COVID-19 PROTOCOL

STANDARD OPERATING PROCEDURES (SOP) ON CLINIC POLICIES FOR

NASCOT THERAPIES

POST COVID-19 LOCKDOWN JULY 2020

Treatment delivery continues to be different and this pathway aims to maintain the safety of both our patients and the wider public. The procedures below outline what you can expect from us at Nascot Therapies and what we expect from you. Please ask if you have any questions or require further clarification.

**Covid-19** is a new and novel virus, for which there is currently no vaccine and so additional care must be taken to limit the risk of its transmission. Predominantly the disease is passed from person to person through small droplets from the nose or mouth which are produced when a person coughs, sneezes or speaks. These droplets can land on objects and surfaces around the person. People can become infected by breathing in these droplets or by touching surfaces on which droplets have landed, then touching their eyes, nose, or mouth (1).

The objectives of this SOP are:

* To outline how Nascot Therapies will deliver physiotherapy assessments and treatment during the ongoing Covid-19 outbreak in the UK.
* To provide a plan to reduce the risk of transmission of Covid-19

The following is based on having reviewed the latest advice and guidelines from the UK Government as well as the Health Care Professions Council (HCPC), Chartered Society for Physiotherapy (CSP) and Physio First.

Nascot Therapies provides physiotherapy services to patients in their own homes, in the therapist’s own home as well as remote consultations via video calls or telephone.

**Contents -As per CSP 7 key factors (2)**:

1) Legal, regulatory, and professional responsibilities

2) Risk Assessment of the working environment for which you are responsible

3) Infection Prevention and Control Measures

4) Access to Personal Protective Equipment (PPE)

5) “Virtual first” Approach

6) Patient risk assessment and clinical reasoning

7) Patient Consent for treatment

**1)** **Legal, regulatory, and professional responsibilities**

* It must be acknowledged that the risk of transmitting coronavirus cannot be completely eliminated. The aim of this SOP is to reduce the risk to the lowest practical level by implementing preventative measures.
* Risk assessment must be carried out in each individual case and this will include following the CSP guidance on face to face (F2F) decision making. (3)
* Risk assessment must be documented in each individual patient’s case notes as this will be patient specific. With that in mind, the therapist’s duty of care (4) must be prioritised and this will outweigh a patient’s desire for F2F treatment if it is believed that that patient’s level of risk outweighs the potential benefits of a F2F session.
* All decisions with regards to F2F consultations will be discussed in full with the patient.
* Nascot Therapies will continue to monitor changes to advice and guidance from the UK Government, the HCPC and CSP.

**Track and trace:**

* The therapist will report any symptoms appropriately and report for testing within 3 days as per Government testing guidelines if symptoms appear. (9)
* If symptoms appear, all F2F sessions will cease and therapist will self-isolate as per Government guidelines.
* Patients must be made aware that if contacted by track and trace teams and asked for information of those they have been in contact with, the therapist is obliged to pass on details of those patients who have been seen F2F– patients must consent to this before F2F treatment can be carried out.

**2)** **Risk assessment of the working environment for which you are responsible**

F2F consultations with Nascot Therapies can be in patient’s own homes and so control of the area is limited, however, the following requests will be made of clients:

* Face coverings to be worn by patient throughout session where possible, if a patient is unable or unwilling to wear a face covering, further protection in the form of a visor or goggles should be considered by the therapist.
* The room for treatment should be selected for its ease of access from entry into the house and should have ample space to allow good ventilation and for 2m physical distancing to be observed as much as possible during the session. Where able, an open window will be encouraged- even if this is closed briefly for intimate examinations to maintain privacy.
* Except in cases of children under the age of 18 and vulnerable groups where chaperones are required, no other people should be present in the room chosen for treatment. Chaperones will be asked to comply to 2m physical distancing as far as possible and will also be asked to wear a face covering.
* Patients are to observe hand hygiene before sessions based on the advice on the NHS website on hand washing technique: <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>. They will also be advised to observe this post treatment sessions also.
* Cleaning of touched surfaces will be encouraged following the appointment.

Where the consultation is in the therapist’s own home, the following steps will be taken:

* Face coverings to be worn by patient throughout session where possible, if a patient is unable or unwilling to wear a face covering, further protection in the form of a visor or goggles should be considered by the therapist.
* The room for treatment will be selected for its ease of access from entry into the house (the lounge) which has ample space to allow good ventilation and for 2m physical distancing to be observed as much as possible during the session. Where appropriate, we will open the windows- even if this is closed briefly for intimate examinations to maintain privacy.
* The therapist will ensure that there are no other people present in the room or in any of the areas of her home that the patient is likely to enter (hallway and downstairs cloakroom).
* The therapist will also make sure to thoroughly clean all areas of her home the patient may come in contact with prior to and immediately following the appointment. This will include door handles, chairs and treatment couches.
* Except in cases of children under the age of 18 and vulnerable groups where chaperones are required, no other people should be brought along with the patient to the appointment. Chaperones will be asked to comply to 2m physical distancing as far as possible and will also be asked to wear a face covering.
* Patients are to observe hand hygiene before sessions based on the advice on the NHS website on hand washing technique: <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>. They will also be advised to observe this post treatment sessions also.

**3)** **Infection Prevention and Control Measures**

* Measures as above for patient and patient setting.
* 2m physical distancing will be maintained at all times in which direct contact is not required.
* All patients will have their temperature checked using a non-contact thermometer prior to entering the property.  F2F treatment will not proceed if temperature is greater than 37.8C.
* PPE will be worn by the therapist for all F2F sessions as per UK wide advice (6). This will consist, at least, of:
	+ Face mask (fluid resistant, type IIR)
	+ Gloves
	+ Apron
* All PPE will be patient specific.
* Face shields will be available if there is a risk of aerosol generating procedures (vaginal examinations), but not used routinely.
* PPE will be donned and doffed in order advised by Health Protection England (HPE) (5).
* PPE will be donned outside of the patient’s home directly before entering, or immediately prior to the patient entering the therapist’s own home after use of alcohol-based hand rub (ABHR) (7).
* PPE will be doffed, with the exception of face mask, just before leaving the patient’s home or just after the patient leaves the therapist’s home – the patient and all other household members will be asked to maintain a 2m distance from this point onwards. ABHR will be used immediately after removal and again once the therapist has returned to their car (7).
* PPE will be double bagged, dated and set aside for 72 hours before disposal in therapist’s municipal waste (8).
* Face mask will be removed after leaving the patient's home or after the patient leaves the therapist’s home, it will also be double bagged, dated and disposed of after 72 hours.

**Hand Hygiene:**

At patient’s home:

* Whilst away from site (therapist’s own home), ABHR will be used as above pre and post PPE.
* Therapist will carry out hand hygiene thoroughly with soap and water prior to leaving own home and on return, which will be between each client as far as possible.
* Hand hygiene will include bare arms from elbows down and inclusion of forearms and elbows in washing.
* Patients will be asked to carry out their own hand hygiene pre and post session.
* No wrist jewellery or watches are to be worn by therapist.
* Hair must be tied up away from face and off clothes.

At the therapist’s own home:

* Therapist will carry out hand hygiene thoroughly with soap and water prior to each appointment and immediately after.
* Hand hygiene will include bare arms from elbows down and inclusion of forearms and elbows in washing.
* Patients will be asked to carry out their own hand hygiene pre and post session. ABHR will be provided if required.
* No wrist jewellery or watches are to be worn by therapist.
* Hair must be tied up away from face and off clothes.

**Equipment:**

* Equipment, aside from the plinth, will be carried in a wipeable bag.
* Patient contact with equipment will be minimised, any equipment that comes into contact with patient will be placed in a wipeable tray before being cleaned with combined detergent and disinfectant wipes and placed back into the wipeable bag. The tray will then be wiped and stored in the bag between treatments, the bag will be wiped at the end of each treatment.
* Plinth will not be stored in usual fabric case
* Plinth will be wiped fully with combined disinfectant and detergent wipes at the beginning and end of each session.
* Individual sachets of aquagel or Yes VM will be used in place of a tube and disposed of along with PPE at the end of the treatment session.
* All patients must complete a Covid-19 Screen before F2F consultation is confirmed which is to be signed immediately before their appointment.
* Physiotherapy appointments may involve periods of contact closer than 2 metres - if this close contact is agreed by therapist and patient, we will attempt to keep contact to a minimum whilst making sure treatment is effective and the contact time will be with patient’s consent. PPE must be worn by the therapist throughout.
* Uniform will only be worn during appointments and travelling between therapist’s own home and appointments. Uniform will be washed after the appointment on the hottest wash that is advisable for the clothing. It is recommended that this is at a minimum of 60 degrees centigrade. It will be washed and ironed separately from the main wash and in no more than a half full washing machine (10).

**4.** **Access to PPE**

* Nascot Therapies will provide all their own PPE.
* We ask that patients provide their own face covering. If you cannot obtain an appropriate face covering, you will have the option to purchase one from the therapist.

**5. “Virtual First” Approach**

* Virtual consultations must remain first line practice at this time (2). These will be video consultations ideally, or telephone consultations if video is not possible. The CSP advice on digital solutions will be observed during these sessions (11).
* All patients will be triaged via video consultation and will continue to be managed remotely unless F2F is deemed more beneficial, and safe to do.
* In cases that are deemed non-urgent and would not be expected to worsen without F2F input, a virtual approach should be tried before considering F2F.

**6. Patient Risk Assessment and Clinical Reasoning**

* The CSP flow chart will be utilised in deciding if someone should be offered a F2F session (3), alongside clinical judgement, taking into account age, underlying conditions, severity of condition, etc., but always erring on the side of caution.
* The aim of risk assessment will be to establish if risk outweighs potential benefits of a F2F session, in which case management should be remote.
* Risk assessment will be individual to each patient and their circumstances and must be documented in full.
* A risk assessment tool will be completed for each patient being considered for F2F treatment – this will be used to assist in clinical judgement.
* Nascot Therapies will involve patients in discussions over the rationale behind F2F treatments and patients must be made aware of risks associated with this approach to allow them to provide informed consent.

**7. Patient Consent for Treatment**

* All patients will be individually screened and risk assessed prior to carrying out F2F treatments.
* If F2F treatment is indicated, patients will be asked to complete a screening form which will be emailed or posted to them. This must be completed satisfactorily before a F2F session can be confirmed.
* The patient will then be asked to sign the completed screen on the day of their F2F session.
* All patients who are being offered F2F sessions will be asked to read a copy of this SOP – this, alongside detailed discussion with the therapist, will be used to ensure patient provides informed consent.
* The NHS guidance on high risk and moderate risk will be acknowledged and covered with each patient to ensure risk can be managed as appropriate (12).
* Patients will be asked to sign a consent form confirming they have been made aware of risks of F2F as well as completing screening forms. Failure to do this will result in F2F sessions being unable to proceed.

**REFERENCES**

**1. World Health Organisation Q&A on Coronavirus**:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>

**2. CSP Guidance on Face to Face or Remote Consultations**

<https://www.csp.org.uk/news/coronavirus/clinical-guidance/remote-or-face-face-consultations/implementing-guidance>

**3. CSP Guidance on deciding if face to face consultations are appropriate**

<https://www.csp.org.uk/news/coronavirus/clinical-guidance/remote-or-face-face-consultations/flowchart>

**4. CSP Guidance on Duty of Care**

<https://www.csp.org.uk/publications/duty-care>

**5. Health Protection England Guidelines for donning/doffing PPE**

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

**6. UK wide PPE advice**

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf>

**7. HPE Advice re PPE in home care settings**

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888998/Domiciliary_guidance_01_06_2020.pdf>

**8. Physio First and CSP guidance on PPE disposal in community setting**

<https://www.physiofirst.org.uk/resources/coronavirus-covid-19.html>

**9. Guidelines on getting tested in England**

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

**10. Reducing the risk of Covid 19 transmission in the hospital setting- Uniforms**

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/reducing-the-risk-of-transmission-of-covid-19-in-the-hospital-setting#staff-uniform>

**11. CSP Remote delivery service options**

<https://www.csp.org.uk/news/coronavirus/remote-service-delivery-options>

**12. NHS – Who’s at Risk Guidance**

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>