>If high risk/respiratory conditions - own face covering or FRSM/FRSM Type IIR provided by myself (voluntary).</i>
<p>PPE disposal</p>	<p><i>All PPE will be disposed of as outlined below:</i></p> <ul style="list-style-type: none"> • <i>Double-plastic bagged and left for 72 hours in the outside shed before removal and then this will be placed in the normal household waste bin for collection.</i> • <i>Any cleaning or contaminated waste will also be bagged and disposed of with PPE following the same procedure.</i>