

Table 1

Covid-19 Risk Assessment across all Excel Physiotherapy and Sports Injury Clinic sites								
What are the hazards?	Who might be harmed	Controls Required	Mitigating Actions	Action By who?	Action by When?	Done		
Spread of Covid-19 Coronavirus	Staff	Patient Prioritisation	Virtual First approach with remote consultations remaining standard practice during phase 2. The physiotherapist must undertake a risk assessment and make a clinically reasoned decision for offering face to face contact which must be documented for each session. The patient should be made aware of all current risks and must give their consent and it be documented. The physiotherapist is accountable for prioritising access to in person services based on their clinical judgement. When determining priority physiotherapists are encouraged to reflect upon: Acuity of patients condition (such as recent surgery, removal of cast or immobiliser, or recent RTA), Functional Impairment on quality of life including ability to work or carry out ADLs. Likelihood that in the absence of services patient will require services in an emergency care setting and necessity of services which can only be provided in person eg Diagnostic Ultrasound or Shockwave Therapy.					
		Screening	Screen patients prior to attendance at the practice environment for signs, symptoms or risks of Covid-19 including asking about current symptoms, international travel and contact with individuals who have a confirmed or presumptive diagnosis of Covid-19 If Patient screening reveals risk factors services must be deferred until signs and symptoms have resolved and a minimum of 7 days of self isolation after last day of symptoms. Screen patients for signs and symptoms upon arrival. In the event that a patient attends the practice environment whilst exhibiting signs and symptoms consistent with respiratory illness whether Covid-19 is suspected or not the physiotherapist must: Provide and have the patient don PPE (surgical masks) and complete hand hygiene, isolate the patient, explain the concern, discontinue and reschedule the appointment and disinfect the practice area immediately.					
		Hand Washing	Physiotherapists are expected to practice routine hand hygiene consistent with WHO's 5 moments for hand hygiene: Before touching a patient, before clean/aseptic procedures, After body fluid/exposure risk, After touching a patient, After touching patient surroundings. Physiotherapists must also avoid touching their face and practice respiratory etiquette. Staff encouraged to protect skin by applying hand emollient cream regularly, https://www.nhs.uk/conditions/emollients/					
		PPE	Uniforms and work clothing to be washed at the hottest temperature suitable for the fabric. Check the care label, which is usually near a seam in the garment. A 10-minute wash at 60°C removes almost all micro-organisms. Washing with detergent at a range of temperatures between 30°C-60°C removes most micro-organisms. The Government advice on cleaning uniforms includes the following: The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. Healthcare facilities should provide changing rooms/areas where staff can change into uniforms on arrival at work. Uniforms should be not worn in the commute to work and washed after every shift. PPE worn in MSK Clinic required: Gloves and Apron for every patient. https://www.usp.co.uk/news/coronavirus/clinical-guidance-ppe-143					
		Social Distancing	Redesigned processes to ensure social distancing in place. The subjective assessment is done at a 2m distance and contact time kept to a minimum. Work in prone wherever possible or in non forward facing positions. Ensure booking practices comply with ongoing directives on group gatherings - Patients to wait in their vehicles to be called in, adequate time between patients to clean and disinfect clinic equipment and touch points, posting signage reminding patients to perform hand hygiene, limiting exchange of paper - online notes and exercise prescription, contactless payment options eg To use contactless payment in 2 lots of £25 on Zettle or payment by BACS. https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people Taking steps to review work schedules including start & finish times/shift patterns, working from home etc, to reduce number of workers on site at any one time. Making sure only one Physiotherapist is in each of the clinics every day and encouraging patients to attend the clinic alone.					
		Clinic and equipment Cleaning	Frequently cleaning and disinfecting objects and surfaces that are touched regularly particularly in areas of high use such as door handles, light switches, reception area. Using appropriate cleaning products and methods in the clinics. Cleaning plinths after each patient with disinfectant wipes.					
		Spread of Covid-19 Coronavirus	Visitors to clinic (Patients, Cleaning staff other MDT members)	Screening	Screening policy as previously stated will reduce the potential to exposure to an environment where Covid-19 was present and thereby reduce the infection risk for a Visitor to the clinic.			
				Hand Washing	Patients should be asked to complete hand hygiene using alcohol based hand rub or soap and water upon arrival at the practice setting, before and after use of weights or exercise equipment. Prior to processing payment, prior to departure from the practice.			
				Cancellation Policy	Temporary changes to cancellation policies to patients, avoiding unintentionally incentivising patients to attend clinic.			
				Informed consent form	Patient to consent to face to face appointments and be made fully aware of the risks and measures put in place to mitigate these risks.			
		Social Distancing	Ensure booking practices comply with ongoing directives on group gatherings - Patients to wait in their vehicles to be called in, adequate time between patients to clean and disinfect clinic equipment and touch points, posting signage reminding patients to perform hand hygiene, limiting exchange of paper - online notes and exercise prescription, contactless payment options eg To use contactless payment in 2 lots of £25 on Zettle or payment by BACS. https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people Encouraging patients to attend the clinic alone.					
		PPE	PPE use by Physiotherapists as previously stated available on request for patient use.					
		Triage of Vulnerable groups	Offer Domiciliary appointments or see these at risk groups at the start of clinics if face to face required and virtual appointments not appropriate. Only Audley residents seen within clinics held at Audley. Above mitigation actions also followed in these cases regarding Patient Prioritisation, Screening, Hand washing, PPE and social distancing.					
Environmental contamination with Covid-19	Staff and all visitors to the clinic	Reinforcing Public Health Advice	To help reduce the spread of coronavirus (COVID-19) reminding everyone of the public health advice - https://www.publichealth.hscni.net/news/covid-19-coronavirus Posters, leaflets and other materials are available for display.					
		Cleaning	Complying fully with all directives from DOH including cleaning and disinfection requirements, lawful release of patient information to enable contact tracing, and staff quarantine orders in the event that a patient treated in the practice later tests positive for Covid-19. Frequently cleaning and disinfecting objects and surfaces that are touched regularly particularly in areas of high use such as door handles, light switches, reception area. Using appropriate cleaning products and methods in the clinics. Cleaning plinths after each patient with disinfectant wipes. Ensuring sufficient rest breaks for staff and breaks to ensure cleaning regime is kept up with in-between patients. Management checks to ensure this is adhered to.					
Covid-19 confirmed case in patient or staff.	Staff and all visitors to the clinic	Covid-19 confirmed case in patient or staff guidance.	If advised that a member of staff or public has developed Covid-19 and were recently on our premises (including where a member of staff has visited other work place premises such as domestic premises), the management team of the workplace will contact the Practice Manager and if advised Public Health Authority to discuss the case, identify people who have been in contact with them and will take advice on any actions or precautions that should be taken, https://www.publichealth.hscni.net/ Lawful release of patient information to enable contact tracing, and staff quarantine orders in the event that a patient treated in the practice later tests positive for Covid-19					
First signs of sickness in staff	Staff and all visitors to the clinic	Covid-19 Staff sickness guidance	If anyone becomes unwell with a near continuous cough or a high temperature in the workplace they will be sent home and advised to follow the stay at home guidance. The management team of the workplace will contact the Practice Manager and if advised Public Health Authority to discuss the case and start following above Covid-19 confirmed case guidelines if appropriate.					
			Line managers will maintain regular contact with staff members during this time. Line managers will offer support to staff who are affected by Coronavirus or has a family member affected.					
Mental Health	Staff	Promote mental health and wellbeing awareness to staff.	Regular communication of mental health information and open door policy for those who need additional support. https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/ , www.hseiri.gov.uk/etass					
	Staff and all visitors to the clinic	Promote mental health and wellbeing	If concerns arise regarding mental health and wellbeing of patients or members of staff, discuss with line manager.					

Our advice directs members to consider a number of key factors when undertaking decisions to see patients face-to-face or not. These factors include	
<ul style="list-style-type: none"> Legal, regulatory and professional responsibilities 	For safe management of patients, safety of the wider public and staff working in the practice environment.
<ul style="list-style-type: none"> Risk assessment of the working environment for which you are responsible 	<ul style="list-style-type: none"> you must demonstrate that all measures designed to mitigate risk and fulfil legal and regulatory obligations are in place.
<ul style="list-style-type: none"> Infection prevention and control measures 	<ul style="list-style-type: none"> You must follow Public Health England (PHE) COVID-19 infection prevention and control (IPC) guidelines.
<ul style="list-style-type: none"> Access to personal protective equipment 	<ul style="list-style-type: none"> You must provide and use appropriate personal protective equipment (PPE) and have systems and policies in place that govern its use.
<ul style="list-style-type: none"> 'Virtual first' approaches 	<ul style="list-style-type: none"> A 'virtual first' approach with remote consultations must remain standard practice during this period.
<ul style="list-style-type: none"> Patient risk assessment and clinical reasoning 	<ul style="list-style-type: none"> You must undertake a risk assessment and make a clinically reasoned decision for offering either a face-to-face or remote consultation for each patient and for each of their planned contacts. You must document your rationale for these decisions.
<ul style="list-style-type: none"> Patient consent for treatment 	<ul style="list-style-type: none"> You must engage your patients in discussions regarding the rationale for remote or face-to-face consultations. If both parties deem it necessary to proceed with face-to-face care, the patient should be made aware of all current risks associated with this approach. They must give their consent and you must document these discussions and the outcome.
KEY FACTORS:	
Duty of Care	A duty of care is a legal responsibility to provide a reasonable standard of care to patients and to act in ways that protect their safety. The CSP directs members to uphold the statutory standards for UK-wide registration through its duty of care guidance https://www.csp.org.uk/publications/duty-care
HCPC standards of proficiency for physiotherapists https://www.hcpc-uk.org/standards/standards-of-proficiency/physiotherapists/	Ethical framework, standard 6 – Identify and manage risk <ul style="list-style-type: none"> 6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.
<ul style="list-style-type: none"> Proficiency for physiotherapists, standard 16 – Understand the need to establish and maintain a safe environment 	<ul style="list-style-type: none"> 15.1 Understand the need to maintain the safety of both service users and those involved in their care. 15.3 Be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these. 15.4 Be able to work safely including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation. 15.6 Be able to establish safe environments for practice which minimise risk to service users, those treating them, and others, including the use of hazard control and particularly infection control.
<ul style="list-style-type: none"> Comply with government social distancing and shielding directives and mitigate as far as reasonably practicable the risk of transmitting the disease to patients and the wider general public, particularly to those in the vulnerable and extremely vulnerable categories. 	<ul style="list-style-type: none"> https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19
Use of PPE	https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
The HCPC has specific guidance for registrants on how to adapt practice and apply standards in the context of Covid-19 in the community.	https://www.hcpcuk.org/covid-19/advice/applying-our-standards/adapting-your-practice-in-the-community/
KEY POINTS RE RISK ASSESSMENT:	
Social distancing Directives and IPC guidance	https://www.gov.uk/coronavirus , e https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control .
Mitigating actions are likely to include but are not limited to:	Contained within our Risk Assessment:
<ul style="list-style-type: none"> screening patients for COVID symptoms before they attend 	Yes
<ul style="list-style-type: none"> reducing clinic capacity to ensure any patients attending can be kept 2m apart 	Yes
<ul style="list-style-type: none"> hand sanitising procedures as patients enter and leave the environment 	Yes
<ul style="list-style-type: none"> a one way system of patient movement in your practice 	Not needed as only one patient in clinic at a time
<ul style="list-style-type: none"> longer appointment times to allow for full cleaning in between patients 	Yes
<ul style="list-style-type: none"> staggered appointments or asking patients to wait outside the clinic 	Yes
<ul style="list-style-type: none"> a screen for reception staff 	Not needed for our patients as they do not approach reception
<ul style="list-style-type: none"> processes for the safe disposal of PPE 	Yes - orange bags in clinic, https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control disposing
Supporting Staff: ensure all staff are trained and competent in new procedures.	https://www.gov.uk/government/publications/guidance-to-employers-andbusinesses-about-covid-19/guidance-for-employers-and-businesses-on-coronaviruscovid-19 .
Additional guidance for Domiciliary	If you are a private practitioner providing services in domiciliary or care home, settings, you must follow this additional guidance https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882376/Domiciliary_guidance_England.pdf . https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-carehomes
Patient Risk Assessment and Clinical Screening	This process may not necessarily be a formal exercise but all decision making with appropriate rationale should be recorded in a patient's clinical record. In short, the clinician must be able to justify that the benefits of seeing a patient face-to-face are demonstrably greater than the risks of infection transmission.
Patient consent for treatment	If a clinician determines it is necessary to see a patient face-to-face, they must discuss the risks of this contact with the patient, and the measures that will be taken to mitigate risk, and gain their consent for treatment.