**Covid Risk Assessment v 0.1**

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| RISK | **ASSESSMENT OF RISK** |
| ‘Shared use’ facility | * The facility is a football club with function rooms, offices and some site staff, and as such we are unable to control who else is on the premises and when. However, it is recognised that the FC is currently not in operation, and a revision to this risk assessment should be carried out when their activities recommence. At that time, logistical consideration will be made for all shared areas such as toilet, kitchenette, corridors and for potential ‘hot times’ such as training times, match days and functions etc and anything else that is relevant * We share the use of Room 1 with the FC although again this is not currently the case. When this changes this risk assessment will be updated * It is recognised that when FC activities recommence we will need to work together to determine the procedure for if a case of Covid is reported by anyone who has used the building * To mitigate risk of transference to the wider areas of the FC, Rehab Hub will continue to use only the ‘players end’ corridor and rooms off of it as per contract * Reception area will no longer be used (contains soft furnishings and is multiple user) instead Rehab Hub Patients (Pts) to use side entrance. Main entrance only to be used by staff on start and finish of shift |
| NHS Test & Trace | * Adequate Pt information is already collected via the Cliniko booking system to satisfy NHST&T compliance that being; name, telephone, time in and out, and it is retained for at least 21 days and can be recalled easily * In addition all pts (and staff every shift) will have temperature taken on entry and this is recorded |
| Before accepting bookings | * We have received the green light to return to work by the Government and our professional association * All Therapists have adequate insurance * PPE, cleaning equipment and signage referenced in this document has been sourced |
| Before Pt enters facility | * Pts to wait in car until collected by Therapist. Pts arriving by public transport seated outside if weather is fair. If not, one chair made available in gym * Pts to attend on their own unless absolutely necessary * Key workers to change out of work clothing and shower before coming to their appointment, especially NHS frontline staff * Pts to arrive as close to appointment time as possible * Pts to leave coats / bags in car if possible (out of sight in boot) * Pts to don face mask / covering if they have one, otherwise there will be one for them on entry * Patients to sanitise hands (provided) on entry   COMMS: Booking confirmation, reminder, and triage phone call. Clinic signage. |
| Front door | * Decision has been taken to use FC side entrance (formerly ‘Entrance B’), for all Pts. This eliminates risk of transfer to soft furnishings of main building reception and through the building * Gate propped open. Door either closed or with barrier in place * Therapist to admit entry, and open door when closed * Signage with entry instructions and ‘wait in your car’ on display * Sanitisation of anything Pt touches on entry – doorbell, supporting structures, door * Verbal instructions of entry process on collection from car * Hand sanitisation inside door * Shoes off   COMMS: Booking confirmation, reminder, and triage phone call. Clinic signage. |
| Reception desk | * No reception desk in place * GM will however be working in ‘front of house’ (FoH) capacity, and will (or anyone else generally present) don a face visor for general work and swop to a mask for any close contact * No screens are required as there is no reception facility |
| Appointment timings | * Up to three Therapists may work at one time in a shift, and FoH may be present also * Consideration has been given to splitting appointment times so that Pts arrive separately. This has been rejected because it increases the amount of ‘ins and outs’ and subsequent risk. Therapists collecting and guiding will ensure adequate social distancing on entry |
| Bathroom facilities | * Disabled toilet to continue to be used. No other unless this is out of use. Other toilets could be used in an emergency subject to Facilities permission and subsequent risk assessment * Pts advised prior to appointment that they should try not to use the bathroom (go before they come!), where possible * Toilet should not be used for general handwashing ‘on entry’ – hand sanitiser on entry instead * Should patient use the toilet it will be cleaned afterwards, especially the tap, heat pump, toilet seat and flush, door handles and any other contact areas * Hot water pump to be installed * Pump-action soap, paper towels instead of fabric, foot-operated waste-bin with bin liner * Signage for correct hand-washing technique   COMMS: Booking confirmation, reminder. Clinic signage. |
| Clinic surface areas including desk | * All surfaces kept clear of clutter, books etc., so it is quick and easy to clean between Pts * Electronic records are held - limiting paper * Point-of-sale items to be relocated to gym * No unnecessary ‘uncleanable’ items present |
| Gym, and use of | * The gym facility is only used when a Therapist accompanies a Pt as part of their ordinary session, it is not a pay-per-use or membership facility * Where possible only one rehab session will take place at a time, and it will not be strenuous raising the heart rate to increase breathing * The only exception to this is the use of the treadmill in which case a clear pop-up screen will either be used or (preferably) there will be no other use at that time * We reiterate; Pts and Therapists to wear masks at all times * All surfaces to be cleaned in between every session * Unnecessary/’uncleanable’ items to be removed, paper eliminated, and signs laminated for cleaning |
| In-clinic books, testers, products for sale, posters | * All ‘uncleanable’ items removed. Posters, signs and pictures (laminated) remain |
| Chairs | * Pt – medical-grade vinyl chairs replace previous fabric/wood * Therapist – wipeable saddle stools |
| Storage of Pt’s belongings | * Sealable tub in each clinic room for patient clothing * Sanitised in between every Pt |
| Massage couch, pillows, towels etc | * No towels to be used on couch * One clean towel per Pt for draping, only * Face cradles removed. Hole in plinth used instead * Pillows removed. New water-resistant non-porous wipeable pillows provided instead * Couch roll across top 1/3 of couch only (massage prohibits the use of too much couch roll), for added barrier and Pt confidence. Or Physio/Osteo may prefer to cover entire couch * Sanitise thoroughly with each use * Draping towels polythene bagged after each Pt and taken away for wash by individual Therapists after every shift |
| Laundry procedure | * Draping towels polythene bagged after each Pt and taken away for wash by individual Therapists after every shift * All washing at 60deg+ or as hot as material allows. When washing, face mask and gloves should be worn when putting in the machine. Sanitise container / laundry basket * All couch roll, used PPE, face masks and aprons will be put in a separate bin and liner outside entrance. Labelled and stored for 72 hours before putting into the non-recyclable household bin * GM to remove this waste on a 72hr cycle |
| Contact cleaning time for sanitising | * Contact time for sanitising products can be 10 minutes – allow for this in time between Pts |
| Time for full clean of premises | * A full clean of premises is not feasible between every Pt. Instead, all clinic surfaces will be sanitised in between patients, and all contact areas * Fifteen minutes will be left between Pts - we are aware that contact time for sanitising products can be 10 minutes. Booking system allows for this break * No aggressive cleaning products will be used, but adequate recommended household cleaner * Clinic floors, wider area, gym, kitchenette will be cleaned once per shift |
| Ventilating clinic/practice room | * Where possible we will provide treatment with clinic door open, and in fair weather we will work with one main door open * It is understood that we must not use air conditioning (it is not in place) * Clinic door remains open for ventilation between patients * Extractor fan will remain on at all treatment times |
| Therapists hygiene protocols | * Jewellery will be removed before coming into work * Therapist to wash hands with soap and warm water (for at least 20 seconds) on entering clinic and then sanitise hands * If travelling to work on public transport, Therapist should change into work clothing at clinic. Store travel clothing in a storage box / bin liner in another room. Wash hands again * Therapist should put on face mask before Pt arrives and wear at all times when dealing with Pts * Therapist should open all doors for client * Therapist will get client a glass of water if required but better to ask client to bring their own drink * Therapist to wash hands with soap and warm water (for at least 20 seconds) after each Pt * Therapist to wash hands with soap and warm water (for at least 20 seconds) after cleaning between Pts * Therapist to put travel clothes back on before using public transport to get home * Take all work clothes home to be washed in a washable bag / bin liner (see laundry procedure above) * All clothes to be washed at 60° or above |
| Use of oils and wax | * Therapists to consider use of carrier oil over wax. If preference is wax, rather than double-dip – use a wooden spatula or teaspoon per Pt * If oil use a pump dispenser and clean between each Pt |
| Personal care and PPE | * Long hair to be tied back, facial hair to be closely controlled * Do not touch face * Therapist to wear per Session; IIR mask (and visor if chosen but not required) * Therapist to wear per Pt; non-powdered nitrile or vinyl gloves, polythene apron * Gloves and apron only to be donned on entry to clinic room (per Pt) and doffed at the end of session. Apron to be torn and not taken over head * Therapists should be mindful of the affects of frequent hand-washing and sanitiser on their skin, and moisturise and perform appropriate self-care * It is recognised that working in PPE can be both physically and mentally challenging. Therapists should take good self-care of themselves over and above the treatment session, and seek support if they are feeling unwell |
| Client consultations | * Face-to-face consultations should be kept to a minimum amount of time. Instead they will be carried out in advance over the phone or via video conferencing * Pts will be sent a booking confirmation email and reminder, containing ‘normal’ consent form with Covid appropriate inclusion, and a separate Covid screening questionnaire. Therapist will ensure this is completed prior to entering premises * The covid screening questionnaire will be sent 24hrs prior to appointment (only) * A telephone consultation will be carried out by either Therapist or FoH within 24hrs of booking for all new or returning Pts. This will contain a welcome, and a verbal overview of procedure and Covid screening questions * Updated list of contra-indications in light of Covid will be considered when assessing a Pts suitability for treatment * Allowance will be made regarding cancellation fees, should Pt cancel at short notice due to Covid-19 symptoms |
| Booking schedule | * Time between Pts will be adequate for cleaning, and to get them in and out of the building. Allowances for lateness will be made |
| Taking payment | * Taking payment in advance is not feasible due to the self-employment of our Therapists, and causes confusion in the event of cancellation/illness * Instead Pts will be told that cash is not accepted and that they should bring a debit/credit card to their appointment, or consider a bank transfer * Electronic card machines will be sanitised between each Pt |
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| **ASSESSMENT OF VULNERABLE CLIENTS – CONTRA-INDICATIONS** | |
| New potential contra-indications | AWAITING CONFIRMATION/UPDATE  People with the following health issues are considered a RED FLAG – and may need a referral from their GP   * Those shielding vulnerable family members, front-line NHS staff & carers * Anyone currently receiving treatment for cancer, any serious lung condition, anyone recently post-operative * Experiencing severe post Covid-19 circulatory complications – DVT, micro-embolisms, CVA or PE * Aged 70 years or older * Pregnancy * Mild heart & respiratory conditions – and supressed immune systems * Diabetes * BMI over 39 * Anyone who has been in contact with someone with Covid-19 * For a more comprehensive list, go to: [**www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk**](http://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/)   Assess each client on their own merit to decide whether to give therapy not. Use your own professional judgement. If you choose to go ahead be extremely strict with hygiene  **NB:** You are under no obligation to see anyone. The choice is entirely yours  DOCUMENT REASONS FOR ANY CHANGE – and communicate |