

THE BODY JUNCTION

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Covid-19 The Body Junction Management Guidelines

Outlined in this document is our statement of intent for dealing with the second phase of the Covid-19 virus Pandemic. These procedures and processes are to safeguard the management and treatment of clients, to safeguard the general public, and all who work at the practice environment such as reception and office staff, clinicians and practitioner. Public Health England infection control measures coupled with the Government regulatory body the Health Care Professions Council (HCPC) and our own Chartered Society of Physiotherapy (CSP) protocols and guidelines will be upheld. Registered physiotherapists must comply with the Health and Care Professions Council (HCPC) standards of conduct performance and ethics. They must also comply with the HCPC standards of proficiency for physiotherapists. Paramount for registered physiotherapists is their delivery of a duty of care to their patients. 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.

This policy covers the use and management of Personal Protection Equipment (PPE) for both practitioners and support staff.

Each Therapist working at The Body Junction who rent rooms 1,2, 3 & 4 should follow their relevant practicing body in regard to Safe practice and adhere to their guidelines. The protocols and procedures of first contact with a patient, with a clinically reasoned rationale for non-intervention, intervention and face to face contact.

The Body Junction will continue to be cleaned regularly in the common areas, reception, toilets, office and kitchen. Antibacterial wipes and spay will be provided.

The toilet should be only used if absolutely necessary and wiped down after use.

All hand towels will be removed and paper towels used instead

The Reception area will have a sneeze screen put up as soon as this becomes available (stock shortage) in June

The provision of both clinic, non-clinical areas and open areas to the Public ensuring that Covid-19 infection and control measures are in place and adhered to.

PPE for Face to face consultations:

The minimum recommendation of PPE for a face to face consultation is to wear an apron and gloves. (CSP website 18th May 2020).

This clinic however will operate using

- Face shields when in close contact with patients
 - Using aprons with in close contact with patients.
 - Using gloves is optional for clinic staff, the evidence is that the virus is more at risk on gloves, and after taking off the gloves you will still have to wash your hands. Hot water and soap will destroy the virus.
- The aprons are single use items and will be placed in the appropriate waste bin
- The gloves if used will be for single use on patients and disposed in the waste bins as appropriate

- face shields will be worn if social distancing can not be observed when approaching the patient from the front; these shields are for multiple use and offer a full face protection.

After removal of any of the above PPE the hands and forearms will be washed in hot water and soap.

Clinical Intervention

The CSP recommendations as from the 13th May 2020 are that all initial contact and triage should be carried out remotely. The decision on whether to see a patient face to face or not requires the clinician to consider the risk.

- a) to the patient
- b) themselves
- c) others in their clinical setting
- d) Or the patient's household

Those that are considered to be most vulnerable according to Government Guidelines will not be considered for face to face intervention.

Clear criteria should be demonstrated when choosing to engage in face to face contact. Such as when remote consultation is ineffective and support this with clinical reasoning.

Ultimately A considered and balanced and reasoned decision on how to proceed should be evaluated. 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.

The procedures for face to face consultation with patients will need to establish the following:-

Have they been diagnosed with Covid-19 and if so have they been symptomatic in the last 14 days

Has any member of their household suffered with symptoms or been diagnosed with Covid-19 in the last 14 days

NB: as from 18th May 2020 from NHS England- the three active symptoms are, persistent cough for more than an hour or three episodes in 24 hours, raised temperature (normal being 37C) Body temperature will be tested at the time of the face to face contact however the figure is no longer considered to be clinically significant), Loss of smell and/or taste.

Have they or any members of their household been out of the country in the last 14 days.

Are they living with or have members of their household that are considered to be vulnerable or most vulnerable according to Government Guidelines

Following the Triage Consultation a Clinical Reasoned Decision will be made on the necessity of a face to face contact.

Clinician should not assume that a patient understands:

- 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

Taking into consideration the above and that risks have been discussed and that the patient gives consent or not for treatment to proceed with a face to face consultation and this should be documented prior to the patient visit.

An explanation on how their visit will differ from a visit they might have experienced before will be discussed making it very clear that –

- a) They will need to be aware of social distancing to other members of staff where practically possible
- b) Payment should be made by Bacs prior to their visit
- c) They will be screened for body temperature on arrival
- d) The clinic reserves' the right to have no clinical engagement with the patient if the clinician feels uncertain about the disclosures the patient has made.
- e) Contact records will be kept on the duration of their visit and those present in the building at the time of their visit for any tracing purposes that may be required at a later date.

Additional Clinic Documentation:

- 1) Patient Consent to face to face contact
- 2) You have screen the patient using the guidelines above
- 3) Confirmed contact details for the patient and each person accompanying the patient and inform them that these details may be used for contact tracing, if required?
- 4) Noted on the patient record the names of those clinic staff in the building at the time of the patients appointment.

Charlotte Farrant (Body Junction owner)

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