



**Liverpool Osteopaths and Sports Injury Clinic Risk Assessment** 

We have assessed	d our practice for risks outlined and put in additional processes as detailed below
Undertaken a risk assessment	Risk assessment undertaken on 23/05/2020  • You may also wish to indicate at which point you will review these procesess e.g. on change of
iisk assessillelit	Government guidance or in a stated period if sooner.
	The risk assessment will be reviewed after every government announcement.
Heightened	Put here your new, heightened cleaning regimes for your clinic, e.g. how, the frequency and in what areas
cleaning	Clinic rooms will be cleaned between in each patient
regimes	<ul> <li>A gap of 30 minutes will be left in between each patient to ensure the pillows are wiped down,</li> </ul>
	treatment table is wiped down, the rubbish bin is disposed in the allocated place and the floor is
	cleaned. High touch areas such as door handles will also be wiped down with cleaning wipes.
	<ul> <li>Common areas/washrooms are being asked to be avoided but will be cleaned after every use.</li> <li>Reception areas are being asked to be avoided by the patient. They are being asked to wait outside</li> </ul>
	the building until their appointment time before being called in by me once the clinic room is ready.
Increased	Additional processes I have put in place include:
protection	You have removed all linens from the clinic Gowns will no longer be provided so patients will be
measures	asked to wear suitable clothing such as a vest top and shorts. Couch covers have also been removed.
	Patients are being asked to avoid the reception areas
	Patients will be asked to pay via bank transfer so to avoid unnecessary contact of cash
Put in place	
distancing	<ul> <li>Appointments are staggered at 30 minute intervals to avoid patients coming into contact with each</li> </ul>
measures	other
0	Limit the number of patients in common areas Patients are being asked to avoid the reception area
Staff training	Detail here any additional training that you and your staff have undertaken:
	<ul> <li>Correct handwashing technique best practice Michael has undertaken the WHO course on handwashing and putting on and removing PPE safely</li> </ul>
	<ul> <li>Put on/remove PPE safely</li> </ul>
	<ul> <li>Staff briefed and trained on updated clinic policies and infection measures No additional staff</li> </ul>
Providing	Detail here what telehealth/remote consultations you are offering e.g.
remote/	All patients will have telephone pre-screening call. Phone and video consultations will still be
	available to all patients as well as those who are at high risk and self isolating

telehealth	Follow-up/maintenance appointments available via telephone/video call
consultations	
	(Document last updated: 28/05/2020

	Description of risk	Mitigating action	When introduced
Pre-screening for risk before public/patients visit the clinic	•	At the first instance a virtual consultation is offered.  If a virtual consultation does not meet the needs of the patient, detail here how you will pre-screen a patient (and chaperone if relevant) before they arrive in the clinic for example but not limited to:  • Screening for any symptoms of COVID 19 (e.g. high temperature or a new, persistent cough) in the last 7 days?  • Screening for extremely clinically vulnerable patients  • Screening for additional respiratory symptoms or conditions e.g. hay fever, asthmas etc  • Screen to see if a member of their 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?  During the pre-screening call the following information will be provided.  • Inform of the risk of face to face consultation – staff must document that they have informed the patient of risk associated with attending the clinic, and that they are not experiencing symptoms of COVID-19.  • Options for telehealth I expect the following processes to be undertaken by the patient on arrival and whilst at the clinic e.g. as detailed in processes below  Patient is to wait in their car or outside the building until called by me. I	_
		Patient is to wait in their car or outside the building until called by me. I will meet them at the side gate so not to touch the front door or the buzzers. I will escort them to the treatment room and open the door so they are not touching the door. Chairs spaced further apart. Hand sanatiser given to patient on arrival and exit of the room. I will escort the	

	Description of risk	f risk in our practice and put in place the following precautions to  Mitigating action	When introduced
		NB: All triage pre-screening information must be documented in the patient notes.	
Protecting members of staff		No staff to protect, however I have informed the manager and landlord of my risk assessment.	
		Refer also to what your PPE policy will be, see table 3 below.  PPE being used will be disposable gloves, apron, mask and if	
		appropriate, a face shield.	
Confirmed cases of COVID 19 amongst staff or patients?	Risk of asympotomatic patient coming	The process should I be tested for COVID-19 see the attached Flowchart describing return to work following a SARS-CoV-2 test.	
stan or patients?	into clinic and spreading the virus.	Detail here your policy should a patient advise you that they have symptoms of COVID-19 after visiting the clinic in line with government guidance e.g	
		• If the patient experiences symptoms within 2/3 days of visiting the clinic, any staff with direct contact to that individual should self-isolate. As the only member of staff I should self isolate. I will contact patients 3 days after there appointment to ask about symptoms of covid-19.	
		<ul> <li>Anyone with indirect contact with the patient, should be advised of the situation and suggest they monitor for symptoms (those with indirect contact with suspected cases COVID 19 do not need to self-isolate)</li> </ul>	
Travel to and from the clinic	Risk of contracting virus on route to car/work	Detail here what risk assessment you are making for yourself/ staff and/or patients/chaperones that may travel by public transport. I travel by car which will be cleaned before resuming work.	

	Description of risk	Mitigating action	When introduced
		Patients will be asked to wait in their car until they are called. Avoid the parking at the front to minimise congestion, unless they require the car park due to pain/ lack of mobility.	
Entering and exiting the building	Risk of patients coming into contact with other staff and their patients.  Risk of contact on the driveway.	Staff and patient entering and exiting the clinic process  Sanitise reusable equipment that you have brought into the home; • Dispose of any non reusable equipment; • Following doffing guidance remove PPE and take back to clinic for storing before disposing; • Perform hand hygiene; • Ask patient to open the door for you and leave home without touching anything and keeping a 2 metre distance; • Re-sanitise using hand gel if necessary.  • I will travel to and from work in separate footware to that which I work in.  • Patients asked to wait outside of the office until called in by me when the room is ready. They are asked to arrive 5 minutes early.  • Will patients arriving early be asked to wait in their car or outside the building (observing social distancing). Either until called in by me.  • The side entrance will be used for going in and out of the clinic. The main entrance and building will be avoided as much as possible unless in the event of needing the toilet.  • Hand sanitiser will be provided for all patients when entering the treatment room.	
Reception and common areas	Patients coming into contact at waiting areas.	<ul> <li>Patient recommendations include</li> <li>Patients are asked to wait outside or in their car until called in by me.</li> <li>Bank transfer will be asked as the preferred method of payment</li> <li>Reception will not be used.</li> </ul>	

	Description of risk	Mitigating action	When introduced
Social/physical distancing measures in place	Seating areas at close proximity	<ul> <li>Measures of distancing that have been put in place include but not limited to         <ul> <li>Staggered appointment times so that patients do not overlap in reception. Appointments times are staggered with a 30 minute gap in between appointments for cleaning</li> <li>1 patient in the building at a time.</li> </ul> </li> </ul>	
Face to face consultations (in- clinic room)	Close proximity for an extended period of time.	<ul> <li>Chairs will be moved further apart while having the consultation to increase spacing during the consultation.</li> <li>Modification of techniques such as prone thoracic spine manipulation to supine manipulation to avoid close proximity to the patients face.</li> <li>My policy on chaperones/family members in clinic rooms is that they should be expected to follow the same guidance as patients.</li> <li>One parent/guardian only with visits for children</li> <li>No additional family members except if requested as a chaperone</li> <li>Chaperones will be pre screened with the same triage as patients. I will provide an additional chair if there will be a chaperone present.</li> </ul>	

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	A dirty area of the clinic harbouring the	Detail types/and or changes of sanitisers that you will use and detail which surfaces will be cleaned at what intervals.	

THO HAVO GOSCOSCA (III	Description of	f risk in our practice and put in place the following heightened hygiene me Mitigating action	When
	risk		introduced
	virus and contributing to the spread.	<ul> <li>Clinic rooms - plinths, desk, door handles, equipment chairs - between each patient</li> <li>Reception surfaces, doors and door handles, chairs, taps, card machines etc.?</li> <li>Use of at least 60% alcohol sanitisers/wipes, using bleach-based detergents for floors</li> <li>Actions to minimise the number of surfaces requiring cleaning</li> <li>Remove unnecessary linen/use plastic pillowcases that can be cleaned between patients etc.</li> <li>Decluttering the clinic rooms and waiting area on unnecessary items The room will be decluttered prior to the clinic being reopened to appointments.</li> <li>Carpeted areas have been removed.</li> <li>Keeping doors between common areas open if safe and appropriate to do so, to reduce touch points</li> </ul>	Introduced
Aeration of rooms	Non aerated room having traces of the virus in it when the next patient comes in.	<ul> <li>The aeration policy for clinic room is:         <ul> <li>Leaving the window open and the door closed for 20 minutes after each patient. The clinic has two windows which will be on the vent or open during treatments, weather appropriate. They will be opened and blinds pulled open in between to aerate the room. A minimum of 20 minutes.</li> <li>Fans will not be used to aerate the room.</li> </ul> </li> <li>Aeration of common/reception areas between every patient.</li> </ul>	
Staff hand hygiene measures	Inadequate hand hygiene passing on the virus	Detail the staff hand hygiene measure put in place e.g. I will follow WHO guidelines on handwashing.  • Bare below the elbow/hand washing before and after patients with soap and water for at least 20 seconds, including forearms/use of hand sanitiser gel/ use of gloves	
Respiratory and cough hygiene	Particals of the virus being	Communication of cough hygiene measures for staff and patients will be done through:	

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	Description of risk	Mitigating action	When introduced
	spread through coughs from the practitioner or the patient.	the clinic room.	
Cleaning rota/regimes	Risk of contamination from not cleaning the room properly.	<ul> <li>Cleaning rota details include:</li> <li>Cleaning rota frequency increased to a clean between every patient.</li> <li>A written record of cleaning time and by whom kept by me</li> </ul>	

Table 3. Personal Protective	e Equipment: Detail here your policy for use and disposal of PPE
Clinicians will wear the	PPE worn by clinicians during treatments will include.
following PPE	Single-use nitrile gloves and plastic aprons will be worn with each patient
	<ul> <li>Fluid-resistant surgical masks (or higher grade) will be worn with every patient</li> </ul>
	<ul> <li>if there is a risk of droplet transmission or fluids entering eyes on patients with respiratory</li> </ul>
	issues and for techniques such as thoracic hvt then eye protection will be worn.
When will PPE be	PPE will be replaced when
replaced	<ul> <li>When potentially contaminated, damaged, damp, or difficult to breathe through. Masks will be replaced every four hours or when damp or taken off. They are not to be reused once</li> <li>At the end of a session (Detail here what a session may be e.g. 4 hours)</li> <li>Gowns and gloves will be disposed of after every use. If a visor is worn then it will be cleaned after every use.</li> </ul>
Reception staff will wear the following PPE	
Patients will be asked to wear the following PPE	Patients will be asked to wear a mask if they are likely to receive a AGP technique such as a thoracic hvt.
	<ul> <li>Fluid-resistant surgical masks if respiratory symptoms e.g. from hay fever or asthma</li> <li>Face-covering in clinical and waiting areas</li> </ul>

PPE disposal	disposal of PPE including cleaning wipes and tissues after use will include,
	<ul> <li>Double-plastic bagged and left for 72 hours before removal, keeping away from other</li> </ul>
	household/garden waste, and then this can be placed in your normal waste for collection by
	the local authority. The shed has been secured as a place to store clinical waste. I will label the
	bags with the dates so I know when to dispose of them as normal waste
	<ul> <li>Cloths and cleaning wipes also bagged and disposed of with PPE in the same manor</li> </ul>

Table 4. Communicating wi	th patients: Detail here how you will advise patients of measures that we have taken to ensure their
safety and the policies that	have been put in place in our clinic
Publishing your updated clinic policy	<ul> <li>The clinic policy risk assessment will be available on the clinic website with a link provided on conformation emails.</li> <li>Cleaning rota will be the on clinic wall, available on request.</li> <li>Provide as part of appointment confirmation emails. Sent out as an attachment on email.</li> <li>Available on your website. As link put on website</li> </ul>
Information on how you have adapted practice to mitigate risk	General information on cleaning, triage and risk assessment has been published on the clinic website and links put on social media.
Pre-appointment screening calls	The day before a patients appointment I will call them to inform them of the changes to appointments with regard PPE and triage.
Information for patients displayed in the clinic	<ul> <li>Catch-it, bin it kill posters are placed in the treatment room</li> <li>Providing patients contact for more information if needed see <u>iO website for free posters</u></li> </ul>
Other patient communications	No plans for a news letter as of yet Follow up call 3 days after appointment to ask if they have developed any symptoms.