

Standard Operating Policy Covid 19 Ravensford Physiotherapy June 2020

Novel Coronavirus Disease 19 (Covid- 19) - This is a novel virus where the body has no natural immunity, and for which there is no vaccine available. Additional care is required to reduce the risk of exposing patients to infection.

- This virus is transmitted via respiratory droplets, and direct or indirect contact with infected secretions, including touching a contaminated surface.
- The incubation period is believed to be 2-14 days
- Symptoms include, fever, difficulty breathing/shortness of breath, loss of sense taste or smell.
- In people aged over 70, there may be other or atypical symptoms, such as fatigue, deterioration in function/ feeling unwell and gastro-intestinal problems.
- Covid 19 is highly infectious, and there is a world pandemic at present.

Face to Face Intervention – professional and regulatory guidance (advice from The Chartered Society of Physiotherapy and The Health Care Professions Council)

- Advice from Public Health England (PHE) Covid-19 infection prevention guidelines will be followed at all times. This includes all updated guidance.
- A virtual first approach with remote consultations will be standard practice.
- A risk assessment will be made for each patient contact. This will include a clinically reasoned decision for face to face or remote consultation. This will be documented.
- Informed consent will include reference to covid19 and compliance with any legal obligations.
- The therapist will work safely and appropriately and introduce all precautionary measures required and recommended.
- A duty of care is owed to patients to provide a reasonable standard of care and to act in a way that protects their safety.
- All reasonable steps will be taken to reduce the risk of harm to service users, carers and colleagues as far as possible.
- The therapist will not do anything, or allow someone else to do anything which could put the health or safety of a service user, carer or colleague at unacceptable risk.
- The therapist will ensure that steps are taken to maintain a safe environment which minimises the risk to service users, this includes including hazard control and infection control.

In the context of Covid 19 the therapist has a responsibility to:-

- Comply with all 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/shielded categories.
- Use appropriate personal protective equipment (PPE).
- Make sure that any risks from the environment are minimised as much as possible.

Mitigating Actions to maintain patient safety:-

- Keep up to date with local infection rates and Public Health England (PHE) guidance.
- Screen patients for symptoms of Covid 19 before each face to face contact (questionnaire).
- Screen patient for recent (within the last 14 days) contact with someone who has symptoms of covid 19, a positive test for covid 19, or someone who has been notified as a contact, and asked to isolate.
- Ask that members of the household are not present during a visit, or if agreed to, ensure that the therapist maintains a 2m distance from them at all times.
- Health Risk evaluation – screen the patient for underlying health problems that put them in the shielded category, or the moderate risk category. Also screen for current suspected pathology (see patient risk assessment document).
- Use personal protective equipment (PPE) as directed by PHE and follow guidelines regarding handwashing/use of alcohol gel and how to don and doff PPE. Dispose of PPE as clinical waste.
- Therapist and associate practitioner have attended relevant training about covid-19 and infection control.
- Offer a virtual appointment as a first option – phone or video linked contact.
- Complete an individual risk assessment, and obtain informed consent. Document clinical reasoning if a face to face contact is required. Ensure that the level of contact is agreed before the session.
- Discuss with the patient the risk of a face to face contact, and the measures that will be taken to mitigate this risk. Provide written information about covid 19, and ensure that consent is informed.
- Plan each session to reduce face to face contact, and minimise written information left with the patient.
- **Rest Homes and Nursing Homes** – the individual home will be contacted, to check that a visit is permitted, and to ask about any local policies/ procedures to be followed.

Risk Assessment *(please refer to risk assessment and patient specific risk assessment documents)*

- A patient risk assessment will be completed before starting treatment.
- The patient will be asked to fill in a questionnaire about covid-19 before every face to face contact
- Clinical reasoning for face to face contact will be documented. The patient will be informed about the risks of a face to face contact.

Health Risk Evaluation as Part of risk assessment

Shielded/high risk category – conditions include (x) solid organ transplant recipient, (x) undergoing active treatment for cancer including immunosuppressant drugs, (x) severe respiratory condition eg severe asthma, COPD, cystic fibrosis, (x) disease that increase the risk of infection (x) on immunosuppressant drugs (x) pregnant with significant heart disease (4). The patient should have received a letter telling them that they are in the shielded category.

Moderate risk category conditions include x) meet criteria for annual flu vaccination, age 70 or older, under 70 with underlying health condition:-

(x) chronic respiratory disease, (x) chronic heart disease, (x) chronic kidney disease, (x) chronic liver disease, chronic neurological disease such as (x)stroke (x) Parkinson's disease (x) multiple sclerosis, (x) learning disability or (x)cerebral palsy, (x) diabetes, (x)weakened immune system caused by a medical condition/chemotherapy/steroid (x)overweight BMI 40 or above, (x) pregnant (4)

Current serious Pathology – conditions including, cauda equina syndrome, spinal cord compression, active inflammatory disease, active inflammatory arthritic condition, severe pain, cancer and insufficiency fracture.

Consent

- The patient will be given written information about covid-19, and advised that there is a risk of contracting covid-19 as part of a face to face physiotherapy contact.
- They will also be advised about the steps taken to minimise risk.
- All patients will be asked about any recent exposure to covid 19, positive test, or exposure to someone who is a contact for someone with covid 19, prior to signing the consent form, and before each face to face contact.
- The first part of the consent form will include;
 - A declaration that all answers about covid 19 have been answered truthfully
 - There has been an opportunity to ask questions.
 - The statements about covid 19 have been read and consent is given to have care at home.
 - Separate consent will be needed for physiotherapy care.

Home visit - Consent is will be required for the patient's name and 'phone number to be shared with the contact tracing service if the therapist develops covid 19, or is notified by the contact tracing service that they need to isolate.

- **Consent for treatment will include consent about the type of contact**
 - **Telephone assessment**
 - **Virtual session**
 - **Home visit with 2m social distance**
 - **Home visit with close contact less than 15 minutes**
 - **Home visit with close contact longer than 15 minutes – the time will be documented**

Conducting a visit.

- Ask about the layout of the property, including the entrance and availability of handwashing facilities. (If handwashing facilities are used, taps will be cleaned with an approved wipe, and own soap and paper towel will be used.)
- Ask for the front door to be left open just before the visit, and also all internal doors. Ask for the windows to be left open, and if possible and agreed, do the visit outdoors.
- Wear clean uniform for each visit, and clean and dry the under surface of shoes before entering the property.

- Put on PPE before entering the house, use alcohol gel to clean hands before putting gloves on. Do not touch door handles or other surfaces, and do not sit down. All equipment used including bag and pens will be cleaned before arrival using an approved wipe.
- Equipment – any used during the session will be wiped clean after use.
- Notes – remove gloves and wash or clean hands with alcohol gel. Write patient notes, put these in a folder in a polythene sleeve, and wipe folder and polythene sleeve clean with an approved wipe. Clean pens, put a second pair of gloves on
- Finishing the visit – remove PPE when you have left the property, clean shoes again, and clean hands with alcohol gel. PPE will be double bagged and disposed of as clinical waste.

Intervention

This will be agreed before the visit, maintain 2 m distance at all times, 15' hands on contact only, or longer hands on contact with consent. This will be documented.

Every effort will be made to minimise direct contact with the patient by:-

Use of a virtual appointment first. Talking to the patient about what to expect, and explaining what is achievable. Gather information via email or phone, and planning the session beforehand including any equipment to be used.

Personal Protective Equipment

- As per PHE advice – disposable apron, type IIR surgical face mask and gloves and visor or goggles. The face visor will be cleaned and reused.
- The therapist will not wear a wristwatch.
- Any items cleaned will be cleaned with Dettol multi surface wipes, (documented on the packet to clean 99.9% bacteria and virus including coronavirus). This includes shoes, bag, pens, document folder, polythene sleeves, and equipment.
- All PHE will be disposed of as clinical waste – it will be double bagged, and left outside for 72 hours before being put in the rubbish bin.
- Uniform will be laundered without other items, and washed at 60 degrees.

If the Therapist or Associate Practitioner develop covid 19 symptoms/ have a positive covid -19 test, or are advised that by the contact tracing authority that they are have been close contact with someone with covid 19.

- The therapist will notify any patients with whom they have close contact, and forward their name and 'phone number to the contact tracing service.
- The therapist will isolate at home for 7 days from the day on the onset of symptoms
- The therapist will continue to self isolate after 7 days if they still have symptoms, other than cough or loss of sense of taste or smell
- **The therapist may ask advice for from her General Practitioner about returning to work if they are unsure about their symptoms after the recommended isolation period.**

Other Information

If the therapist is unsure about the risk category for a particular medical condition, they may contact the patient's General Practitioner and ask advice before considering a course of treatment.

Advice from The Association of British Neurologists 9th april 20

Recommend social distancing for all people with a neurological condition, their carer and family. Shielding/High Risk Category is recommended for people with a neurological condition with other conditions that put them in this category eg those that affect the lungs and kidneys. Also those with conditions that affect the swallowing or breathing muscles or the immune system. Those that take medications that compromise the immune system such as steroids, (azathioprine, mycophenolate mofetil or methotrexate) combined with prednisolone, Infliximab/Rituximab/Ocrelizumab.

Stroke (ref stroke association) 18 May 20

Having a stroke means you at greater risk of getting complications like pneumonia if you have coronavirus. Everyone is different, and if you have other health conditions, you also need to check how this affects you. If you have other medical conditions you may be in the shielded/clinically vulnerable group.

Multiple Sclerosis – Multiple Sclerosis Society 29 May 2020

People with MS need to be particularly stringent following social distancing guidelines.

People with MS should shield if they have other health conditions that put them into the extremely vulnerable group (see above ref NHS digital)

Check the multiple sclerosis website for specific advice about the medication you are taking, and check the risk levels in your local area.

Parkinson's Disease 29th May 20

People with Parkinson's disease are described as clinically vulnerable. Although people experience Parkinson's differently, government guidance is to stay at home as much as possible as you may be at increased risk of complications from covid 19. You must keep 2 m apart from people you don't live with, and follow good hand hygiene precautions.

References:

Face to Face or not 1.6.20 Chartered society of physiotherapy

<https://www.csp.org.uk/search?query=face+to+face+or+not%3F>

Duty of Care – www.csp.org.uk/publications/duty-care

Professional standards Health Care Professions Council www.hcpc-uk.org/standards-of-proficiency/physiotherapists/

Mode of transmission of coronavirus - <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control>



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

<https://www.csp.org.uk/news/coronavirus/workplace-employment/ppe-your-practice-workplace>

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

Guidance from The Health Care Professions Council - <https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/adapting-your-practice-in-the-community/>

Working in other people's homes - <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes>

Isolation guidance PHE 16 June 20<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>