



SportsPerformancePhysio



Covid19 Standard Operating policy – Return to face to face appointments

Created: 18 June 2020

Updated: 20 July 2020

The alert level was reduced from level four to level three on 19 June.

That means the epidemic is in general circulation but transmission is no longer "high or rising exponentially".

The 3 point Face to face check

Only if a 3 point Face to face check has been passed should a Client be booked in for Face to face physiotherapy.

The 3 points are:

- Clinically indicated
- Risk assessment passed
- Consent of patient

PURPOSE

Following the Government's update on July 13th 2020, they have allowed physical therapy clinics to re-open. Covid-19 is still present, and still life threatening to both client's and therapists. As such, businesses must be able to meet the COVID-19 secure guidelines to re-open, protecting customers and workers.

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 if the client passes the risk assessment criteria.

Face to face appointments should only be offered in line with the Covid-19 Face to face Referral Pathways and must be delivered in accordance with this Standard Operating Procedure (SOP), in order to reduce the risk of infection to clients and to colleagues.

1) SCOPE This SOP applies to Sports performance Physiotherapy

2) BACKGROUND

a) Required Training and Resources:

The staff have read the required CSP documentation, and resources to be able to understand and comply with the SOP.

b) Administrative Procedures

Information of the processes, the SOP, and all associated documents have been provided recorded.

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 clients.

Only physiotherapists who pass Covid-19 screening, including temperatures below 37.5deg will be able to treat clients in a face to face setting, and only in accordance with this SOP.

Client's 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 Client's notes record. Clients will be asked to sign a specific consent form at their initial face to face consultation.

3) STANDARD OPERATING PROCEDURES

1. Risk Assessment

Premises Environmental Risk Assessment must be carried out before face to face consultations are allowed. Covid19 screening of both therapist and client (any person's that live in the same house) must be passed before face to face consultations can be considered, including body temperature measurements.

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 client's health records.

2. Informed consent

Client's must be advised about the risk of infection during the Clinical Risk Triage. If the risk is accepted and the client consents to comply with Infection Prevention and Control (IPC) measures, this must be clearly documented in the Health Records.

3. Data protection / privacy

Privacy considerations:

Client Data Processing Standards

Temperatures and health status of clinicians is health monitoring—legal basis for processing special category data

4. Personal Protective Equipment (PPE) Requirements

Our PPE recommendations stem from the National Guidance on PPE for primary, outpatient, community and social care by setting, NHSE and independent sector

Gloves –single client use (if required)

Aprons – single client use

KN95 Masks – single client use

This guidance is in line with non-aerosol generating procedures. MSK client 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 client to cough. Government guidance suggests that it is also acceptable for the client to wear a surgical face mask as an added layer of protection if it does not compromise their clinical care in these circumstances.

PPE must be worn as per guidelines and following donning and doffing procedures for Non AGPs.

5. Infection Prevention (IPC) Controls

Colleagues Daily Covid-19 screening

Pre-Appointment Patient Covid-19 Screening

Client Clinical Need Risk Assessment/Triage

Client's accompanying adult or household member (if applicable) screening.
Contact Tracing details for all visitors.

Covid-19 information on the company website advising clients of the signs and symptoms of COVID 19 and again advising clients and member of the household (home visits) if they are exhibiting any of these symptoms, then the home visit will not go ahead and they should self-isolate and contact their GP.

All appointments must be pre-booked.

Any appointments will be staggered with treatment gaps. To allow the clinician time for disinfection protocols.

6. Appointment

Before entering the house, the treating therapist should repeat the Covid19 screening questions with both the client and any other member of the household. The client should then have their temperature screened using contactless infra-red thermometer to confirm the clients current temperature. The responses and outcomes to this assessment should be documented in the clients health record. If a client during this assessment shows potential symptomatic signs, they should be provided a surgical face mask and be advised and the session will not continue. They must then follow the national stay at home guidance.

All client's should be asked to either wash their hands or use hand sanitiser prior to commencement of the appointment.

A pen should be provided for clients to complete any necessary registration forms. This pen should be cleaned after each use.

During the subjective assessment section of any consultation, the client 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 at a time.

7. Post Appointment

All equipment to be de-contaminated with anti-bacterial spray / wipes before and after every appointment.

In accordance with PPE guidance, gloves and apron should be changed between clients.

Full client contact details should be recorded in the client health record to allow for future contact tracing if required.

8. General

Where possible doors and windows should be left open to allow for ventilation.

When entering the house for home visits, where possible doors should be positioned opened to reduce the need for therapist to use door handles.

Hand sanitiser should be used prior to all sessions.

Self-pay patients should have their payments collected by card or Bacs if possible

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 40°-60°C removes most micro-organisms.

Uniforms should be laundered:

- Separately from other household linen.
- In a load not more than half the machine capacity.
- At the maximum temperature the fabric can tolerate, then ironed or tumbled-dried

- You must change into and out of uniforms at work and not wear them when travelling

9. Documentation

Risk Assessment

Covid Screening Tool

Consent Form

10. Decontamination Procedures

All surfaces and equipment 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) including pens, clipboards for form filling.

11. Waste disposal

All disposable waste to be double bagged and left for 72 hours before being thrown in the non-recycle bin

12. Emergency Procedures

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.

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.

All normal emergency procedures should be followed.