

# Safe Guarding Policy for Covid- 19

## Body Fix Injury Clinic

Therapists:

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***Disclaimer:** Evidence for COVID-19 is changing almost on a daily basis. It is essential to update this document as often as possible.*

### Understanding Personal Protective Equipment (PPE)

#### **PPE summary**

Before undertaking any procedure, staff will need to assess any likely exposure, and ensure PPE is worn. This must provide adequate protection against the risks associated with the procedure or task being undertaken. All staff should be trained in the proper use of all PPE that they may be required to wear.

All PPE should be:

- Located close to the point of use;
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- Single-use only;
- Changed immediately after each patient and/or following completion of a procedure or task;
- Disposed of after use into the correct waste stream.

HCW (health care workers) less than 2 metres away but not involved with AGPs should wear the following:

- Fluid resistant surgical mask
- Gloves
- Disposable plastic aprons
- Risk assessment for eye protection

Any technique which induces a cough and/or increases respiratory rate is considered aerosol generating procedures (AGPs). Therefore, any HCW involved with patient rehabilitation should assume full AGP-required-PPE (within <2m) even if patient status is not confirmed as a COVID-19 case (Thomas et al., 2020):

- FFP3/N95 mask
- Fluid resistant gown
- Eye protection
- Gloves

#### **Materials needed for PPE**

### **Mask (clinic will provide)**

Fluid resistant surgical masks are adequate for most osteopathic and sports therapy consultations. If every patient is wearing a mask then these can potentially be for sessional use (risk to be assessed on a case by case basis). Otherwise single use is suggested.

FFP3 or N95 masks are to be used when performing AGPs. All respirators should:

- Be well fitted, covering both nose and mouth;
- Not be allowed to dangle around the neck and to be reused;
- Not to be touched once put on;
- To be removed outside patient room;
- Fit tested for the relevant model to ensure adequate seal (All facial hair must be removed).

### **Apron/ gown (clinic will provide)**

Disposable plastic aprons must be worn to protect staff uniforms or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.

Fluid-resistant gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure/task being performed and when there is a risk of extensive splashing of blood and/or other body fluids e.g. during AGPs. If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.

Disposable aprons and gowns must be changed between patients.

### **Disposable gloves (clinic will provide)**

Disposable gloves must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Gloves must be changed immediately following the care episode or the task undertaken.

### **Eye protection/ face visor (Therapist is expected to supply own if required)**

Eye/ face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or secretions. An individual risk assessment should be carried out prior to/at the time of providing care. Disposable, single-use, eye/face protection is recommended. Regular corrective spectacles are not considered adequate eye protection.

Eye/ face protection can be achieved by the use of any one of the following:

- surgical mask with integrated visor;
- full face shield/visor;
- polycarbonate safety spectacles or equivalent.

### **Donning and doffing sequences**

The order in which you put on (donning) or remove (doffing) your personal protective equipment is essential for protecting yourself and preventing the spread of any possible contaminants or fluids.

The following is the correct sequence for **donning** your PPE:

1. Gown or apron;
2. Mask or respirator;
3. Goggles or face shields;
4. Gloves.

## Putting on personal protective equipment (PPE) in primary care

### Pre-donning instructions

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1

Perform hand hygiene before putting on PPE.



2

Put on apron and tie at waist.



3

Put on facemask - position upper straps on the crown of your head, lower strap at nape of neck.



4

With both hands, mould the metal strap over the bridge of the nose.



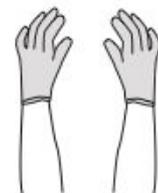
5

Don eye protection if required.



6

Put on gloves.



It is extremely important to take great care when removing and disposing of used PPE to avoid exposure to infection. It is important to practice before using these techniques in a clinical setting, ideally with a colleague to provide guidance and feedback.

The following is the correct sequence for **doffing** your PPE:

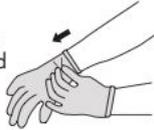
1. Gloves;
2. Face shield or goggles;
3. Gown;
4. Mask or respirator.
5. Hand hygiene.

## Taking off personal protective equipment (PPE) in primary care

Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area.

1

Remove gloves. Grasp the outside of the glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



2

Clean hands.



3

Apron. Unfasten or break open apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself - do not touch the outside - this will be contaminated. Discard.



4

Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5

Clean hands.



6

Remove face mask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly.



Discard.  
DO NOT reuse once removed.



7

Clean hands with soap and water.



The sequence for removing PPE is intended to limit opportunities for self-contamination. The gloves are considered the most contaminated pieces of PPE and are therefore removed first.

## Hand hygiene

HCWs should apply WHO's My 5 Moments for Hand Hygiene approach before (1) touching a patient, (2) before any clean or aseptic procedure is performed, (3) after exposure to body fluid, (4) after touching a patient, and (5) after touching a patient's surroundings.

- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water; (with soap and water is always better if possible)

## Handwashing protocol

(WHO, 2020)

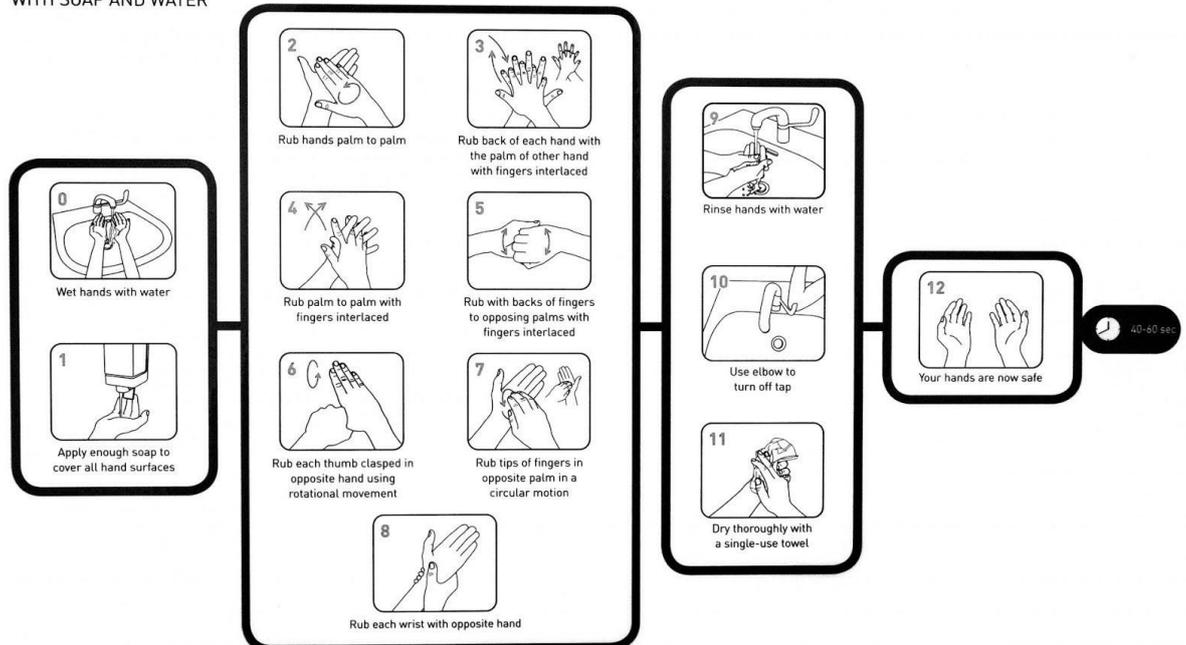
Clean your hands regularly, for at least 20 seconds.

- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water;

For HCW-specific information on handwashing, please see [Hand hygiene](#).

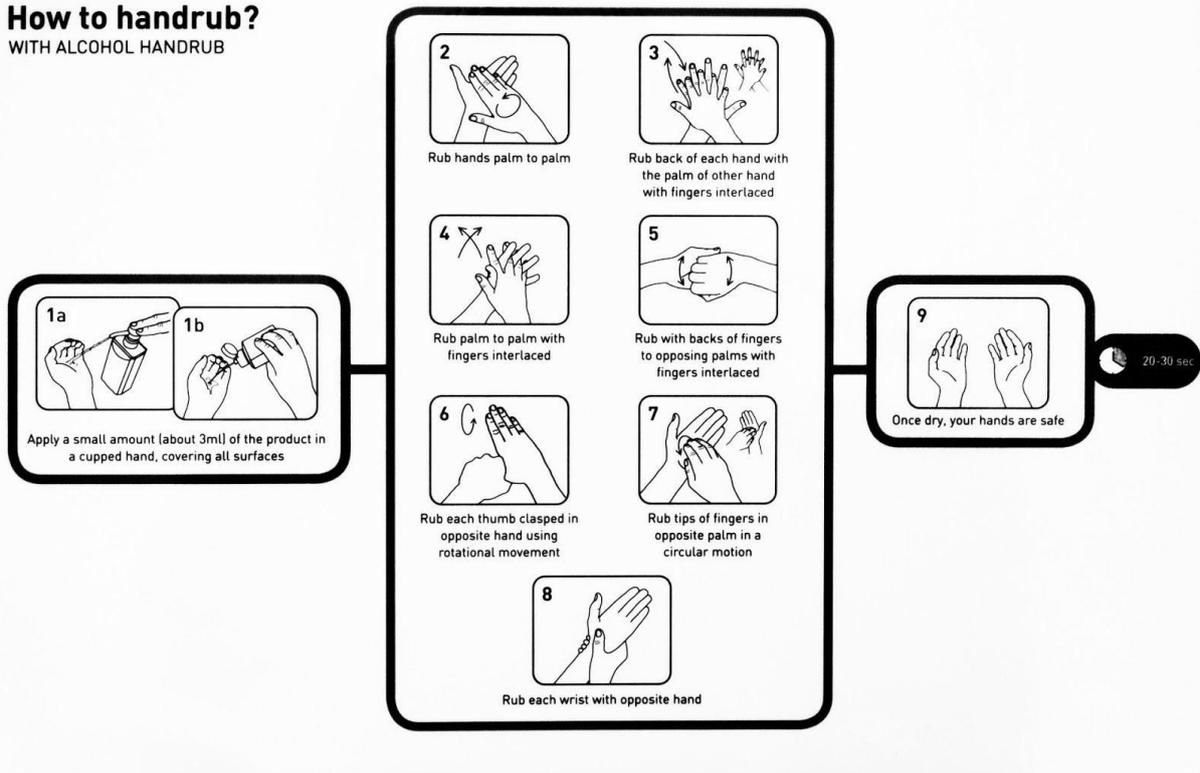
## How to handwash?

WITH SOAP AND WATER



## How to handrub?

WITH ALCOHOL HANDRUB



## Implementing empiric additional precautions

### Contact and droplet precautions

(WHO, 2020)

- HCWs should follow guidelines in the following section on PPE;
- Equipment should be either single-use and disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient (e.g. by using ethyl alcohol 70%);
- HCWs should refrain from touching eyes, nose, or mouth with potentially contaminated gloves or bare hands;

### Airborne precautions for aerosol-generating procedures (AGPs)

(WHO, 2020)

Aerosol generating procedures (AGPs) create an airborne risk of transmission of COVID-19. The following AGPs are taken as example from physiotherapy guidelines and include:

- Cough generating procedures e.g. a cough during treatment, a huff;
- Positioning / gravity assisted drainage techniques and manual techniques (e.g. expiratory vibrations, percussion, manual assisted cough) that may trigger a cough and the expectoration of sputum;
- Manual hyperinflation (MHI);
- Inspiratory muscle training;

- Sputum inductions;
- Any mobilisation or therapy that may result in coughing and expectoration of mucus.

(N.B. It is not clear which osteopathic techniques are AGPs at this moment in time but likely examples would be; supine thoracic HVT, upper rib sternal thrusts, any exercise that gets the patient out of breath, deep breathing techniques.)

If it is deemed essential, and cannot be performed in another manner (ie. prone, from behind etc), ensure the following precautions are taken:

- Perform procedures in an adequately ventilated room – that is, natural ventilation with good air-flow;
- Use a particulate respirator at least as protective as a FFP2, or equivalent. When HCWs put on a disposable particulate respirator, they must always perform the seal check. Note that facial hair (e.g. a beard) may prevent a proper respirator fit;
- Use eye protection (i.e. goggles or a face shield);
- Wear a clean, non-sterile, long-sleeved gown and gloves. HCWs should use a waterproof apron for procedures expected to create high volumes of fluid that might penetrate the gown;
- Limit the number of persons present in the room to the absolute minimum required i.e. practitioner & patient only

### **Introduction to cleaning**

The clinic must be thoroughly cleaned before reopening, and again at frequent intervals once open.

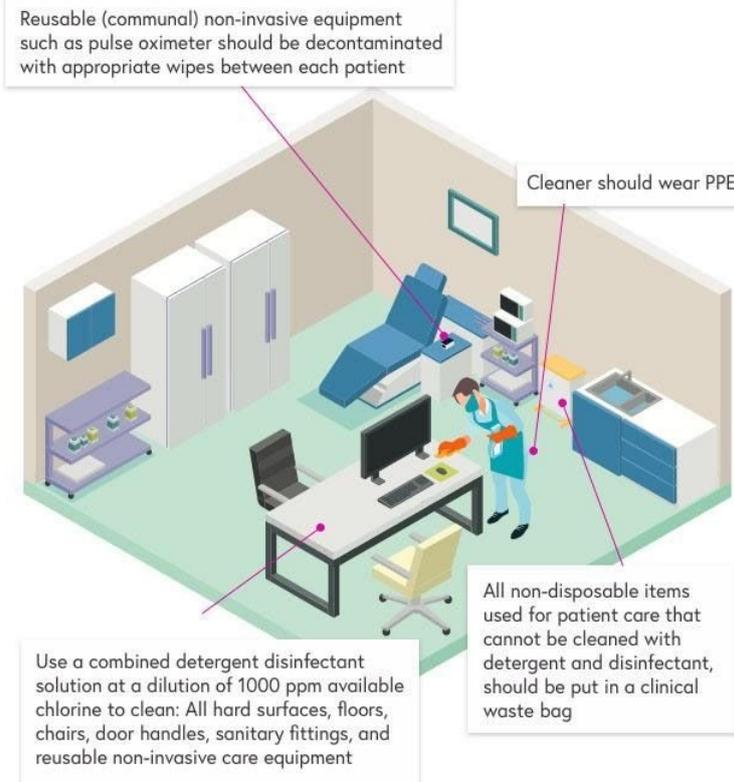
- Regular cleaning is followed by disinfection, clinic cleaning check list to be carried out after each patient has left the clinic..

Staff engaged in environmental cleaning and waste management should wear appropriate PPE. If there is an insufficient stock of respirators, then a surgical mask may be worn, as well as gloves, goggles and gown.

### **Clinic room cleaning protocol**

The following diagram highlights the key areas to address during both frequent and deep cleans of the clinic rooms.

## Cleaning the consultation room and medical equipment in primary care



### Daily Cleaning

This should occur prior to patient arrival, wipe down all surfaces with anti bacterial spray & wipe/ dettol spray & kitchen towel- door handles, patient seats, desk, treatment table, all equipment that is regularly handled.

Floors should be mopped or steamed with a high temperature steamer between patients – if feasible – otherwise is a lunch break & at the beginning & end of each day.

Between patients – rooms should be aired with all doors open for at least 15minutes, all surfaces (desks/chairs/door handles) should be wiped down with spray & wipe, plastic pillow cases should be wiped down thoroughly along with treatment tables. Towels used drape over patients changed & old ones removed from the room. New ones brought out once the practitioner has cleaned & has changed all their PPE.

### Safe management of linen (laundry)

No special procedures are required, but all linen is categorised as 'used' or 'infectious'. All linen used in the direct care of patients should be managed as 'infectious' linen. Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment:

Disposable gloves and an apron should be worn when handling infectious linen.

All linen should be handled inside the patient room/cohort area. A laundry receptacle should be available in each treatment room as close as possible to the point of use for immediate linen deposit.

Washing temperature must be at 60 degrees or above.

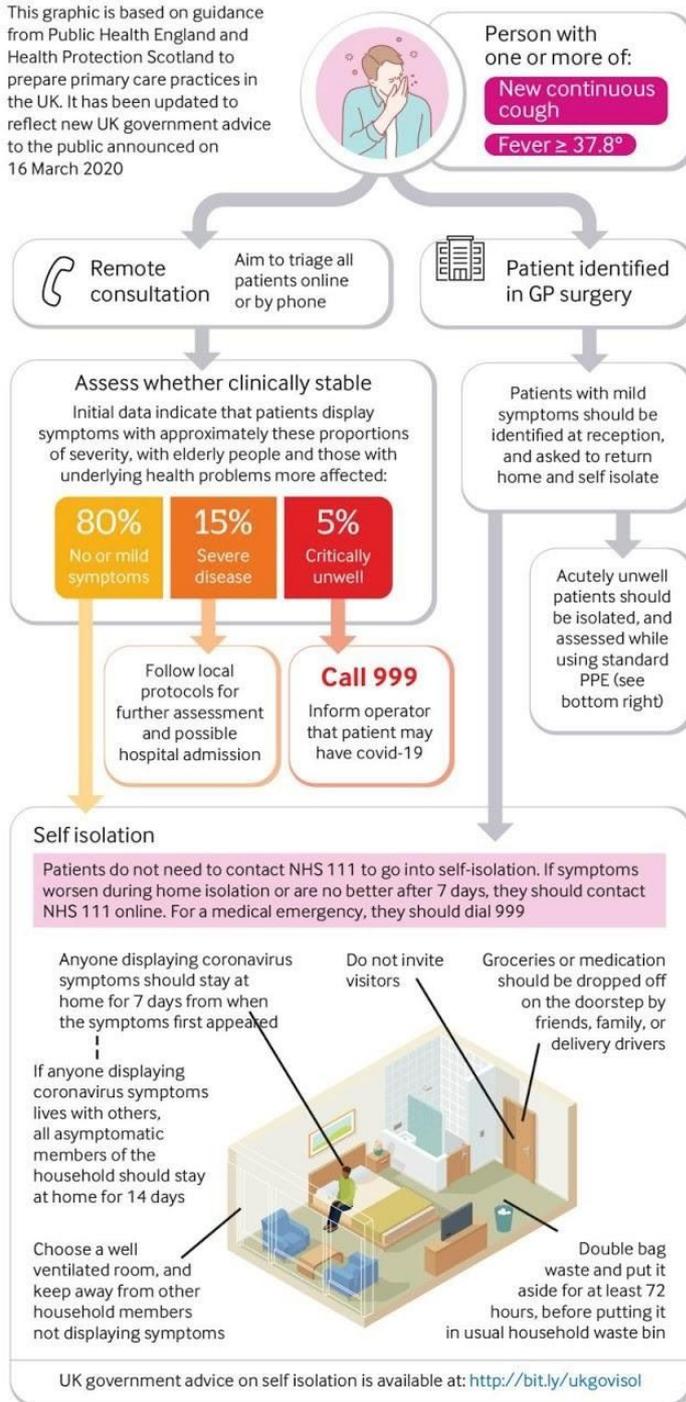
When handling linen, **do not**:

- Rinse, shake or sort linen on removal from beds/trolleys;
- Place used/infectious linen on the floor or any other surfaces e.g. a locker/table top;
- Re-handle used/infectious linen once bagged;
- Overfill laundry receptacles; or
- Place inappropriate items in the laundry receptacle e.g. used equipment/needles.

### **Management of clinical and non-clinical waste**

Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment. It is suggested that all clinical waste should be double bagged before being stored for a minimum of 3 days & then placed in normal refuse.

This graphic is based on guidance from Public Health England and Health Protection Scotland to prepare primary care practices in the UK. It has been updated to reflect new UK government advice to the public announced on 16 March 2020



**Patients requiring hospitalisation**  
Suspect covid-19 in any seriously ill patients with influenza-like illness, ARDS\*, or pneumonia

**Preparing the GP surgery in advance**

Advise patients with a cough or fever to avoid attending in person, via:

- Reception staff
- Automated phone systems
- Prominent posters
- SMS message systems
- Warning notice on online booking systems

**Isolation room**

- Located away from waiting areas and other consultation rooms
- Without carpeted floors or soft furnishing
- Close to separate toilet facility

Turn off air conditioning

Close door

Open window

If possible, do not enter room, reassure and update patient by telephone. If tolerated, patient to wear fluid-resistant surgical mask

Dispose of all waste in a clinical waste bag

Clean and disinfect hard surfaces and reusable care equipment after patient leaves. Cleaners should wear appropriate personal protective equipment

**Personal protective equipment (PPE) in primary care**

- Goggles or visor\*
- Fluid-resistant surgical mask (Type IIR)
- Gloves
- Apron

For any direct patient care (within 2 meters) or for collection of nasopharyngeal swab(s), use standard PPE

**Dispose of PPE as clinical waste after use**

\* ARDS = acute respiratory distress syndrome

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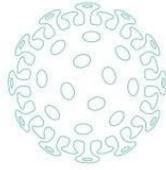
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Public Health  
England



## COVID-19 Safe ways of working

# A visual guide to safe PPE

General contact with confirmed or possible COVID-19 cases	Aerosol Generating Procedures or High Risk Areas
Eye protection to be worn on risk assessment	Eye protection eye shield, goggles or visor
Fluid resistant surgical mask	Filtering facepiece respirator
Disposable apron	Long sleeved fluid repellent gown
Gloves	Gloves

**Clean your hands before and after patient contact and after removing some or all of your PPE**

**Clean all the equipment that you are using according to local policies**

**Use the appropriate PPE for the situation you are working in (General / AGPs or High Risk Areas)**

**Take off your PPE safely**

**Take breaks and hydrate yourself regularly**

**For more information on infection prevention and control of COVID-19 please visit:**  
[www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

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