

# The Chiltern Vale Clinic

## COVID-19 Risk Assessment

**1. Organisation:** The Chiltern Vale Clinic, Bijou Barn, The Seven Acre Farm Business Centre, Aylesbury Road, Aston Clinton, Bucks, HP22 5AH

**2. Assessment by:** Matthew Mojsak M.Ost, DO, ND (Owner & Practice Principal)

**3. Date:** 16.08.2020 (to be reviewed on an on-going basis)

**4. Area assessed:** The ground floor and first floor of The Chiltern Vale Clinic

**5. Introduction:** The aim of this document is to assess the risk associated with COVID-19 to The Chiltern Vale Clinic, to outline the precautions taken in response, and offer guidance to clinicians, administrative staff and cleaners, as we prepare the clinic to welcome patients for in-person consultations. It includes guidance on the protective equipment, ventilation and hygiene levels necessary to safeguard both patients and staff from infection.

### **6. COVID-19 Background:**

The newly identified severe acute respiratory syndrome, coronavirus 2 (SARS-CoV-2), caused by the novel coronavirus 2019 disease (COVID-19), is of precedence due to the declaration of a pandemic by the World Health Organisation on 11<sup>th</sup> March 2020 (Lai et al., 2020; Ghebreyesus, 2020).

It is currently understood that SARS-CoV-2 spreads mainly through the respiratory tract in the form of droplets (Guo et al., 2020; Sohrabi et al., 2020). Though most commonly spread through human-to-human contact, the virus has also been detected on surfaces for up to 72 hours after administration, particularly on plastic and stainless steel. In addition, SARS-CoV-2 showed an aerosol durability of at least three hours (van Doremalen et al., 2020). Both factors increase transmission. An individual may become infected by touching an object that contains SARS-CoV-2, then coming into contact with their respiratory tract (touching mouth, nose or eyes), or through the inhalation of SARS-CoV-2 particles in the air (Thomas et al., 2020).

Patients that test positive for COVID-19 present with a variety of symptoms; the majority experience 'mild to moderate respiratory illness' (WHO, 2020). The most prevalent symptom is fever, present in 88.7% of hospitalised patients, followed by a cough (67.8% of patients) (Guan et al., 2020). Other reported symptoms include fatigue (38%), sputum production (34%), shortness of breath (19%), and a sore throat (14%) (Ellison III et al., 2020; WHO, 2020). One study showed that 1.2% of individuals presented as asymptomatic (Liu Xing Bing Xue Za Zhi et al., 2020). It has been stated that 81% of cases are mild (patients do not present with pneumonia or mild pneumonia), 15% are severe (with pulmonary infiltrates in over 50% of patients within 24-48 hours, and requiring oxygen), and 5% of cases are critical (showing respiratory failure with requirements for ventilation). Fatality rate has been estimated as 2.3%, with an increase to 14% in patients aged 80 or above, increasing further to 49% in critical patients and in patients with pre-existing comorbid conditions (Wu and McGoogan, 2020; Chang et al., 2020).

## **7. Risks determined & precautions taken.**

### **7.1 Infectious patients / practitioners attending the clinic:**

**Background** - The minimisation of the number of patients who may still be contagious is essential to ensure a prevention of spread.

The main symptoms of coronavirus are (WHO.int, Global surveillance for human infection with COVID-19):

- a high temperature (>37.8°)
- a new, continuous cough
- change to / loss of sense of taste or smell

#### **Precautions -**

**a.** All practitioners at the clinic will be required to pre-screen patients by phone / questionnaire shortly prior to attendance with screening questions. This will be updated as new information comes available.

The answers to these questions will be used to triage patients and determine the suitability of the patient for a face-to-face appointment. They include an agreement to inform their practitioner of changes to their health within 3 days of their visit. Should hands-on treatment be considered inappropriate then the practitioner will then offer guidance based upon the National College for Osteopathic Research (NCOR) guidelines and consider the option of a remote consultation.

**b.** Patients will have their temperature checked on arrival using a non-contact thermometer and where their temperature is above 37.8°C they will be advised to return home and offered guidance as per the above.

**c.** Practitioners / cleaning staff will consider the screening questions on a daily basis and use them as a guide as when not to attend the clinic, and to self-isolate and follow the NCOR guidance.

**d.** Practitioners will take their temperature on a daily basis before attending the clinic and where their temperature is above 37.8°C they will not attend and follow NCOR guidance on self-isolation and get a COVID-19 antigen test.

### **7.2 Contact with high-risk groups (direct & indirect)**

**Background** - High risk patients are those 70 years or older, having undergone organ transplantation, certain treatments of cancer, certain respiratory and heart conditions, pregnant women with significant heart disease, immune-compromised, diabetes, chronic kidney and liver disease (This list is not exhaustive) (CDC, 2020).

#### **Precautions -**

**a.** Pre-screening by practitioners will be used to determine if prospective patients fall into this category with a view to offering virtual support, or referral to other health services. This guidance will be regularly reviewed and adapted to.

**b.** Where an individual lives with or commonly interacts with a person considered high risk then in the first case virtual support should be provided, and person-to-person only if precautions are considered sufficient and / or that person can then self-isolate for a period afterwards.

**c.** Both osteopathic practitioners do not live with or knowingly interact with individuals from high-risk groups.

### 7.3 Social distancing:

**Background** - Individuals most at risk of propagating the disease are those who have been in close contact ( $\geq 15$  min less than 2m) with someone infected and those presenting symptoms of COVID-19.

#### **Precautions:**

- a. The number of seats in reception has been reduced to 2 only for the patient and one other of the same household or 'bubble'.
- b. Where space for individuals to pass is less than 2m then practitioners and patients will be advised verbally and by signs to pause and allow others to pass by before proceeding.
- c. Patients and practitioners will be required to wear face masks / coverings whilst using the communal areas.
- d. With talking therapies then 2m distances is maintained between chairs/sofas.
- e. Whenever possible ensure that patients attend appointments alone. This will be discussed as part of the pre-screening questionnaire and shall cover options regarding infants and children, and those requiring a chaperone or interpreter.
- f. Patients to be required to attend the appointment on and not before time to prevent meeting of patients within reception or other communal areas.
- g. Staggering of appointment times to be introduced to reduce contact in communal areas, and allow for ventilation and cleaning of all areas used.
- h. The Chiltern Vale Clinic will not be operating an on-site reception service. This reduces the contact and associated risk of receptionists being within an enclosed space over an extended period.

### 7.4 Transmission via surfaces:

**Background** - Though most commonly spread through human-to-human contact, the virus has also been detected on surfaces for up to 72 hours after settlement, particularly on plastic and stainless steel.

#### **Precautions –**

- a. Patients will be asked to wash their hands with soap and water on arrival or to use the provided hand sanitising gel with reference to the guidelines below. They will also be guided to repeat the process when having touched other high-contact surfaces e.g. door handles and mobile phones
- b. Practitioners and staff will be provided with similar guidance but with a further emphasis on regularity should their therapy involve person-to-person contact.
- c. 10-20 minutes will be allowed between each patient to allow hard high-contact surfaces in both the treatment rooms and common areas (as per use) to be cleaned using products effective against the Coronavirus. This will include but is not exclusive to: hard chairs, vinyl covers, door handles, light switches and sockets, taps, card readers, medical equipment, computers, mobile phones and tablets.
- d. PU Vinyl treatment couch covers together with PU Vinyl cushions and bolsters will be cleaned between patients and at the end of every patient session.
- e. Hard floors will be cleaned daily with cleaner evidenced as effective against COVID-19.
- f. Doors left open whenever possible to avoid contact with handles.

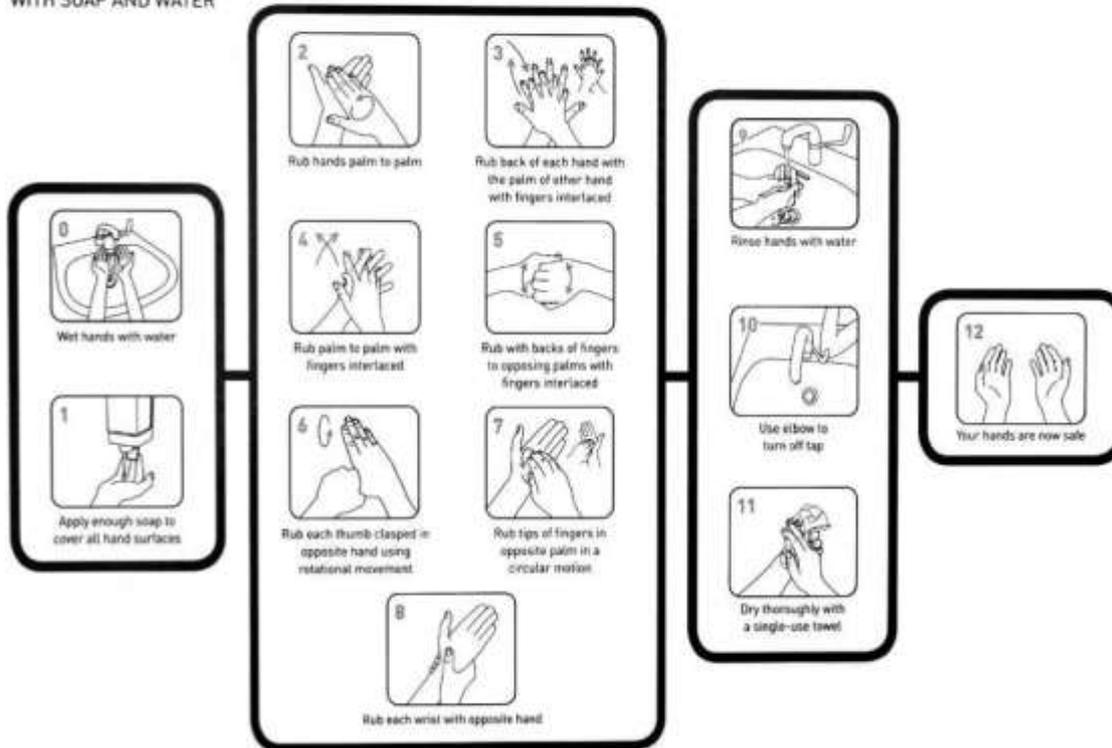
**g.** Contactless payment methods will be used whenever possible e.g. bank transfer, Apple Pay, card payment reader, contactless card payments. When a payment terminal is used then this will be cleaned after each use. If cash or cheques are given these will be kept in an envelope for the necessary amount of time to render the virus inert before banking.

**h.** All practitioners will not be using public transport on their journey to the clinic and therefore will not be changing clothes prior to commencing patient contact.

## 7.5 Hand Hygiene:

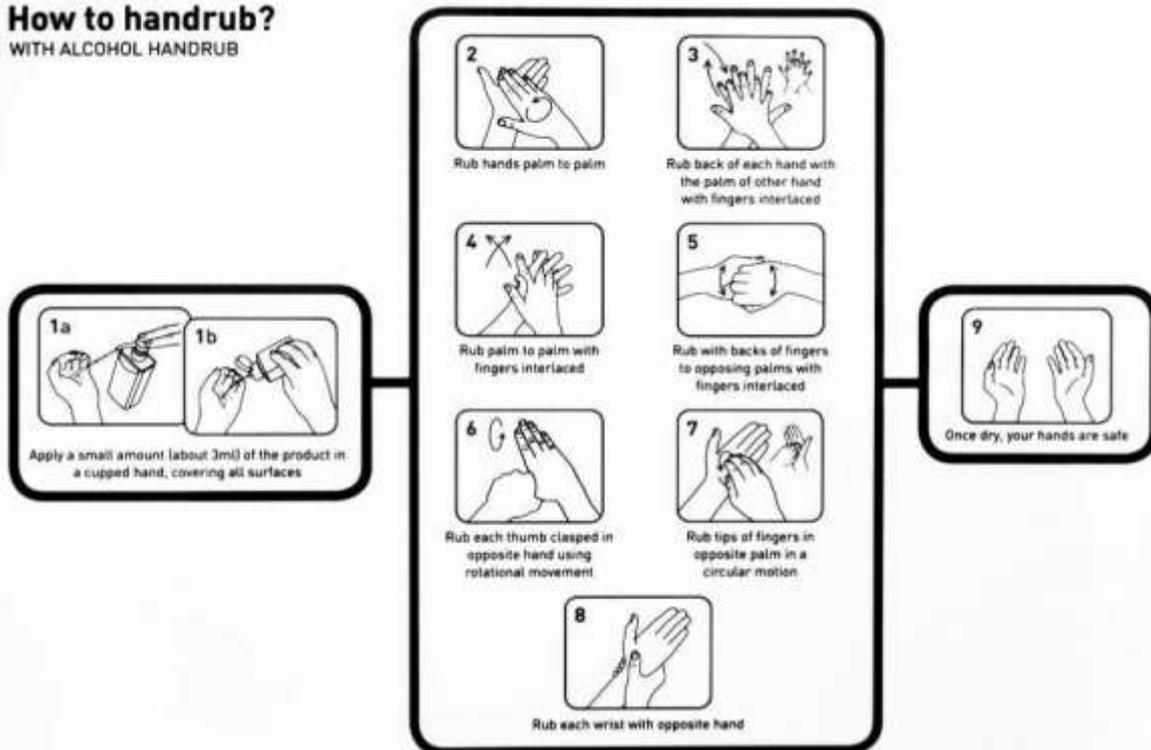
### How to handwash?

WITH SOAP AND WATER



### How to handrub?

WITH ALCOHOL HANDRUB



## 7.6 Transmission via droplets:

**Background** - It is currently understood that SARS-CoV-2 spreads mainly through the respiratory tract in the form of droplets.

### Precautions –

a. Patients will be required to wear a mask / face covering on entry to the clinic. If they arrive without one then their practitioner will be responsible for providing them with one. Where an increased risk of coughing / sneezing exists due to e.g. hay fever or asthma then the patient will be offered a fluid resistant mask to wear during their entire time in the clinic.

b. Practitioners will be required to wear a mask / face covering in the communal areas of the clinic at all times and in their treatment rooms when in the company of their patient and unable to maintain a 2m distance.

c. Where a practitioner is engaged in physical treatment e.g. osteopathy / massage then they should be wearing a fluid resistant mask and in addition other appropriate PPE as prescribed by their governing body. This may include single use gloves, single use aprons and reusable safety glasses. The following donning and doffing procedures will be followed:

### Putting on personal protective equipment (PPE) in primary care

#### Pre-donning instructions

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

1

Perform hand hygiene before putting on PPE.



2

Put on apron and tie at waist.



3

Put on facemask - position upper straps on the crown of your head, lower strap at nape of neck.



4

With both hands, mould the metal strap over the bridge of the nose.



5

Don eye protection if required.



6

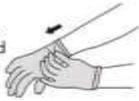
Put on gloves.



## Taking off personal protective equipment (PPE) in primary care

Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area.

- 1  
Remove gloves. Grasp the outside of the glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.


- 2  
Clean hands.


- 3  
Apron. Unfasten or break open apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself - do not touch the outside - this will be contaminated. Discard.


- 4  
Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.


- 5  
Clean hands.


- 6  
Remove face mask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly.


- 7  
Clean hands with soap and water.



Discard. DO NOT reuse once removed.



- d. Governing body guidance for best practice on when to replace and how to dispose of PPE will be followed.
- e. Regular cleaning of surfaces will reduce risk of transmission via hand contact on surfaces contaminated by droplets.
- f. Practitioners and patients will be encouraged to refrain from touching eyes, nose, or mouth with potentially contaminated gloves or bare hands.
- g. In instances where greater than 2m distance can be observed, then any person not wearing a mask would be encouraged to cough or sneeze into their elbow or preferably into a disposable tissue which is then placed into a bin.

- h. Couch roll will be single use and disposed of appropriately after each patient into closed bin.
- i. Closed foot operated bins across the clinic for tissues and other non-disposable rubbish.
- j. Patients may be asked to bring their own freshly laundered towels / blanket to cover themselves during treatments. They will then take these with them in a plastic or other bag to launder themselves at home. Patients will be encouraged to keep clothing on during physical treatments wherever possible to avoid getting cold.

### **7.7 Aerosol production via aerosol generating procedures (APGS):**

**Background** - Aerosol generating procedures (AGPs) create an airborne risk of transmission of COVID-19. Examples of AGPs are coughs and sneezes, singing and sudden huffs and puffs.

**Precautions** - Procedures that could be considered likely to produce such an event, such as osteopathic supine high velocity thrust techniques will be avoided, and instead alternative techniques employed.

### **7.8 Reduction of risk via aerosols**

**Background** – Whereas larger and heavier droplets tend to fall to the ground and surfaces quite rapidly SARS-CoV-2 can remain detectable in aerosols for up to 3 hours. Fans and ventilators that recycle and create significantly greater airflow can maintain these aerosols.

**Precautions** -

- a. Treatment rooms will be ventilated by opening doors and where available windows for at least 15 minutes between patients to improve the clean air delivery rate (CADR).
- b. Where available windows will be kept open during treatments to assist with a non-draft airflow.
- c. Fan will be used to improve the non-draft airflow to avoid areas of still air.
- d. Light switch linked extractor fans in the bathroom and kitchen will remain on during the working day.
- f. There is no aircon at the clinic.
- h. The treatment room will be equipped with an Air Purifier that is rated to clean the air in this size of room 5x per hour. Although viruses are smaller than the filter size the significant likelihood of them clumping and adhering the larger particles has meant that tests have shown a high incidence of them becoming trapped in the filter, where left undisturbed they will die without being passed into the exiting air.
- i. All staff will be advised to close the plastic bags from bins without squeezing the contents in order to avoid producing aerosols from their contents.
- j. Where despite precautions a risk exists of APGs then appropriate PPE, whether equivalent to or in excess of the therapists governing body guidelines should be used. This may include but is not exclusive to gloves, masks, protective eyewear.

### **7.9 Transmission via person-to-person contact:**

**Background** - An individual may become infected by touching an object that contains SARS-CoV-2, then coming into contact with their respiratory tract (touching mouth, nose or eyes). In this context that object could be the hand of another person or in theory other body part.

**Precautions** -

a. Previous measures outlined reduce the probability that an infectious person enters the clinic, be they practitioner, patient or cleaning staff.

b. The same measures on both personal hygiene and hygiene for the clinic environment reduce the probability that person-to-person contact should it occur be a source of transmission.

c. PPE measures described above and detailed further on individual practitioners' risk assessments and guidelines further limit transmission risk.

### **7.10 Patients / practitioners / staff displaying symptoms of COVID-19, or testing positive after attendance of the clinic:**

**Background** - After contracting COVID-19 a person can be contagious for several days before identifying symptoms emerge or they test positive for the antigen.

**Precautions** - Whilst it is impossible to avoid such an occurrence, procedures can be in place to respond appropriately to identify and react to such an event. These are:

a. As part of the consent process patients will sign to agree to inform their practitioner if they are to develop symptoms of or test positive for COVID-19 within 3 days of their treatment at the clinic. If the interaction between the patient and practitioner involved direct contact, then the practitioner is required to self-isolate. The practitioner will then contact patients that were seen subsequent to the last meeting with that patient, advise them of the situation and suggest they monitor for symptoms (those with indirect contact with suspected cases of COVID-19 do not need to self-isolate).

b. If a practitioner develops COVID-19 symptoms then they should not attend work. They will contact patients treated with the last 3 days and advise them of the risk of indirect contact and suggest that the patient monitor themselves for symptoms.

c. If a staff member e.g. cleaner develops COVID-19 symptoms they should self-isolate and advise the clinic manager. The clinic manager can liaise with them to decide based upon the staff member's interactions with others at the workplace what next steps are required based upon best practice.

### **7.11 Practitioner / Staff Training and Compliance**

**Background** – Requirement for The Chiltern Vale Clinic practitioners, other self-employed practitioners at the clinic, and cleaning staff to understand and adhere to agreed standard.

**Precautions** -

a. The Chiltern Vale Clinic practitioners to read and sign an agreement to adhere to the standards laid out in this document.

**b.** Other self-employed practitioners and cleaning staff to read and sign an agreement to adhere to the standards laid out in the risk assessment for The Chiltern Vale Clinic.

**c.** Other self-employed practitioners to provide their own risk assessment and guidelines based upon their governing body recommendations prior to commencing work at The Chiltern Vale Clinic.

Signed:

A handwritten signature in black ink, appearing to be 'M. M. J.', written in a cursive style.

Date: 16.08.2020