



GUIDANCE AND STANDARD OPERATING PROCEDURES DURING COVID-19 PANDEMIC

Management of patients in private practice and independent clinical settings during
phase two of the COVID-19 pandemic

Version 1: 20th July 2020

This guidance is correct at time of publishing.

**It is subject to updates, please use the hyperlinks to confirm you are disseminating to
the public is accurate**

This document should be used in conjunction with:

- [Green pathway flow chart for face to face appointments](#)
- [Patient Risk Assessment](#)
- [Therapist Risk Assessment](#)
- Health check and COVID-19 Screening questionnaire
- Consent form for face to face appointments
- [Patient Information Sheet](#)
- [Appointment Protocol](#)
- [Daily log sheet for patients during COVID](#)
- [Management protocol for Therapist exposure to COVID-19](#)
- References in section 6.0



Contents

1. Scope

2. Background

3. Transmission of COVID-19

4. Legal, Regulatory and professional responsibilities

5. Key Principles for Practice

5.1 Identifying Risks

5.2 Managing risks for patients and other visitors

5.3 Face to face appointment procedure

5.4 Cleaning procedure between every face to face appointment

5.5 Managing risks for clinicians and other staff

5.6 PPE

5.7 Waste Management

5.8 Managing risks for visitors accompanying patients

6. References



1. Scope

This document sets out the general principles for delivery of Sports Therapy and Massage services at NM Sports Therapy Clinic during phase two of the COVID-19 pandemic.

All healthcare professionals will use their clinical judgement when applying this guidance in what is a highly challenging, unprecedented and rapidly changing situation.

We are grateful for the support of Physio First in helping develop this document whilst applying government and The Society of Sports Therapists guidelines.

2. Background

Novel coronavirus may be referred to as:

- Severe acute respiratory syndrome coronavirus 2, SARS-CoV-2: this is the name of the virus
- Coronavirus disease, COVID-19: this is the name of the disease

3. Transmission of Coronavirus

Coronavirus is thought to be primarily spread between people who are in close contact with one another (within about 2 metres), through respiratory droplets produced when an infected person coughs or sneezes. The virus is also thought to be passed on through surface transmission, when touching a surface or object that has some respiratory droplets on it and then touching your own face, mouth, nose, eyes, or someone else. Our risk assessments for transmission of Coronavirus within NM Sports Therapy Clinic therefore address both close contact between individuals and touch of surfaces that may occur. Our policy for risk reduction is to implement measures to remove, minimise or mitigate each of the identified areas of risk.

4. Legal, Regulatory & professional responsibilities



All Therapists working at NM Sports Therapy Clinic are Members of [The Society of Sports Therapists](#) or [Federation of Holistic Therapists](#) and must work within the legal, regulatory and professional frameworks that guide the safe management of patients, the safety of the wider public and everyone who works in the practice environment during the COVID-19 pandemic.

All Therapists are responsible for providing a reasonable standard of care to their service users, which is governed by (but not limited to):

- [The Society of Sports Therapists](#) – Return to Practice guidelines
- [Federation of Holistic Therapists](#) – Preparing to return to therapy guidelines.

5. Key principles for practice

5.1 IDENTIFYING RISKS

- A full risk assessment of the working environment completed and documented in [Therapist Risk Assessment](#) (reviewed and monitored daily)
[Patient Risk Assessment](#) (reviewed and monitored daily)

5.2 MANAGING RISKS FOR PATIENTS AND OTHER VISITORS

- 'Virtual first approach' - as standard practice to encourage/ recommend patients have a remote virtual consultation where appropriate and possible as this is the safer option for care
- No 'walk-ins' – all appointments and enquiries must be made by telephone or email.
- VIRTUAL health check and COVID-19 screening questionnaire, clinical triage on arrival, patient consent: potential patients will be screened by questionnaire within 48 hours of potential appointment. A Graduate Sports Therapist/Sports Massage Therapist will evaluate the level of risk to the patient (do they or a household member belong to the [vulnerable or extremely vulnerable groups](#)), the level and necessity for care and their understanding of these factors.



- As part of the VIRTUAL SCREENING the patient will be screened for clinical red flags relevant to the body area/s in question to consider whether it is appropriate to send patient directly to an urgent/ emergency NHS care pathway.
- As part of the VIRTUAL SCREENING the patient will be contacted is any of the possible clinical red flags relevant to the body area/s in question so they know when to seek urgent/ immediate medical attention. This will be documented as part of [safety-netting](#).
- If the patient presents with any COVID-19 symptoms, identified in the screening questionnaire, they will be sign-posted to [information on management](#) and advised to self-isolate.
- Patients and the Therapist will make shared decisions, as to whether face-to-face appointments are appropriate, or whether remote consultations, no care, or referral for other care are indicated.
- Informed consent – patients will be required to give informed consent for the decided course of action if attending a face-to-face appointment.
- Before their face-to-face appointment **EVERY** patient must have complete understanding of the four points below:
 - the mechanisms and risks of transmission and exposure
 - the nature of close patient contact during a physiotherapy consultation
 - the level of PPE that a clinician will be required to wear
 - the infection prevention and control measures that must be taken (By both patient and Therapist).
- All written communication is sent to patients electronically via email.

5.3 FACE TO FACE APPOINTMENT PROCEDURE

- Self-screening - every patient on the day of their appointment must decide if there has been a change in regards to COVID-19 symptoms or a change in their situation or other reason requiring self-isolation since triage screening. Possible or confirmed cases will not be admitted.
- All patents will wait in their car or outside until collected by the practitioner.
- Whilst in car/outside, the practitioner will complete follow up screening, including questions and Temperature screening- all patients must consent to a temperature check with a non-



contact infrared digital thermometer upon arrival of the clinic by the Therapist, which will be recorded in an active patient log. If temperature is above normal range (>37.5) patient must not be admitted.

- The Therapist will open the door for the patient and close it behind them on arrival
- Face masks – patients will be provided with be required to bring their own, clean face mask which must be put on for entry to reduce the risk of transmission to the Therapist. If a client does not have a mask, a reusable one will need to be purchased from clinic.
- Clean upon arrival’ – once patients have a face mark on and temperature screening is within normal ranges the patient will be requested to clean their hands using hand sanitizer which is located in the entrance of the clinic.
- ‘No-touch’ policy – no patient will need to touch a surface that has not been cleaned immediately prior to them doing so. This will be systematically approached between staggered appointments. Therapists will wipe objects that it is necessary to touch (e.g. plinth, sink/cleaning area and any equipment used while in clinic etc).
- Social distancing – will be maintained within the clinical care areas, as much as possible, however some clinical procedures are not possible without closer physical contact (Therapists will wear [appropriate PPE](#) to reduce the risk of respiratory droplet transmission to patients where close physical contact is unavoidable). However anyone who has had a letter and currently shielding or living with someone who is [shielding](#) will be identified in a health check and COVID screening questionnaire and will not be admitted into clinic under any circumstances. This will change on 1st August when the Gov guidelines relax for those shielding.
- Staggered and reduced appointments (minimum 15 minutes between each patient) to ensure only one patient/ person is in the clinic at any one time other than the Therapist (unless being accompanied by a chaperone or because of a child or vulnerable adult)
- Contact during clinical procedures - patients will be requested to keep their own clothes on wherever possible (a box will be provided to place clothes in). Patients will keep their footwear on until they are seated on treatment plinths and put them on prior to getting off the plinth. IF standing assessment of the feet are required, couch roll will be placed on the floor prior to foot contact. Treatment plinths, equipment used and other hard surfaces in treatment rooms will subsequently be cleaned with approved wipes/ spray (Clinell) after every patient.
- Pillows- plastic pillows will be used as easily wiped down between patients.
- Payment- Online payment or Card (where applicable contactless payment will be used however if unavailable chip and pin will be used and will be cleaned straight after use). Cash Handling must be completely avoided.



- If possible, follow-up appointments to be arranged via a remote consultation
- Hand sanitizer- will be readily available and located in both the clinic room and the waiting area right next to entrance/exit door.
- Where possible, the door to the clinic will remain open during appointments to allow for fresh air flow and ventilation.
- Clinician will open and close all doors during patient visit
- 'Clean upon departure' – patients will be requested to clean their hands prior to exiting the clinic, thereafter no surfaces will be touched.
- Toilet Facilities- toilet facilities will be open to patients. Patients must follow the one-way system and appropriate hand hygiene, prior to and after using the facilities. The facilities are cleaned twice a day by the site cleaners. Facilities may be used by patients before entering the clinic and/or after their appointment – not during.
- Relevant posters to be placed throughout clinic to raise awareness
- All non-essential items to be removed from waiting room (e.g. magazines)
- All soft furnishings (where possible) to be removed from the clinic.
- Clear signage on COVID-19 Infection Control and requirements of patients for those attending the clinic will be in situ around the clinic
- Clinic daily attendance log (check in and check out) – to identify exact times of anyone in the clinic at any one time should the need for contact tracing arise. To be completed by clinician in front of the patient.

5.4 CLEANING PROCEDURE BETWEEN EVERY FACE TO FACE APPOINTMENT

Guidelines from [PHE guidance on Infection Prevention & Control for COVID-19](#)

- Full deep clean of all below between every patient
 - Plastic pillows/Bolsters
 - Treatment plinth
 - Chair
 - Treatment/Rehabilitation equipment
 - Visor
 - Tap/Sink



- Door handles
- Card reader

- Cleaning products used: Soap Spray
Disinfectant floor cleaner
Clinical disinfectant wipes and spray
- [Infection Control Clinic Cleaning Protocol](#)

5.5 MANAGING RISKS FOR CLINICIANS AND OTHER STAFF

- Staff to self- monitor if symptomatic – staff must not enter the clinic with symptoms of Covid-19 or other reason requiring self-isolation.

See [Management Protocol for Therapists exposure to COVID-19](#)

- Staff daily temperature check to be recorded in daily log
- ‘Clean upon arrival’ - immediately upon entry to the clinic, all staff wash their hands.
- [Face masks/PPE](#) – all staff will wear a surgical face mask to reduce the risk of droplet transmission to other staff, patients or visitors within the clinic. This may be sessional. [Donning, doffing and disposal](#) of masks and other PPE (gloves and aprons-see below) must follow correct procedures.
- Sessional cleans - appointments staggered by 15 minutes to allow time for cleaning, donning and doffing of PPE– hard surfaces must be cleaned, according to protocol, throughout the reception and waiting areas and within any clinic room used, prior to first use in any session (morning, afternoon or evening). Clinic room cleaning is the responsibility of the Therapist who will be using it. Waiting & reception area cleaning will be the responsibility of the Therapist. Sessional cleaning will be recorded and monitored.
- ‘No-touch’ policy – Therapists will not touch any surface or object that has not been wiped since potentially having been touched by another person. Cleaning between patients – all hard surfaces within consulting rooms will be cleaned by each clinician after every patient.
- Ventilation – The main door of the clinic will be open whenever possible to enable replacement of potentially virus-contaminated air.



- Social distancing – Therapists will maintain a minimum 2 metres distance between themselves and other therapists or patients in the reception and waiting areas. The number of people within the clinic at any time is also limited to facilitate this. Social distancing will be maintained within the clinic rooms, whenever possible, however some clinical procedures are not possible without closer physical contact (in which case clinicians will wear appropriate PPE to reduce the risk of respiratory droplet transmission to/from patients).
- PPE – in addition to sessional use of Type IIR surgical face masks by all Therapists, Therapists who may come within 2 metres of patients will also wear single-use disposable gloves and aprons, in accordance with Public Health England's [guidance for healthcare settings](#). PPE will be correctly donned, doffed and disposed of. Reusable visors will be worn and cleaned between appointments. Single use filtering face piece respirators are required for aerosol generating procedures.
- Therapist clothing ([laundry](#)) - Therapists personal clothing must be removed and placed inside a clean pillowcase/washable bag before leaving clinic (you may use the facilities for this) and taken home to be washed immediately. All clinical clothing will be laundered:
 - Separately from other household linen
 - In a load not more than half the machine capacity
 - At the maximum temperature the fabric can tolerate
- Screening of patients – all therapists will ensure that patients are screened for symptoms of Covid-19 or other reasons for shielding within 48 hours prior to entry of the clinic for face to face appointment. Possible or confirmed cases must not be admitted.
- Emergency decontamination – should any individual who does have possible symptoms of COVID-19 gain entry to the clinic, they must immediately be asked to leave, other therapists or patients within the clinic must be notified and evacuated or contained until [decontamination procedures](#) have been completed.
- Risk/ benefit evaluation and consent – therapists will evaluate the appropriateness of face-to-face consultations and of procedures requiring close physical contact on a case-by-case basis. Telephone or video consultations may be deemed sufficient/ appropriate in some instances as an alternative. In deciding what [level of consultation to provide](#), clinicians will evaluate the [vulnerability status](#) of the patient and their level of need for care. The options for care and their associated risks will be explained to the patient, ensuring that

they have adequate understanding and are given the opportunity to ask questions, prior to obtaining signed consent for each visit.



- Contact during face-to-face consultations – close contact of clinicians (less than 2 metres distancing) with patients will be avoided, if possible. Where procedures unavoidably necessitate close contact, this will be minimised in duration, ensuring that the patient has first confirmed their consent.
- ‘Clean upon departure’ – staff will be [wash their hands](#) prior to exiting the clinic.

5.6 PPE

[Follow PHE PPE requirements for treating non-COVID patients](#)

- Appropriate PPE to worn with each face to face appointment including surgical IIR face mask, disposable apron for each patient, disposable gloves for each patient and face shield/visor.
- Patients and visitors must wear appropriate PPE including wearing a face covering mask

5.7 WASTE MANAGEMENT

[To follow Department of Health. Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste \(2013\)](#)

- All gloves, mask and aprons will be disposed of between each patient in non-touch waste bin
- All PPE and appointment waste (couch roll) will be disposed of at the end of each clinical day will be labelled & dated and left for a period of 72 hours before disposing of it in main waste.
- To handle all PPE waste with disposable gloves

5.8 MANAGING RISKS FOR VISITORS ACCOMPANYING PATIENT



- Where possible, patient to attend clinic on their own
- Patient may be accompanied if needing a parent or guardian (for under 18), chaperone, translator or supporting a vulnerable adult or child
- Accompanying visitor will also follow 5.3 Face to Face appointment procedure including wearing a face mask
- If possible, accompanying visitor will remain in the waiting room and maintain social distancing (> 2 metres) from staff and clinicians
- If accompanying visitor is to enter the clinic room, they will be given a seat that allows for social distancing (> 2 metres) from clinician.

6. References

CSP Face to face or remote? Applying our advice in practice

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

HCPC Conduct, performance & Ethics

<https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

HCPC Standards of proficiency

<https://www.hcpc-uk.org/standards/standards-of-proficiency/physiotherapists/>

CSP COVID-19 How to decide if face to face consultations are appropriate – 12 May 2020

https://www.csp.org.uk/system/files/documents/2020-05/Covid-19_Face-to-Face%20Consultations_Flow%20Chart_V4.pdf

NHS Who's at higher risk from Coronavirus

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

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

JULY 2020



COVID-19 Personal Protective Equipment (PPE)

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Working safely during COVID-19

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

CSP Duty of Care

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

Safety netting; best practice in the face of uncertainty

<https://www.sciencedirect.com/science/article/pii/S2468781220303131?dgcid=coauthor>

HCPC COVID-19 hub

<https://www.hcpc-uk.org/covid-19/>

HCPC Adapting your practice in the community

<https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/adapting-your-practice-in-the-community/>

HCPC The Standards of Proficiency for Physiotherapists

<https://www.hcpc-uk.org/standards/standards-of-proficiency/physiotherapists/>

Health and Safety at Work Act 1974

<https://www.hse.gov.uk/legislation/hswa.htm>

HSE Coronavirus latest information and advice

<https://www.hse.gov.uk/news/coronavirus.htm>

NHS How to treat Coronavirus symptoms at home

<https://www.nhs.uk/conditions/coronavirus-covid-19/what-to-do-if-you-or-someone-you-live-with-has-coronavirus-symptoms/how-to-treat-coronavirus-symptoms-at-home/>

CSP PPE and protecting yourself in your practice and workplace

GOV UK Staying safe outside your home

<https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home>

GOV UK Coronavirus

<https://www.gov.uk/coronavirus>

COVID-19 Infection prevention and control

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Public health England - COVID-19 infection prevention & control guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

Additional Considerations, in addition to standard infection and control precautions

JULY 2020



[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster Recommended PPE additional considerations of COVID-19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf)

Public Health England - Guide to donning and doffing standard personal protective equipment (PPE)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick guide to donning doffing standard PPE health and social care poster .pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf)

Staff Uniform - Public Health England COVID-19 infection and control guidance - 4.12 staff uniform

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19 Infection prevention and control guidance complete.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19_Infection_prevention_and_control_guidance_complete.pdf)

Decontamination - Public health England - COVID-19 infection prevention & control guidance - 4.9 Decontamination

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19 Infection prevention and control guidance complete.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19_Infection_prevention_and_control_guidance_complete.pdf)

CSP Remote service delivery options

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

NICE Clinical Knowledge Summaries

<https://cks.nice.org.uk/#?char=S>

GOV UK Stay at home: guidance for households with possible Coronavirus (COVID) infection

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

NHS Speciality guides

<https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/>

CSP Consent and Physiotherapy Practice

<https://www.csp.org.uk/publications/consent-physiotherapy-practice>

Public Health England on shielding and protecting people who are clinically extremely vulnerable from COVID-19

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

COVID-19: Epidemiology, virology and clinical features

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features>

NHS Check if you have Coronavirus symptoms

<https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>

CSP Face to face or remote: Applying our advice in practice

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NHS 111 online symptom checker
<https://111.nhs.uk/covid-19/>

