

Thorpes Physiotherapy coronavirus (COVID-19) Policy

Version 7 - dated 13/10/2021

Policy brief & purpose

This company policy includes the measures we are actively taking to mitigate the spread of coronavirus (COVID-19). You are kindly requested to follow all of these rules diligently, to sustain a healthy and safe workplace in this unique environment. It is important that we all respond responsibly and transparently to these health precautions. The following policy is based on current guidelines set out by the government, the department of health (DoH) the National Health Service (NHS) and the Chartered Society of Physiotherapy (CSP). This policy is under constant scrutiny and subject to change following regular review of the said guidelines. If changes are made, all staff will be notified by email as soon as possible. The policy outlines the necessary safeguards and precautions in place to maintain the safety of patients and staff whilst meeting the health needs of the local population.

Lateral Flow Tests

All Thorpes Physiotherapy staff, both clinical and non-clinical will undertake self-testing at home twice weekly on designated days based on shift patterns. Tests will be completed in the morning before arriving at clinic and should be uploaded onto the government website: <https://www.gov.uk/report-covid19-result>. If anyone has a positive test, they are obliged to contact the admin staff at the clinic as soon as possible and inform them of their positive result and immediately start self-isolating for 10 days. They will also be required to undergo a COVID-19 PCR test as soon as possible (either via a drive through test en route to home or via a home test kit).

Vaccinations

All permanent staff at Thorpes Physiotherapy, both clinical and non-clinical have received two doses of their COVID-19 vaccinations (Astra Zeneca) and are shortly due a booster vaccination (to be undertaken by End of October 2021).

Triage

All patients must undergo screening questions (1) via telephone undertaken by the admin team or a physiotherapist to ensure that they are asymptomatic prior to attending a face-to-face appointment. Patients may undergo a telephone/virtual initial assessment (NHS patients). During the consultation with a physiotherapist three key areas will be assessed to determine the appropriate treatment pathway for the patient.

These three areas are:

- 1) Basic screening questions
- 2) Comprehensive medical history
- 3) Clinical needs

- **Basic screening questions**

Identifying potential cases of the virus is of vital importance for two reasons:

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1) It helps to prevent further spread of the virus by ensuring the person adheres to self-isolation guidelines

2) It allows our healthcare practitioners to triage a patient's degree of risk and advise them on if and when they need to seek further medical attention

The following questions aim to specifically identify those patients who may currently or previously have experienced symptoms which could indicate that they are infected with the coronavirus:

'Have you or any of your family members or people you live with suffered with any of the following symptoms over the past two weeks?'

- **High temperature/fever**
- **Persistent dry cough**
- **Loss of sense of taste and/or smell**
- *Difficulty breathing*
- *Feeling generally unwell*

(items in bold denote cardinal symptoms of COVID 19)

'If any of your own or family's situation changes with regards to these symptoms, you must contact the clinic as soon as possible (preferably within 24 hours).'

If the patient answers 'yes' to any of the above questions they will not be appropriate to attend clinic in person, but as long as they do not require urgent medical attention, may be appropriate to receive a virtual or telephone consultation. Patients with one or more symptoms will be directed to the NHS [https://www.nhs.uk/conditions/coronavirus-covid-19/\(1\)](https://www.nhs.uk/conditions/coronavirus-covid-19/(1)) and government websites <https://www.gov.uk/coronavirus> (2) providing further advice on self-isolation and symptom management at home.

If any patients report mild-moderate breathing difficulty they will be directed to the NHS 111 website to guide them on the best course of action <https://111.nhs.uk/covid-19/> (3) Anyone expressing urgent symptoms including severe breathlessness may require urgent admittance to hospital and the physiotherapist or administration staff member will call for an ambulance if any family or household member is not present to do so.

If the patient answers 'no' to the above questions, they will be informed that if their circumstances change they must inform the clinic as soon as possible.

2) Comprehensive medical history

During the clinical assessment, physiotherapists will ask additional questions in conjunction with their usual medical history screening as per the CSP and NHS guidelines. Some of the key questions will include underlying diseases or health states which make people more vulnerable and susceptible to greater complications should they become infected with coronavirus. Two categories 1) high risk and 2)

moderate risk have been set out by the NHS (4) to help guide patients on their degree of risk. These are as follows and will be included as part of the physiotherapy clinical history questions:

'Have you received/previously received a letter advising that you are 'high risk' and should 'shield/self-isolate' at home for 12 weeks?' (If the answer is 'yes' the patient will have one or more from the high-risk category below)

High risk

- 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 medication
- Severe lung disease (including severe COPD, cystic fibrosis or severe asthma)
- Have immune limiting conditions including SCID or sickle cell anaemia.
- Taking high dose steroids or immunosuppressants.
- Have a serious heart condition and are pregnant.

Moderate risk

- Age >70 years
- Pregnant
- Increased BMI >40 (significant obesity)
- Heart disease (including arrhythmias, previous heart attack, myocardial infarction or cardiac surgery)
- Non-severe chronic respiratory disease (including COPD, asthma, emphysema or bronchitis)
- Diabetes Mellitus
- Chronic kidney disease
- Liver disease (hepatitis, cirrhosis)
- Neurological disorder (Parkinson's, multiple sclerosis, motor neurone disease)

- Active cancer (especially those who have received recent chemotherapy or radiotherapy)
- Immunosuppressed patients (HIV/AIDS, autoimmune disorders including rheumatoid arthritis, systemic lupus erythematosus which require immunosuppressant medication).
- Low dose oral or intravenous steroids

Consideration will also be given to the potential risk to a third party if anyone else in the patient's household falls into either of the above risk groups. If the patient expresses that any other household members fall into either of these categories, they will be directed to the NHS and government websites as per page 2 of this document.

Based on current NHS and government guidelines, anyone with one or more conditions considered high risk should self-isolate at home and ideally not leave their home environment at all. Those at moderate risk should also self-isolate at home, only leaving the house for essential means such as picking up medicines, groceries or undertaking exercise. Therefore, any patients expressing high or moderate risk conditions will not be permitted to attend the clinic face-to-face and will instead be offered telephone or virtual video consultations with a physiotherapist. Exceptions to this rule may include patients who are susceptible to experience significant functional decline, who express high levels of pain and disturbance to their quality of life, or who are at risk of admission into primary or secondary care if they are not seen in a face-to-face capacity. This will mostly apply to patients with neurological disorders where home visits are often a necessity.

Patient who are shielding or self-isolating due to risk factors will be unsuitable for clinic appointments but may be suitable for domiciliary appointments if they meet the clinical needs questions and consent to the risks involved. However, clinicians should be more cautious with this clinical group and take these factors into account when completing the risk assessment.

3) Clinical Needs

In addition to the screening questions and comprehensive medical history, a patient will need to be assessed based on the severity of their condition and the clinical urgency to be seen. The majority of patients at this stage should be deemed as appropriate for virtual consultations using video format to maintain social distancing. Only patients with at least one of the following may be deemed appropriate to attend the clinic in person providing they have also answered 'no' to questions in part 1 & 2:

- Patients who report high levels of pain or movement restriction which is deemed to be having significant detrimental effects on their quality of life.
- Patients who have sustained a significant trauma or injury who require urgent clinical assessment to determine the nature and severity of their injury with the intention of preventing long term disability or movement restrictions.

- Patients who have a chronic condition whose condition is at risk of significantly deteriorating without face-to-face treatment interventions. This may include but is not limited to chronic neurological conditions such as multiple sclerosis, motor neurone disease or Parkinson's disease.
- Patients who are recovering following a cerebrovascular accident (stroke) and who require intervention to prevent deterioration or plateau in function.
- Patients recovering following surgery or discharge from hospital who are at risk of developing secondary complications if they are not treated in a face-to-face capacity. Providing that there is no urgent requirement to be seen immediately after discharge from hospital, patients will be advised to isolate at home for 2 weeks before a face-to-face appointment can be made (if required). A virtual consultation, however, can be arranged immediately upon their discharge from hospital in order to implement self-management and exercise advice during this period.

Sandhurst Clinic: Patients Attending Clinic

For those patients who meet the criteria, the following rules will apply.

Social distancing measures

- A maximum of four patients in the clinic at any one time (one in each of the clinical rooms). Care will be taken to ensure patients and clinicians do not come into close contact with one another with the admin team helping to coordinate patients through the building. A one-way system is in place to help ensure social distancing with patients entering through the green door at the front of the clinic and exiting through the side door next to main reception. There is clear signage throughout the building to ensure the one-way system is adhered to.
- A maximum of four physiotherapists will work from the Sandhurst site at any one time, (one in the studio building and three in the main building). When directing patients through the building upon entering and leaving the clinic, the three physiotherapists in the main building will call out to ensure the corridor is clear before directing their patients through the shared spaces to ensure that patients do not come within close proximity of one another. Only one receptionist/administration staff member will be allowed to be present in the reception area at one time. Up to one further member of administration staff will be allowed to reside in the upstairs office of the main clinic building.
- Patients will be asked to wait in their cars and will be invited into the clinic by their physiotherapist only when the previous patient has vacated the building and disinfection procedures have taken place to prevent close proximity of multiple patients.
- Upon entering the clinic, patients will have their temperatures taken by their physiotherapist using a forehead (temporal) scanner. A temperature reading above 38C will be considered as a high temperature (pyrexia) and the patient will be asked to drive straight home and order a self-testing kit or en-route to home, visit a drive-through testing centre to rule out COVID-19 infection.

- Alcohol gel will be available in reception and in the clinical rooms and patients will be asked to either apply alcohol gel or to wash their hands with soap and warm water upon entering and leaving the building. A Perspex/plastic barrier has been installed at the front desk to act as a protective barrier between the receptionist and patients.
- Social distancing of >2 metres will apply in all situations including greeting the patient and during the clinical history taking. Only during assessment and treatment shall this be bypassed but for the shortest possible time necessary.
- Emma is able to provide sports massage for patients using gloves and she will also be wearing a gown, face mask, as well as a visor.

Hygiene and barrier measures

- Clinical staff will need to wear single use, disposable face masks (11R or 3Ply Ear Looped CE) and further PPE including single use, non-sterile nitrile or latex gloves, a visor and plastic gowns will be worn by all clinical staff. The gowns and gloves will be changed before each new patient and the visors wiped with alcohol gel.
- All points of contact including: door handles, reception desk, computer desks, computer keyboard, mice, chairs and other furnishings will be cleaned between each patient contact using bactericidal and virucidal alcohol wipes with a minimum of 70% alcohol volume.
- Clinical exercise equipment including but not limited to: exercise balls, bosu balls, wobble cushions, wobble boards, hand grip dynamometers, resistance bands, exercise bike and the treadmill will also be wiped down with 70% alcohol wipes between each use. Where possible, items such as resistance bands will be issued as brand new items to each individual patient to prevent cross-contamination.
- Windows will be kept open in the treatment rooms and reception (weather permitting) to promote optimal ventilation during working hours where possible.
- Clinicians will wash their hands for >20 seconds with soap and warm water before and after coming into contact with a patient. They will also apply alcohol gel in between touching a patient and other surfaces to prevent cross-contamination.
- The receptionist will apply alcohol gel to their hands whenever they enter or leave the reception desk.

Payments

- All payment transactions will involve contactless payment, BACS sent as invoice via email or telephone payment where possible, however for payments greater than £45 chip and pin card payments will also be accepted. The card machine will be cleaned before and after use with 70% alcohol wipes. Cash payments will not currently be accepted to prevent contamination.

NOTE: Should a patient's circumstances change regarding any of their answers to the screening questions or medical history (sections 1 or 2) or their clinical needs (section 3) they must inform their physiotherapist or the clinical administrators immediately and should not attend the clinic in person. All alcohol gel wipes and alcohol gel dispensers will contain a minimum of 70% alcohol by content.

Fleet Clinic: Patients Attending Clinic

For those patients who meet the aforementioned criteria, the following rules will apply.

Social distancing measures

- A maximum of one patient in the clinic at any one time.
- Patients will be asked to wait in their cars on the road and will be invited into the clinic by their physiotherapist only when the previous patient has vacated the building and disinfection procedures have taken place to prevent close proximity of multiple patients. Alcohol gel will be available in the clinical room and patients will be asked to either apply alcohol gel or to wash their hands with soap and warm water upon entering and leaving the building.
- Upon entering the clinic, patients will have their temperatures taken by their physiotherapist using a forehead (temporal) scanner. A temperature reading above 38C will be considered as a high temperature (pyrexia) and the patient will be asked to drive straight home and order a self-testing kit or en-route to home, visit a drive-through testing centre to rule out COVID-19 infection.
- Social distancing of >2 metres will apply in all situations including greeting the patient and during the clinical history taking. Only during assessment and treatment shall this be bypassed but for the shortest possible time necessary.

Hygiene and barrier measures

- Only one clinical staff member will be present on site and will be wearing appropriate PPE including disposable face masks (11R or 3Ply Ear Looped CE), single use, non-sterile nitrile or latex gloves, a visor and plastic gowns. The gowns and gloves will be changed before each new patient and the visors wiped with alcohol gel.
- All points of contact including: door handles, reception desk, computer desks, computer keyboard, mice, chairs and other furnishings will be cleaned between each patient contact using bactericidal and virucidal alcohol wipes with a minimum of 70% alcohol volume.
- Clinical exercise equipment including but not limited to: exercise balls, bosu balls, wobble cushions, wobble boards, hand grip dynamometers, resistance bands, exercise bike and the treadmill will also be wiped down with 70% alcohol wipes between each use. Where possible, items such as resistance bands will be issued as brand new items to each individual patient to prevent cross-contamination.

- Windows will be kept open in the treatment rooms and reception (weather permitting) to promote optimal ventilation during working hours.

Payments

- All payment transactions will involve contactless payment, BACS sent as invoice via email or telephone payment where possible, however for payments greater than £45 chip and pin card payments will also be accepted. The card machine will be cleaned before and after use with 70% alcohol wipes. Cash payments will not currently be accepted to prevent contamination.

NOTE: Should a patient's circumstances change regarding any of their answers to the screening questions or medical history (sections 1 or 2) or their clinical needs (section 3) they must inform their physiotherapist or the clinical administrators immediately and should not attend the clinic in person. All alcohol gel wipes and alcohol gel dispensers will contain a minimum of 70% alcohol by content.

Hampshire Lakes Clinic

Hampshire Lakes will be closed to all patients for the foreseeable future until further notice as the clinic is based within a residential and care home complex with several high risk patients in close proximity. Domiciliary visits, can be undertaken for residents of Hampshire Lakes, providing they meet the aforementioned criteria.

Domicillary/community Care

PPE guidance – hands-on-care

When providing hands-on-care all clinical staff will wear single-use, non-sterile nitrile or latex gloves, a disposable plastic apron, a visor and an appropriate face mask (11R or 3Ply Ear Looped CE), and may need to consider eye protection if the patient is coughing, sneezing or secreting any bodily fluids including mucous from the nose or throat or vomiting. Eye protection in the form of goggles/glasses or visors are the only item of PPE which is deemed re-usable. Cleaning instructions can be found below. It is important that you never touch or lower your mask and in doing so you will need to dispose of and change masks. If at any point any PPE equipment becomes soiled, it should be disposed of immediately and changed once you are in a safe place to do so and have first **washed your hands**. For the purpose of hands-on-care, all disposable equipment must be disposed of and changed before visiting another client. If the patient does not have any symptoms then the PPE should be disposed of in the patient's household waste bin. If any member of the household has symptoms then the PPE should be double bagged and kept secure for 72hrs before being disposed of in normal household waste. Non-disposable equipment such as goggles or eyewear must be cleaned following the steps below in this document.

PPE guidance – hands-off care (maintaining at least 2 metres distance to patient)

In the case of hands-off treatment where social distancing is maintained, only a face mask is required which can be worn between different patient visits. It is important that you never

touch or lower your mask and in doing so you will need to dispose of and change masks. If at any point any PPE equipment becomes soiled, it should be disposed of immediately and changed once you are in a safe place to do so and have first **washed your hands**.

Payment

- All domiciliary patients will be invoiced once a month remotely.

General guidance for all clinical settings

Washing of uniform

- Should be washed separate to other non-clinical laundry items
- Washed in a load not more than half the machine capacity
- Washed at the maximum temperature the fabric can tolerate, then ironed or tumble-dried.

Hand washing

As well before and after seeing a patient, general hand washing rules apply i.e. before and after eating, toileting or entering/leaving the clinical site or patient's home or at any time that your hands become visibly soiled.

Toilets/WCs

Patients will be asked to use the toilet before visiting the clinic in order to reduce extra points of contact and lower the risk of transmission between individuals. If a patient requires the use of a WC during their visit, they will need to notify the on-duty receptionist who will ensure that contact points including door handles are wiped down before and after each use with 70% alcohol gel wipes.

Refreshments

Usual refreshments including tea and coffee will not be available until the foreseeable future. If a patient wishes to have a cup of water they will need to request a single-use cup from the on-duty receptionist who will be responsible for wiping down the water dispenser buttons and touch points before and after each use with 70% alcohol wipes to prevent the spread of infection.

Donning (putting on) PPE

PPE should be donned just before you see a patient to prevent prior contamination. In the case of domiciliary care this can be done outside of the patient's house. In the case of staff working in the clinic, this can be at the beginning of your shift and each time after your previous patient has left and you have safely disposed of previous PPE and cleaned all of the relevant surfaces and contact points.

- Clean your hands with soap and warm water for a minimum of 20 seconds or apply an alcohol gel with a minimum of 70% alcohol volume.
- Check PPE equipment making sure it is sealed, undamaged and clean.
- Put on your gown, ensuring it is fastened securely.
- Fit your mask ensuring a good face seal, with one strap beneath your ear and the other above your ear.
- Face/eye protection (if required)
- Fit your gloves ensuring the correct size and comfortable fit

Doffing (removing) PPE

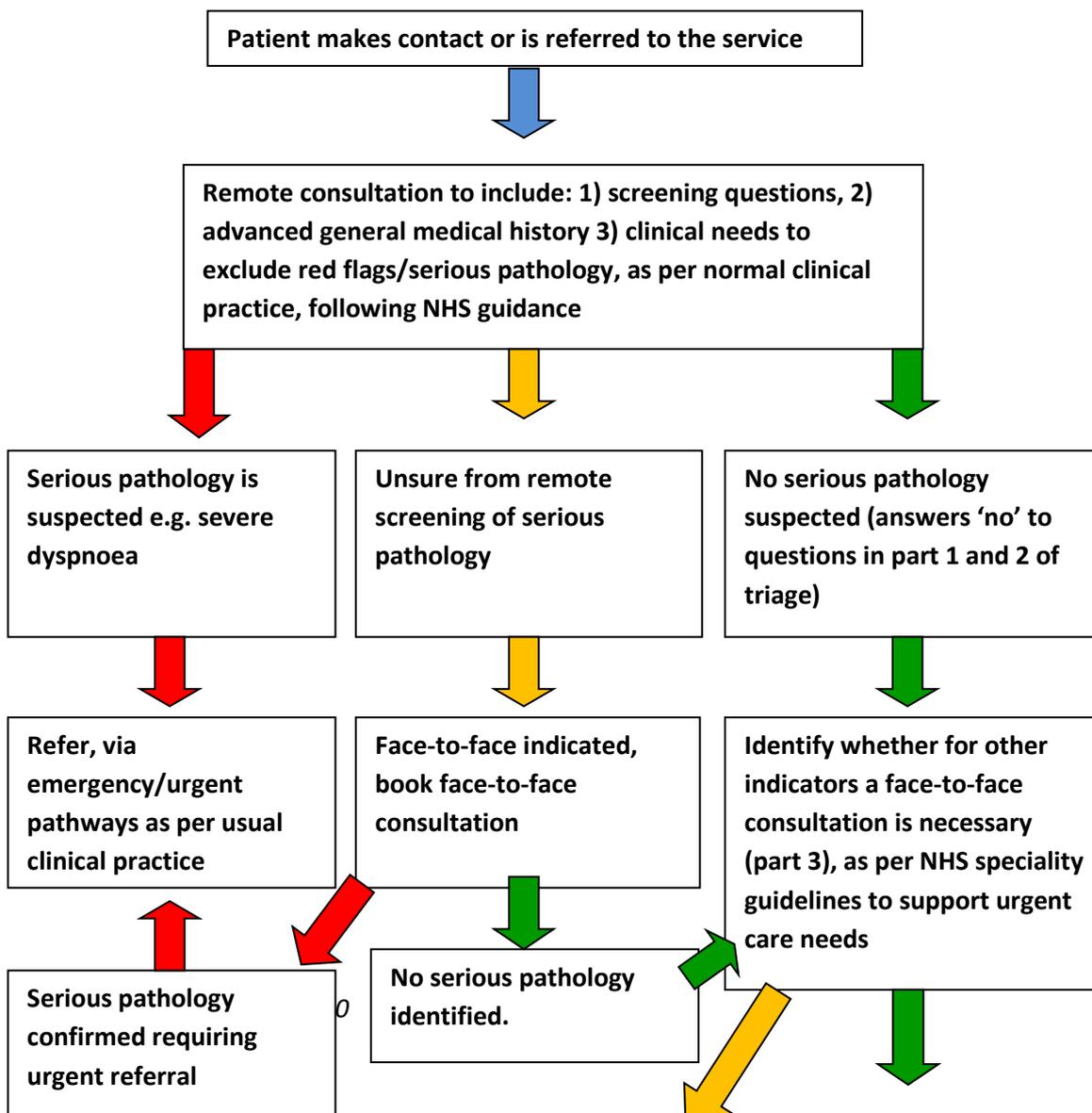
- Pinch gloves at anatomical snuffbox and slide glove off with opposite hand. For the second glove, slide fingers underneath the glove and peel back until fully removed and place both gloves into the bin. Avoid contact with exterior of the glove.
- Clean your hands with soap and warm water for a minimum of 20 seconds or apply an alcohol gel with a minimum of 70% alcohol volume.
- Bring your hands behind your neck and un-do the first attachment then behind your back undoing the second attachment of your gown.
- Place hands into the interior of the gown from the level of your neck and roll the gown down bringing both arms out of the gown and rolling it into a ball, again avoiding contact with the exterior of the gown. If wearing a plastic apron, you can swiftly pull away placing your fingers into the inside of the gown at the level of your neck and place straight into a bin.
- To remove 11R or 3Ply Ear Looped CE mask, leaning over a bin take the lower strap in the nape of your neck with both hands and bring it up to the level of the other strap. Pull both straps backwards away from your head to loosen the mask and with one sweeping movement pull the mask up and off of your face letting it drop into the bin.
- If you are wearing a disposable face visor pull rear strap back and away from your head with both hands and with one sweep pull the strap up and over your head allowing the visor to drop into the bin. If you are wearing re-useable goggles adapt the same process but instead keep hold of the strap once you have removed the goggles from your face, avoiding any contact with hands and face.
- Clean your hands with soap and warm water for a minimum of 20 seconds or apply an alcohol gel with a minimum of 70% alcohol volume.

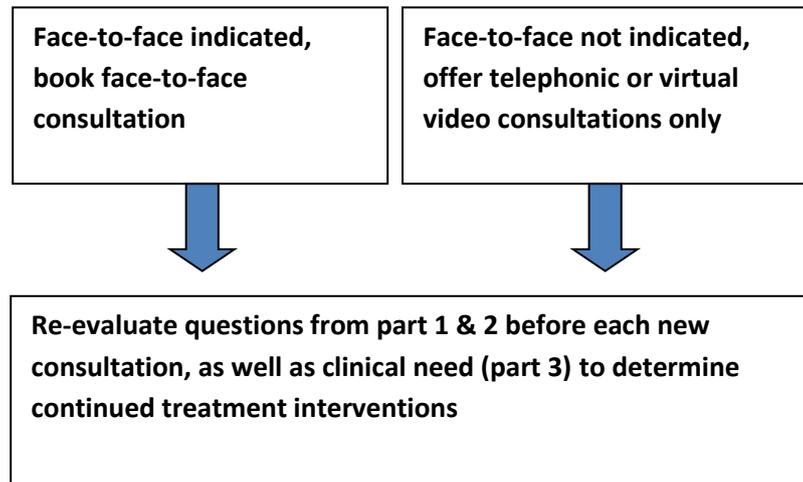
Doffing (removing) and cleaning of eye protection/goggles after use

- 1) Clean your hands with soap and warm water for a minimum of 20 seconds or apply an alcohol gel with a minimum of 70% alcohol volume.

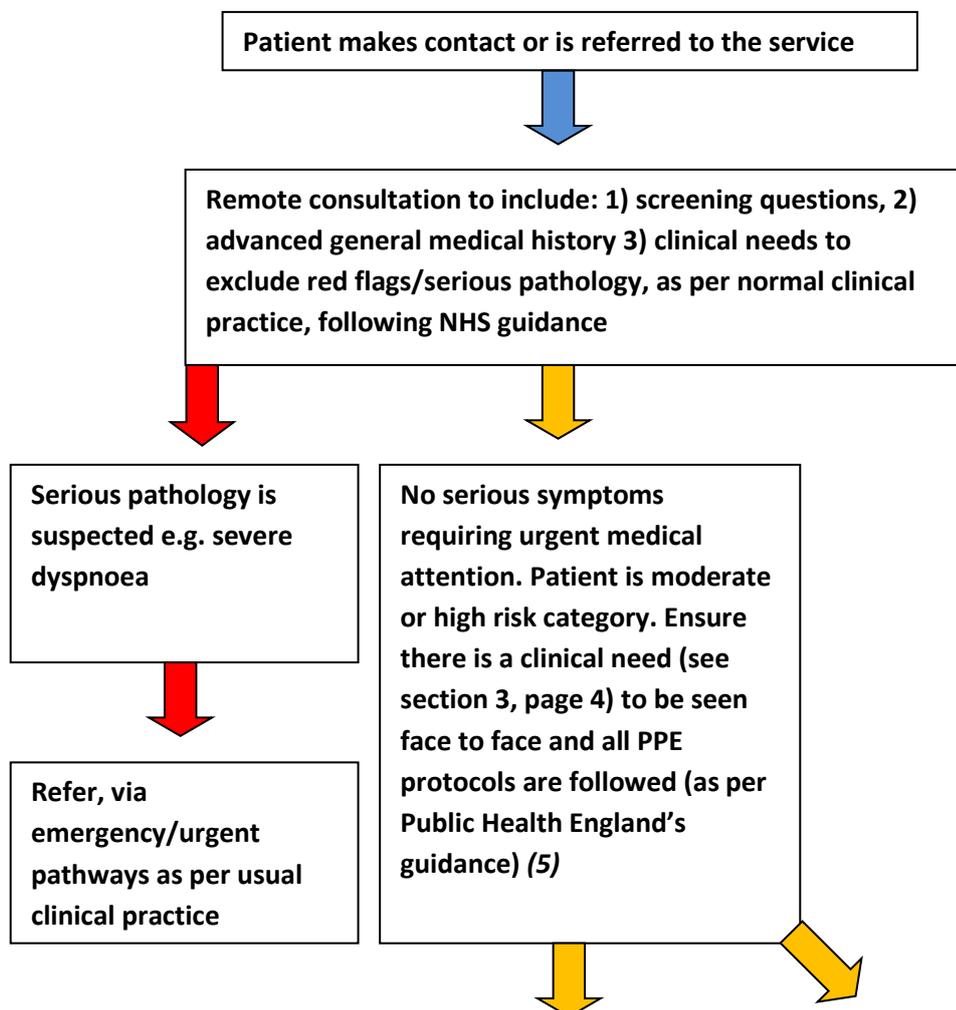
- Remove eye protection by holding rear strap and pulling goggles or glasses away from face before lifting up and off of your head.
- Wipe the goggles or glasses with an anti-bacterial wipe, starting at the front which is often most contaminated, followed by the sides and then the rear (interior), then lastly the strap.
- Dry the goggles or glasses with a paper towel.
- Wipe the goggles or glasses with a 70% alcohol wipe in the same routine as step 3.
- Store your goggles in a clean and safe place away from the contact of others.

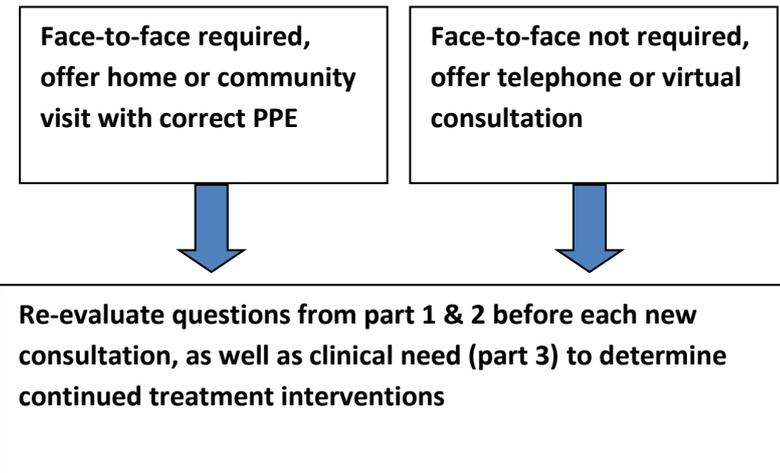
Thorpes' Patient Care Pathway (non-domiciliary)





Thorpes' Patient Care Pathway (domiciliary)





REFERENCES

1. <https://www.nhs.uk/conditions/coronavirus-covid-19/>
2. <https://www.gov.uk/coronavirus>
3. <https://111.nhs.uk/covid-19/>
4. <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>
5. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884165/Domiciliary_guidance_England.pdf