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Policy Name	Covid-19 Response for Ian Thornley Osteopathy		

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Contents

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 preexisting comorbid conditions (Wu and McGoogan, 2020; Chang et al., 2020).

The aim of this document is to define to steps to be taken to minimise the risk of transmission of Covid-19 during the operation of Ian Thornley Osteopathy. The guidance set out will be followed by the practitioner(s) when seeing patients and is designed to safeguard patients and practitioner(s) from infection.

Preparing to open the treatment room

Ian Thornley Osteopathy operates from the HealthTribe studio, in a single treatment room. No reception staff are employed. Consideration will be given to how populated the studio is with HealthTribe clients and treatment times staggered to minimise contact between others in addition to the practitioner.

Screening

In order to minimise the opportunity for spread of Covid-19 it will be essential to screen patients and practitioners before they enter the studio and treatment room.

Practitioner(s)

Prior to beginning work each day the practitioner will be required to record :

- If they have been in contact with someone who has confirmed Covid-19 in the last 14 days
- If they have any symptoms of cold/flu including Cough, Fever, Sore throat, Respiratory illness.
- Their temperature taken same day
- Resting respiratory rate
- Heart rate

Should they have been in contact with a confirmed Covid-19 case, experiencing any symptoms as defined above or have any of the following parameters

Temperature	>37.8C
Resting Respiratory Rate	>20 breaths per minute
Heart rate	>100 beats per minute

Then the practitioner should not see any patients and should seek advice from 111.

Patients

Prior to attending the appointment the patient must be contacted by the practitioner, usually by phone to assess the appropriateness for attending the consultation. They will be asked:

- If they have been confirmed with Covid-19.

- If they have been in contact with someone who has confirmed Covid-19 in the last 14 days
- If they have any symptoms of cold/flu including Cough, Fever, Sore throat, respiratory illness

Patients will fall into 5 main groups

Group 1: Patients presenting with mild respiratory dysfunction and/or MSK dysfunctions post-COVID-19 infection
Group 2: Patients currently symptomatic or positive with COVID-19, mild or severe.
Group 3: High risk patients, not symptomatic
Group 4: Patients not at risk and not symptomatic with need for emergency care
Group 5: Patient without need for emergency care

Note: High risk patients include those aged 65 and older, have undergone organ transplantation, certain cancer treatments, certain respiratory and cardiovascular conditions, pregnant women with significant heart disease, chronic kidney and liver disease. This is not an exhaustive list and may be subject to change.

The following table outlines the pathways of care to be followed by practitioner(s) at Ian Thornley Osteopathy.

Symptoms, risk, and need for care assessment	**Action required**
Group 1: No fever and improvement of other COVID-19-related symptoms in the last >72 hours, COVID-19 symptoms development >7 days prior to contacting the clinic and/or 2 negative COVID-19 tests 24 hours apart NOT belonging to high-risk category AND with need for emergency care.	Educate and offer remote consultation if possible. **Arrange face-to-face appointments** and follow IPC and PPE protocol.
Group 2a: Mild fever, cough or shortness of breath AND/OR having been in contact with a suspected or confirmed COVID-19 case in the last 14 days.	Recommend to self-isolate. Educate but DO NOT offer thoracic mobility prehabilitation. **Offer remote consultation** and check on symptoms in 12-24 hours . Only under extreme circumstances offer **home visit** with adequate PPE protocol.
Group 2b: Severe and deteriorating cough, shortness of breath, fever AND/OR difficulty breathing, persistent chest pain, new confusion, central cyanosis, cold and mottled skin, difficult to rouse, decreased urinary output, neck stiffness, non-blanching rash. Crucial parameters if patients have equipment: temperature >38°, Respiratory rate >20 bpm, Heart rate >100 bpm, O2 saturation <94%.	**Refer to emergency services.** If this is impossible, arrange follow up by video for symptoms monitoring. Only under extreme circumstances offer home visit with adequate PPE protocol.
Group 3: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days BUT belonging to high-risk category.	Recommend to self-isolate. Educate and explain thoracic mobility prehabilitation. **Offer remote consultation** if possible. Only under extreme circumstances offer **home visit** with adequate PPE protocol.

Group 4: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days, not belonging to high-risk category WITH need for emergency or urgent face to face consultation (i.e. ICU-AW, post-operative, urgent MSK problem or respiratory deficits also post COVID-19).	**Arrange face-to-face appointments**. Educate and offer telemedicine if possible. Required to follow IPC and PPE protocol.
Group 5: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days, not belonging to high-risk category WITHOUT need for emergency face to face consultation.	Recommend to keep isolating. Educate and explain thoracic mobility prehabilitation. **Offer remote consultation.**

On entry to the room the patients temperature will be taken. Should the temperature exceed 37.8C or symptoms consistent with Covid-19 be detected the patient will be asked to return home and contact 111 for advice.

Practitioners will record the response to screening questions and temperature on the patients notes.

Clinic Infection Control Measures

These measures are based on the WHO guidance (2020)

Practitioner(s) must complete NHS IPC courses to inform themselves of current best practice in the prevention and control of infection.

Triage, early recognition and source control

- Practitioner(s) should have a high level of clinical suspicion during phone and face to face triage.
- Phone triage will take place prior to the face to face appointment and will be followed up by face to face triage at the appointment.
- Screening questionnaires will be used to triage patients

Standard precautions for patients

- No patient should attend clinic should triage process have any suspicion of Covid-19 infection/ increased risk of infection.
- Hand and respiratory hygiene is vital.
- All patients should cover their nose and mouth with a tissue or elbow when coughing or sneezing
- Patient will perform hand hygiene after contact with respiratory excretions

Hand Hygine

- Practitioner(s) should follow the recommended procedure for hand hygiene. https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/
- Practitioners should wash hand before and after any patient contact.

- Hand washing should be done with soap and water if available. If not then an alcohol based (>60%v/v) should be used.

Contact and Droplet precautions

Effective use of PPE can reduce the risk of transmission via droplets and surfaces.

Equipment should be single use or sanitised between patients.

Practitioner(s) should refrain from touching eyes, nose or mouth with potentially contaminated gloves or bare hands

Airborne precautions for aerosol-generating procedures (AGPs)

APGs create an airborne risk of transmission of Covid-19. APGs may include:

- Cough generating procedures
- Some manual techniques (e.g. expiratory vibrations, percussion, manual assisted cough) which may trigger cough and expectoration of sputum
- Inspiratory muscle training
- Sputum induction
- Any mobilisation therapy which may result in coughing and expectoration of mucus

It is unclear which osteopathic techniques may be classed as AGPs but may include upper thoracic supine HVT, upper sternal rib thrusts, deep breathing techniques and exercise which results in the patient getting out of breath.

If deemed necessary any AGPs should be

- Performed in a adequately ventilated room
- Use a particulate respirator FFP2 or equivalent
- Use eye protection
- Wear protective waterproof apron

PPE

Practitioner(s) must complete the NHS PPE courses and stay informed of current best practice.

Prior to undertaking any procedure practitioners will be required to risk assess any likely exposure and ensure the appropriate PPE is worn.

PPE requirements for primary care is outlined in the linked table.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf

All PPE should be:

- Located close to point of use
- Stored to prevent contamination until required for use
- Be single use only
- Changed immediately after each patient
- Disposed of correctly - this will be double bagging and waiting 72 hours prior to disposal

Treatment carried out with the practitioner less than 2m from the patient will require practitioners to wear

- Fluid resistant surgical mask
- Gloves
- Disposable plastic aprons
- Eye protection on a risk assessment basis

Treatment including AGPs will require

- FFP3/N95 mask
- Fluid resistant gown
- Eye protection
- Gloves

Masks

Fluid resistant surgical masks will be sufficient for most osteopathic consultations. These will be used for a session (4h max)

Apron

Disposable aprons protect clothing from contamination when providing direct patient care and during cleaning procedures.

Aprons must be changed between patients and following completion of tasks

Gloves

Disposable gloves must be worn when providing direct patient care and undertaking cleaning procedures. Gloves must be changed after each patient and following completion of tasks.

Eye protection

Eye protection should be worn when there is a risk of contamination to the eyes from splashing or secretions.

Eye protection will be achieved via either a full face visor or polycarbonate safety spectacles or equivalent.

Donning and doffing of PPE

Donning

The sequence for donning PPE:

1. Perform hand hygeine
2. Gown/apron
3. Mask
4. Goggles/Face shield (if applicable)
5. Gloves

Doffing

The sequence for doffing PPE:

1. Gloves

2. Goggles/Face shield (if applicable)
3. Gown/Apron
4. Mask
5. Hand Hygiene

PPE and Home visits

Clinical judgement should be used to determine the pros and cons of visit. All risks and mitigations must be explained to the patient.

Care should be taken to understand the vulnerability of the patient and others in the home.

PPE can be applied prior to entering home or within the home, and ensure appropriate hand hygiene is available.

<u>During the visit</u>

Maintain >2m distance where possible

Apply PPE immediately

Minimise time spent in the home and surfaces touched in the home

<u>After the visit</u>

Sanitise reusable equipment taken into the home

Dispose of any single use equipment

Follow doffing guidance and bag single use PPE to remove before disposal

Ask patient to open the door for you and leave home without touching anything.

Re-sanitise hands

Cleaning

The clinic room must be thoroughly cleaned before reopening and again at frequent intervals once open.

- Disinfectants should be used on hard surfaces
- Tables, Chairs, Treatment couch including control buttons, Door handles will be cleaned before the first patient of the day, between patients and following the last patient of the day.
- Disposable items will be placed in a bin bag. At the end of the day this will be double bagged and retained for 72 hours before disposal.

Linen

The practitioner will dress into clinic clothing prior to beginning the session. Travel clothing will be placed into a bag protect from contamination.

Used linen will be placed a bag to be transported home to be washed. They will be washed separately to other household linen at the maximum temperature tolerated by the fabric (ideally 60C or above).

Patient expectations

It is expected that the patient:

Informs the practitioner prior to the consultation should any material changes to circumstances or new symptoms develop between the time of the triage call and the appointment. This will ideally be by phone and should be prior to entry into the treatment room.

Ideally the patient will bring and wear a mask or face covering for the appointment.

Patients should perform hand hygiene prior to the appointment

Patients should avoid touching surfaces where possible.

Patient Journey