

COVID-19 Policy

Last updated 16.06.20

Mav Movements Physiotherapy's – Phased re-opening of the clinic

In line with government guidelines and our governing bodies, the clinic will re-open on Monday 22nd June for face-to-face appointments for **essential treatments**. Further information including this policy can also be found on our website: <https://mavmovements.co.uk/covid-19>

A number of key factors will be considered when undertaking decisions to see patients face-to-face or not:

- Legal, regulatory, and professional responsibilities
- Risk assessment of the working environment
- Infection prevention and control measures
- Access to PPE
- Virtual first approaches*
- Patient risk assessment and clinical reasoning
- Patient consent for treatment

*Virtual first approaches:

We are not yet returning to 'business as usual.' A preference of '**virtual first**' treatment approaches will be continued (CSP, NICE, PHE guidelines) as long as the clinical need can be met and the patient can engage with Physiotherapy over WhatsApp video, Zoom or Skype calls.

1. Screening -

First and foremost, ALL new and existing patients will undergo a triage/subjective examination over telephone or video call. If a serious pathology is suspected or if the patient presents with an acute deterioration of an existing chronic condition then the patient will be re-directed to acute NHS services.

During the triage call ALL patients will then undergo a **COVID-19 screening process**. This screening process will then be repeated over telephone or electronically prior to EACH session. If they fail the assessment, then face-to-face treatment would not be possible until the set quarantine recommendations have been completed.

The following three-part questionnaire will be asked during the **initial** screening process:

PART 1

COVID-19 specific questions:

1. *Have you or anyone in your household recently had confirmed COVID-19?*
2. *If 'Yes', have you or anyone in your household had any symptoms in the last 14 days?*
3. *Do you or anyone in your household have a fever or feel too hot or too cold (shivery)?*
4. *Please can you measure your temperature if you are able to.*
5. *Do you or anyone in your household have a persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?*
6. *Are you or anyone in your household experiencing unusual drowsiness/ fatigue, headache, confusion, disorientation, dizziness or light-headedness?*
7. *Have you or anyone in your household felt nausea or experienced vomiting, diarrhoea, unusual abdominal pain or stomach ache or loss of appetite?*
8. *Are you or anyone in your household experiencing unusual shortness of breath or having trouble breathing, a tightness in your chest or unusual chest pain?*
9. *Do you or anyone in your household have a sore or painful throat or an unusually hoarse voice, or a loss of smell or taste?*
10. *Have you been abroad in the last 14 days?*

PART 2

In addition, patients will be assessed if they fall into the 'vulnerable' risk category. (List taken from 'NHS Digital Shielded patient list', in order of high to medium risk.) -

11. *Have you had any solid organ transplants?*
12. *Do you have, or have you ever suffered from any form of cancer?*
13. *Are you on any immunosuppression therapies?*
14. *Do you have a severe or long-term respiratory condition (i.e. COPD, Asthma, Cystic Fibrosis)?*
15. *Ladies only – Are you pregnant or actively trying for a pregnancy?*
16. *Are you aged 70 or over?*
17. *Are you diabetic?*
18. *Do you have any chronic conditions (including; respiratory, heart, kidney, liver or neurological)?*

PART 3

Patients will also be asked the following questions to determine if they are 'essential' or 'urgent' for face-to-face Physiotherapy intervention:

19. *Is your pain over 7/10 / affecting your sleep / affecting work function?*
20. *Would you go to the GP or A&E if you did not have Physiotherapy intervention?*
21. *Do you feel you can manage your (MSK) symptoms at home with virtual Physiotherapy advice, education, guidance and exercises?*
22. *Physio use only: Is the patient's clinical/diagnosis picture unclear from your subjective findings?*

If the patient *has* the COVID-19 symptoms or if they fall into the 'vulnerable' risk category then a discussion would be made to see if treatment could be offered virtually.

If the patient *does not* have the COVID-19 symptoms and they *do not* fall into the 'vulnerable' risk category then virtual treatment would *still* be advised in order to lower the risk of exposure and transmission of Coronavirus.

If the patient (or Physio, in Q22.) answers 'Yes' to any of the questions in Part 3 then this could be deemed essential and a face-to-face consultation would be offered with the view for an onwards referral or virtual follow-up sessions.

Shared-decision making would take place as to whether the benefits of face-to-face treatments outweigh the risks and if the face-to-face interaction is necessary or essential. The discussion will be documented by the Physiotherapist.

2. Virtual/Remote appointments -

All virtual calls will be continued via WhatsApp video, Zoom or Skype calls.

All virtual calls will be continued to be documented and patients will be made aware that they can leave the call at any time as per the CSP guidelines. At the end of the call, patients will be involved in the decision making of the method of their follow-up appointments to ensure they still agree with having virtual appointments. We have experienced great success in this and patients are satisfied with this treatment method.

3. Face-to-face appointments -

During the assessment, all patients will have to complete the screening questionnaire again and sign a declaration of truth, as well as a separate Physiotherapy treatment consent form, confirming that all of the information, they have provided is correct and they understand the risks involved. The rationale for the method of treatment will be documented in the patient's medical notes as well as any other frank and honest discussions had between therapist and patient.

Because COVID-19 is a novel virus where the body has no natural immunity and for which there is currently no vaccine available, additional care is required to reduce the risk of exposing patients to infection. Therefore, where face-to-face appointment is deemed appropriate between the therapist and patient, the following control measures in section 3 are in place at ALL TIMES to mitigate the risks to the therapist and patient. These control measures can also be found on our website in more user-friendly format including a 'Patients Journey' diagram: <https://mavmovements.co.uk/covid-19>.

4. Control measures during the patient's journey –

Before their appointment:

- ✓ A full completed **risk assessment** of the clinic environment as per the HSE standards displayed on the website and the clinic wall for all patients to see. (See separate '**COVID-19 Risk assessment**' document).
- ✓ A completed operational 'walk-through' of all new procedures post-risk assessment.
- ✓ Initial telephone appointment to take a detailed patient history for all new patients (thus, limiting the amount of face-to-face time with the therapist).
- ✓ Decision made to see if we can help them virtually first.
- ✓ Patients will be asked in their appointment reminders to wear a surgical mask, every session (but no gloves).
- ✓ Patients will be asked in their appointment reminders to attend alone if possible.

Day of their appointment:

- ✓ Therapist to check own temperature at the start of the working day.
- ✓ Patient to enter the building and wait in our large comfortable reception area where keeping two-metres apart is possible. Social distancing directional stickers in place.
- ✓ Patients to use hand-sanitiser when entering and exiting the clinic.
- ✓ Therapist to check ALL patients' temperature on arrival, with a contactless thermometer.
- ✓ Therapist to provide disposable gloves

- ✓ Therapist to provide surgical mask at a fee of £2 if the patient has attended without wearing one, despite being instructed to wear one in their appointment reminder.
- ✓ Bathroom facilities will not be permitted for public and patient use.
- ✓ Therapist to wear PPE whilst treating patients (fluid resistant surgical mask type IIr, gloves and apron per patient, +/- goggles and face shield following risk assessment per patient) as per the GOV.UK and Standard Infection Control Precautions (SICPs).
- ✓ Therapist to wear scrubs to allow washing procedure of 60 degrees as per GOV.UK guidelines.

In the clinic room and during their treatment:

- ✓ COVID-19 screening process to be completed each session (as stated above).
- ✓ 'Declaration of truth' to be completed by the patient and signed digitally each session which openly informs them of the risk of face-to-face appointments (as stated above).
- ✓ Control measures and Risk Assessment framed and clearly displayed in the clinic
- ✓ Clinic room rearranged to ensure a two-metre gap can be maintained as much as possible.
- ✓ Couch, pillows and chairs to be covered with a vinyl wipeable protectors plus single-use couch roll.
- ✓ Window to be kept open/AC kept on to ensure continuous circulation of air flow.

After their treatment:

- ✓ A follow-up appointment will be made and the method of treatment will be discussed with the patient.
- ✓ Self-paying patients to pay for treatment wirelessly.
- ✓ An envelope can be provided for cash payments
- ✓ Patient to dispose of gloves and mask, use hand sanitizer and Physio to escort them to exit.
- ✓ Physiotherapist will clean hands between every patient with soap and water.
- ✓ All surfaces will be wiped including: couch, pillows, desk, laptop, mouse, stylus, mobile phones, door handles, hand sanitizer, intercom and any hard surfaces.
- ✓ A cleaning log will be displayed on the wall.
- ✓ Longer gaps between patients to:
 - ✓ Enable surfaces to be disinfected with alcohol-based spray between treatments
 - ✓ Ensure any patients attending can be kept two metres apart in the reception.
- ✓ Business centre to sterilise all hard surfaces as per their cleaning regime.
- ✓ All disposal to be double bagged and removed after 72 hours.

5. Other activities -

Mav Movements also offers domiciliary visits as well as exercise classes within Nursing care homes – these avenues will be on pause to reduce the risks to therapist and patients/residents, until further government/CSP guidelines are revealed. A risk assessment, of a similar fashion to the above, will be completed before these activities are resumed.

6. Summary -

The above plan has been formalised to safeguard patients and ourselves and to prevent the spread of COVID-19. The plan also allows to continue the treatment for patients through means of video conference to simulate a near as possible to a normal face-to-face appointment and eliminating the risk of COVID-19. Where a face-to-face session is deemed absolutely necessary, all of the relevant

control measures have been put in place to mitigate risks of infection, including (but not limiting to) PPE. Refer to the Appendix below to see the CSP flowchart to follow therapist action.

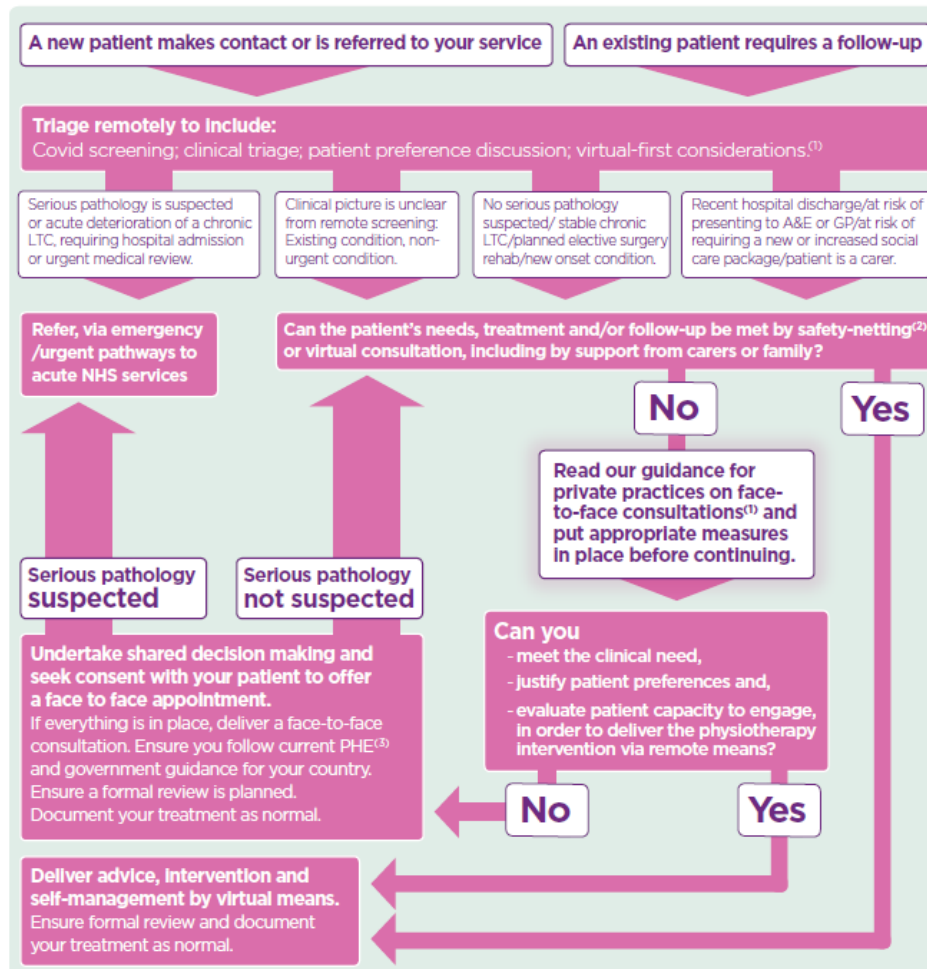
Our plan will be continuously assessed as per the guidance from GOV.UK, CSP, HCPC, Public Health England and guidance from our local public health authorities.

Any future updates from this business plan will be updated in a similar format electronically.

APPENDIX:

COVID-19 How to decide if face-to-face consultations are appropriate

Correct as of 4 June 2020



Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Performing an aerosol generating procedure ² on a possible or confirmed case ³	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✓ single use ⁴	✓ single use ⁴
Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s) ³ (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,6}	✗	✓ single or sessional use ^{4,6}
	Working in reception/communal area with possible or confirmed case(s) ³ and unable to maintain 2 metres social distance ⁸	✗	✗	✗	✗	✓ sessional use ⁵	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,6}	✗	✓ risk assess single or sessional use ^{4,6,8}
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding ⁹	✓ single use ⁴	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✓ single use ⁴	✗	✓ single or sessional use ^{4,6}	✗	✓ single or sessional use ^{4,6}
Community and social care, care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s) ³ – and direct resident care (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ sessional use ⁵	✗	risk assess sessional use ^{4,6,8}
Any setting	Collection of nasopharyngeal swab(s)	✓ single use ⁴	✓ single or sessional use ^{4,6}	✗	✗	✓ single or sessional use ^{4,6}	✗	✓ single or sessional use ^{4,6}