

Leytonstone Osteopathy COVID-19 Risk Assessment

June 1st 2020

1. Organisation: Leytonstone Osteopathy

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3. Date: 1st June 2020 to be reviewed on an on-going basis.

4. Area assessed: Leytonstone Osteopathy. Unit 8, 6 Gainsborough Road, London E11 1HT

5. Introduction:

The aim of this document is to assess the risk associated with COVID-19 to Leytonstone Osteopathy, to outline the reasonable precautions taken in response, and offer guidance to clinicians and cleaners, as we prepare our clinic to welcome patients to in-person consultations. It includes guidance on the protective equipment and hygiene levels necessary to safeguard both patients and clinicians 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 11th 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 email/ phone / Zoom shortly prior to attendance with questions from a screening questionnaire. This will be updated regularly as updated information comes available.

The answers to these questions will be used to determine the suitability of the patient for hands-on treatment. 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 can then offer guidance based upon the National College for Osteopathic Research (NCOR) guidelines and consider the option of a remote consultation.

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

c. 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.

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

Background –

People at high risk from coronavirus include people who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant

People at moderate risk from coronavirus include people who:

- are 70 or older
- are pregnant
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

Precautions -

a. Pre-screening by practitioners will be used to determine if prospective patients fall into the high risk category with a view to offering virtual/telehealth 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.

d. Patients deemed to fall into the moderate risk or lower risk groups can be seen in the clinic, but will be made aware of the option and lower risk of telehealth consultation.

7.3 Social distancing:

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

Precautions:

a. Patients are advised to arrive for appointments on time and not to enter the building early to prevent meeting others passing through the communal area.

b. Patients and practitioners will be required to wear face masks / coverings whilst passing through the communal areas.

c. Whenever possible ensure that patients attend appointments alone. This will be discussed as part of the pre-screen and shall cover options regarding infants and children, and those requiring a chaperone or interpreter.

d. Leytonstone Osteopathy does not employ 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 administration, 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. **Paper towels and a pedal operated bin for disposal are available**

b. Practitioners and will follow the same guidance.

c. At least 10 minutes will be allowed between each patient to allow hard high-contact surfaces to be cleaned using products effective on the Coronavirus. This will include but is not exclusive to: hard chairs, vinyl cover arms on soft furnishings, door handles, light switches and sockets, taps, card readers, medical equipment, mobile phones and tablets.

d. PU Vinyl treatment couch and cushion covers will be cleaned between patients and at the end of every patient session.

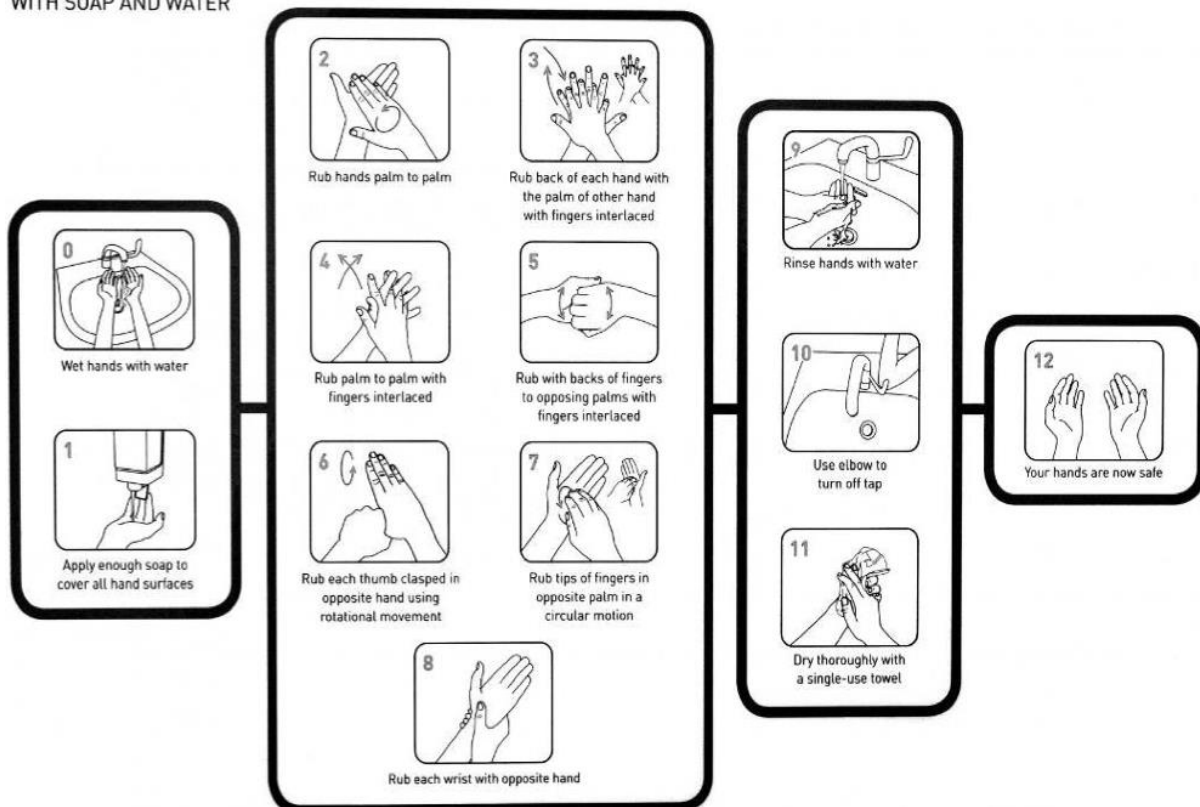
e. Hard floors will be cleaned between patients with cleaner evidenced as effective on coronavirus.

f. Contactless payment methods will be used whenever possible. When a payment terminal is used then this will be cleaned after each use.

g. Both osteopathic 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.

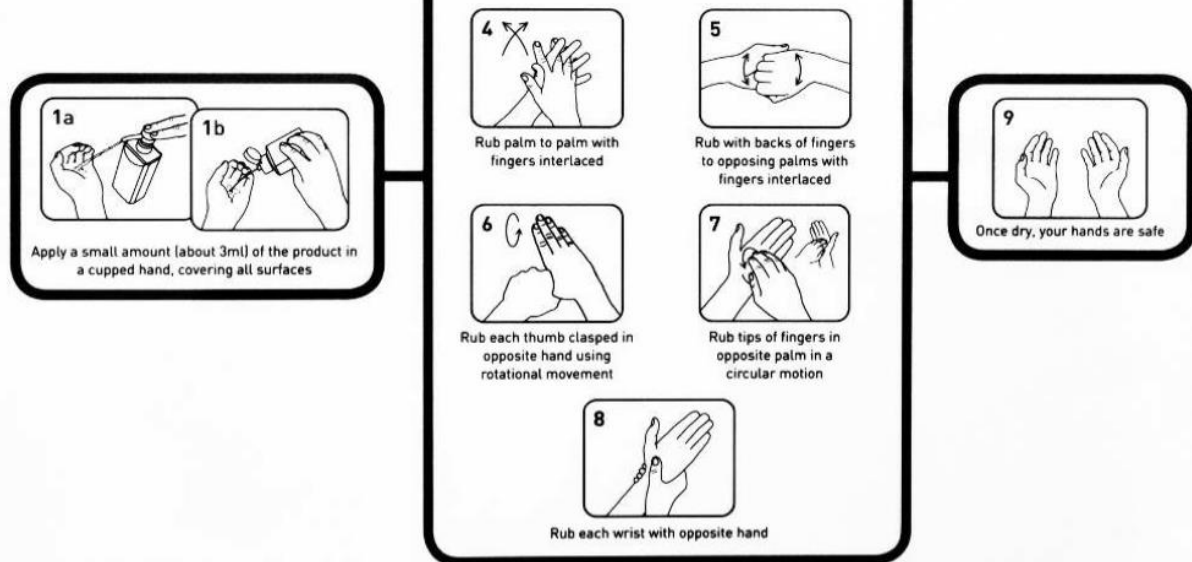
How to handwash?

WITH SOAP AND WATER



How to handrub?

WITH ALCOHOL HANDRUB



7.5 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 at less than 2 metres** e.g. osteopathy then they **will** 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 / **visors**. 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
- Tie hair back
- Remove jewellery
- 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.



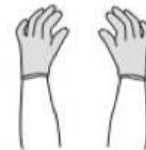
5

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.



Discard.
DO NOT reuse once removed.



7

Clean hands with soap and water.



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. Couchroll will be single use and disposed of appropriately after each patient into closed bin.

i. Closed foot operated bins are available for tissues and other non-disposable rubbish.

7.5 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 performed wearing appropriate eyewear and ventilation procedures will be followed post session.

7.6 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 the window for at least 10 minutes between patients to improve the clean air delivery rate (CADR).

b. Weather permitting, the window will be kept open during treatments to assist with a non-draft airflow.

c- An externally venting air-conditioning unit will be used so as not to re-circulate the air.

7.6 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 or patient.

b. These same measures on both personal hygiene and hygiene for the clinic environment reduce the probability that person-to-person contact is a source of transmission.

c. PPE measures described above a risk assessments and guidelines further limit transmission risk.

7.7 Patients / practitioners 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 can be tested positive +ve.

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.

7.8 Practitioner Compliance

Background – Requirement for Leytonstone Osteopathy practitioner to understand and adhere to agreed standard.

Precautions -

a. Leytonstone Osteopathy practitioners to read and sign this agreement to adhere to the standards laid out in this document.

Leytonstone Osteopathy COVID-19 Risk Assessment May 2020

Signed:

Date:

Leytonstone Osteopathy, Unit 8, 6 Gainsborough Road, London E11 1HT

