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Council



Register
of Chinese
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Novel Coronavirus Covid-19

Guidelines for returning to work

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 Please note: Addenda and amendments are highlighted with this marker throughout the guide.

Introduction

These Guidelines for returning to work have been produced for members of the BAcC and the RCHM to support you and set out the steps you need to take when you resume your practice.

On 10 May 2020, the prime minister laid out [a phased plan](#) for relaxation of lockdown measures in England. The following day [detailed guidance](#) was released announcing a new standard for businesses in England to meet before they can reopen. This standard is referred to as 'Covid-19 secure'.

In the absence of direct governmental instruction, it is the position of BAcC and RCHM that members come under the exemptions to closure relating to 'medical or health services'

Government guidance has been issued both for businesses and for 'clinical settings' in England. These guidelines recognise that members' practices fall under both categories in different contexts. Accordingly, recommendations have been given based on government guidance relating to both areas. These guidelines will be updated to reflect guidance from Northern Ireland, Scotland and Wales as the relevant announcements are made from the respective devolved governments.

You will find that some of the links to guidance go to the government advice for 'shops and branches' issued on 11 May. Detailed study of the guidelines, in the context of all relevant government announcements and related documents, has led us to the conclusion that this is the relevant section for guidance for the business aspect of our practices. This does not change our position that our members provide 'medical or health services'.

These Guidelines are in two sections:

Section 1 How to get your clinic practice ready to reopen

Section 2 Communicating with patients and deciding who you can treat safely

This guidance should be viewed as additional to the BAcC Code of Safe Practice and the RCHM Dispensary Codes of Practice. The government guidance is being continually updated, so while the advice given in this document is correct at time of writing, members should be aware that it may be subject to change in the future.

In Appendix 1 we have listed links to the most essential government and NHS guidance. We recommend that you read through their essential guidance for yourself, as well as studying what is contained in this document.

Additionally, we have created summary explanations of the most crucial components you need to understand for Infection Protection Control (IPC) in your practice. These explanations contain links direct to the government and NHS guidance so that you can see where the information has come from.

Our summary explanations include:

- categories of risk for different people (Appendix 2)
- social distancing (Appendix 3)
- hand and respiratory hygiene (Appendix 4)
- surface cleaning and decontamination (Appendix 5)
- personal protective equipment (PPE) (Appendix 6)

Section 1: How to get your clinic practice ready to reopen

On 10 May 2020, the prime minister laid out [a phased plan](#) for relaxation of lockdown measures. The following day [detailed guidance](#) was released announcing a new standard for businesses to meet before they can reopen. This standard is referred to as 'Covid-19 secure'.

This section is designed to help you understand what steps are necessary to attain 'Covid-19 secure' status, together with some considerations for professional return to practice. The government has released a '[Covid-19 secure](#)' poster which can be displayed in your clinic premises once you have taken the necessary steps and are satisfied that your place of work meets this standard.

The [five key criteria](#) that employers and the self-employed must meet in order to be considered 'Covid-19 secure' are as follows:

- 1 Carry out a Covid-19 risk assessment and shared the results with the people who work at their practice.
- 2 Have cleaning, hand washing and hygiene procedures in line with guidance.
- 3 Take all reasonable steps to help people work from home.
- 4 Take all reasonable steps to maintain a two-metre distance in the workplace.
- 5 Do everything practical to manage transmission risk where people cannot be two metres apart.

We will go through each of these in turn with practical considerations for the clinic.

1 Conducting a Covid-19 risk assessment

The government has given specific guidance as to what constitutes an adequate risk assessment. Where the government mentions 'employers' it is made clear that this also refers to the self-employed.

'You must make sure that the risk assessment for your business addresses the risks of Covid-19, using this guidance to inform your decisions and control measures. A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in your workplace. If you have fewer than 5 workers, or are self-employed, you don't have to write anything down as part of your risk assessment. Your risk assessment will help you decide whether you have done everything you need to.'

While the government does not require a written risk assessment, it is recommended. BAcC members are urged to use the [Online Risk Assessment Form](#). The Health and Safety Executive has a useful [interactive tool](#) to guide you through the process of a risk assessment.

This risk assessment must pay particular attention to:

- increasing the frequency of hand washing and surface cleaning
- exploring how staff you employ may work from home where possible
- how to ensure social distancing in all situations possible
- what mitigating actions to take where social distancing cannot take place
- whether the practitioners, staff or patients in your clinic are especially vulnerable to Covid-19

If after assessing risk you determine that any of these criteria cannot be met, you will not be 'Covid-19 secure' and should consider not opening for practice. This also applies if the owner of the premises you work in is unable or unwilling to meet these criteria.

2 Cleaning, hand washing and hygiene

It is helpful to begin risk assessing your clinical setting by walking through and noting all the surfaces and objects that a patient may touch when they visit your clinic for treatment.

Decide which items and surfaces need to be cleaned before and after each patient, and which to clean periodically every day. A checklist will help you to remember the daily routine. Putting your checklist on view will reassure everyone using the clinic that enhanced cleaning protocols are in place.

Remove all non-essential items that can be contaminated, for example drinks facilities, magazines, products for display that can be handled, etc.

All surfaces that patients may have come into contact with in any way, including touched, coughed or sneezed upon, must be appropriately disinfected between patients; where practicable rooms should be ventilated with outside air.

You should allow for extra time before patients arrive and between patients to ensure that you can clean/disinfect your treatment area effectively. Frequency of cleaning different areas will depend upon their usage. Generally, the more often an area is used the more frequently it will need to be cleaned.

Cleaning

The treatment room and all communal areas of the building should be cleaned thoroughly and high frequency contact areas should be disinfected regularly throughout the day.

Shared contact areas such as external and internal door handles, chairs, desks, treatment tables, surfaces in the toilet and payment terminals should be cleaned daily and disinfected before each patient.

Where possible, soft furnishings should be replaced with wipeable surfaces. You may wish to modify existing furniture to make sure that it can be wiped down e.g. installing plastic seat covers on chairs.

You must not use any item on more than one patient, including the following:

- couch covers
- blankets
- sheets
- gowns
- pillow cases
- face cushion covers

Items that can be wiped down e.g. items made from PU or PVC must be disinfected between patients.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning may be considered.

Take note of patient possessions e.g. clothes, handbag, linen etc and where they have been left in your clinic and remember to clean these spots after they leave.

Cleaning materials

Covid-19 is an enveloped RNA (ribonucleic acid) virus, meaning that proteins and lipids are part of its structure. Therefore, detergents by themselves work very well at disrupting the virus structure by dissolving the lipids, which in turn inactivates the virus by stopping it binding to our cells. However, in addition to regular detergent, it is recommended to consider one of the following **in addition**:

- detergent products that state that they kill viruses
- household bleach
- products that contain 70% alcohol

Waste disposal

Single-use disposable items are preferred.

Any item that has come into contact with the patient must be disposed of in a safe way. You may either

- a Dispose of the item into your clinical waste bin.
- b Dispose of the item into a dedicated regular plastic rubbish bag which should be tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place marked for storage for 72 hours. After this period it can be disposed of with your normal rubbish collection.

This also applies to any item of **personal protective equipment** (PPE) to be disposed of. Waste bins used in your clinic, where practicably possible, should be 'no touch bins' such as pedal bins.

Laundry

It is recommended that laundry bags that can be tied up should be designated for any item that has come into contact with a patient. Items that are used on one patient alone, such as face hole coverings, towels, etc must be washed. These items should be used once then washed before using on another patient and in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items. Hanging cloth room dividers and curtains should be cleaned in accordance with the manufacturer label for frequency of washing.

Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air. Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

You may ask patients to bring their own linen and towels. Recommend that they bring them in a bag or container and take note of where it is placed in the clinic so that cleaning can take place afterwards.

Ventilation

You should, where possible, ventilate the clinic areas and treatment room with outside air between patients.

Handwashing and hygiene

Frequent handwashing by everyone who comes to your clinic is essential for infection protection control (IPC).

Patients should be informed in advance of attending their appointment that they will be required to wash or sanitise their hands immediately upon entering the premises.

Hand cleaning facilities should be available as soon as possible on entry to the building with the minimum possible number of surfaces touched and minimum distance walked. This could mean keeping some adjoining doors open (subject to fire regulations) or designating one toilet room for hand washing only with the door always kept open.

Hand cleaning facilities can include a hand sanitising station with an alcohol-based gel with at least 60 per cent alcohol content or a wash-hand basin with soap.

Hands should be cleaned in accordance with NHS recommendations. Posters on hand cleaning should be clearly visible for patients, the public, practitioners and staff in proximity to the hand washing area. See Appendices 8 and 9.

Practitioners and staff should wash their hands frequently throughout the day and through each individual appointment. Practitioners should wash their hands before and after touching the patient.

In many shops cash is not accepted at the moment, because notes and coins are passed frequently from hand to hand. You should consider switching to digital payment methods. If the payment is not contactless, clean the terminal between patients if they have handled the machine. If you are accepting cash or cheque payments you should clean your hands before and after accepting the payments.

When handling items that have been in contact with patients, practitioners must wash their hands afterwards. Where patients are required to complete forms or provide signatures, pens should be sanitised before and after use or patients can be advised to bring their own pens.

You can consider wearing gloves to:

- handle patient laundry and practice-based disposables
- clean and disinfect the practice and treatment rooms
- dispose of any clinical waste.
- hand products such as herbs to your patients

People in the clinic should cover any coughs or sneezes with a tissue, then dispose of the tissue in a bin and immediately wash their hands.

3 Helping staff work from home

If you employ staff to work in your practice, you must check the government guidance for helping them to work from home. You might consider if all or part of their work might be able to be done remotely, for example answering phones, doing administrative work. Your planned goal should be for the minimum number of people to be on site at any one time so that the practice can operate safely and effectively.

People have varying degrees of risk and vulnerability (summarised in Appendix 2) and your staff member's level of risk should be considered if they are coming back to work.

Staff who fall into either the **clinically vulnerable individuals** or **clinically extremely vulnerable individuals** categories have been advised not to work outside the home. Staff who have suspected and confirmed cases of Covid-19, or who are under quarantine should not come to work.

For staff who are working from home, adequate steps should be taken to support their mental health and wellbeing. This could include advice or telephone support.

4 Ensuring social distancing where practically possible

You must maintain social distancing in the clinic wherever possible. Social distancing applies to all parts of a business, not just the place where people spend most of their time, but also entrances and exits, kitchens, staff rooms and similar settings. You will need to define the number of people that can reasonably follow two metres social distancing while in each part of the premises and take steps to limit that number. You might consider instituting one-way systems with appropriate signage and/or floor stickers in the form of strips, arrows and feet to indicate to patients where to walk and stand.

It is important to stagger appointments for patients, to make sure that timings of entry and exit do not result in crowding. You might consider asking patients to wait in their car and sending them a text message when you are ready for them to come in.

Where possible, patients should be encouraged to come to your clinic on their own (with the exception of necessary carers).

If you choose to keep your waiting room open, you must take steps to make sure that seating is appropriately socially distanced such that patients can sit and move about without undue risk of coming within two metres of each other. Appropriate signage must be placed to advise patients of social distancing requirements. Waiting rooms must be closed if social distancing cannot be achieved. Seating and any surface that patients might have touched in the waiting room must be cleaned after every use.

Where practical, make the reception area off limits to all but essential staff and make provisions for staff within the reception area to distance from each other. A Perspex or equivalent 'sneeze guard' may be considered, to divide and protect reception from areas accessed by patients. The 'sneeze guard' should be cleaned periodically throughout the day.

Deliveries should be received in a socially distanced manner, perhaps by being left outside for collection. All new items should be cleaned before being stored in the clinic, with hand washing before and after and packaging disposed of appropriately. If contractors such as plumbers are expected, they must be included in your plan for social distancing in the building. Where possible, you might restrict patient numbers at that time.

5 Managing transmission risk where people cannot be two metres apart

Tongue and pulse diagnosis and acupuncture treatment will involve being close to patients and having physical contact. The government advice in this instance is to 'take all the mitigating actions possible to reduce the risk of transmission'.

This means careful attention to hand washing and surface cleaning, keeping the activity time involved as short as possible and wearing appropriate personal protective equipment (PPE).

Personal protective equipment (PPE)

Detailed information on the different types of PPE and their use can be found in Appendix 6.

Face coverings

The NHS [recommends](#) non-FRSM single-use disposable surgical masks for patients. If a patient arrives without a surgical mask and requests one, you should make one available to

them. They should wear the mask at all times while in the clinic. If the mask is removed at any time, it must be disposed of and a new one must be used.

It is, however, essential that patients use PPE safely. There may be situations where mask wearing for patients cannot be tolerated or will make breathing more difficult, and surgical masks must be removed in instances of impaired breathing. In these cases it is acceptable for patients not to wear a mask for a short period or for the duration of the appointment. This is in line with the above government guidance. Patients must never wear a surgical mask while prone with their head held in a face hole or cradle. You may also consider alternative patient positioning than in prone.

When you are less than two metres from your patient, it is recommended that you as the practitioner use type IIR fluid resistant surgical masks (FRSM). These masks are intended for single use or [single session use](#). The example of a single session that the Infection Protection Control guidance gives is e.g. a ward round. In this clinical context it is reasonable to interpret this as a morning, afternoon or evening of practice, as long as the mask is not removed or kept under the chin in that period.

Please be aware that wearing a face mask can increase the likelihood of touching your face, for example, in repositioning the mask. This is a known risk for contracting and increasing the risk of spread of Covid-19, so careful attention must be paid.

Gloves

The use of disposable gloves can be appropriate where you might come into contact with bodily fluid from the patient. This can be during treatment, disposing of something or cleaning a surface contaminated with bodily fluid. It should be underlined that gloves are not a substitute for frequent hand washing which is the first and most important requirement in hand hygiene.

Clothing and aprons

You should consider what you wear for treating patients in your practice. You must change your clothing if it becomes contaminated with droplet contaminants such as being coughed on, and at the end of each clinic session. Consider using aprons, white coats and/or having a change of clothes with you in case this happens.

You must wash your clinic clothes in accordance with the cleaning instructions of the garment. You should launder/wash your clinic apparel daily or wear clean clothes. Consider wearing clinic apparel that can be washed in a 60°C washing machine cycle.

Disposable aprons can be considered when treating or when cleaning and disinfecting surfaces to protect transmission from clothing.

All disposable PPE must be safely disposed of in clinical waste bins.

Patient and practitioner should be informed of the proper procedure of putting on and taking off PPE. This can be found in Appendices 10 and 11.

Diagnosis

You should consider how much of your diagnosis and consultation can be done remotely. Social distancing is not just about maintaining distance but also about reducing the amount of time spent in proximity to others. You could, for example, conduct part of the consultation by phone or email before the appointment and reserve the face-to-face component for physical examinations and treatment.

Where possible and if the treatment room allows, the verbal consultation can be conducted at a distance of two metres.

For pulse and other palpatory diagnosis, practitioners should wash their hands before and afterwards. Gloves can also be considered where they do not interfere with diagnostic sensitivity.

As Covid-19 is spread through droplet contagion, close examination of the tongue represents a significant increase in risk. Hence making a tongue diagnosis by means of patient self-photo emailed before the appointment or by webcam is strongly recommended. If tongue diagnosis is done in person, a plastic visor and goggles must be used **in addition to** a face mask.

Treatment

There are already stringent requirements in member codes of practice for hygiene and clean field and safe needle technique. Please consult the Guide to Safe Practice for Acupuncture (2018) and make sure you are fully aware of and compliant with the latest guidance.

Treatment that entails contact with the face and head is considered a higher risk for transmission to and from the patient due to proximity to the orifices. Hence, where at all possible, procedures that involve contact with the face and head should be minimised and enhanced attention given to hand washing and use of PPE.

6 Considerations for other working contexts

Herbal medicines dispensing

This advice should be viewed as an addition to the RCHM Dispensary Codes of Practice and is not intended to replace them.

Every clinic and dispensary will be different, and so it is a matter for the individual practitioner to decide how these recommendations should be implemented in practice.

Any modifications made to your dispensing standard operating procedures (SOP) should be fully documented. Where practical, they should be made into a poster to be placed into the dispensary area as a reminder for all. Good communication with dispensary staff is essential for infection protection control.

Maintaining social distancing

Only dispensary staff should be permitted within the dispensary area. Patients and other staff must remain outside the social distance area, currently two metres. This must be communicated to all staff and patients and adequate visible clinical signage employed.

Plan to allow only one member of staff into a dispensary area if a two-metre social distance cannot be maintained between them.

Cleaning

All surfaces that are touched by the dispensary staff must be cleaned and disinfected appropriately on a regular basis. Surfaces used specifically to dispense herbs must be cleaned appropriately after each prescription is made. Personal effects brought into the dispensary room must be kept to a minimum.

Hand washing

Dispensary staff should wash their hands immediately before entering the dispensary area, and at regular intervals throughout the day.

PPE

It is already a recommendation in the RCHM Dispensary Codes of Practice that staff wear disposable gloves while dispensing. We recommend that this is extended to all dispensary activity. It is recommended that dispensary staff wear some form of face mask. This helps prevent contamination from coughs and sneezes and from the unconscious touching of your face. Disposable aprons can be considered to prevent contamination from clothing.

Taking payment and handing herbs to patients

Where possible prescriptions should be given to patients in a manner that maintains a two-metre distance or where appropriate is divided by a plastic 'sneeze guard' type screen. If money, cards or payment machinery is handled by dispensary staff and/or patient, hands must be washed and gloves changed before the next prescription is made.

Drop in clinics

The most effective patient screening can take place when done remotely. In most cases it may not be possible to put effective in the moment screening measures in place for patients who might for example drop in to the clinic off the high street. It may also not be possible to communicate your necessary clinic procedures like social distancing and hand-washing. In the case where minimum patient screening and infection protection control standards cannot be met, you must not accept drop in patients and move all patients to remote booking. However, if you can take steps to meet these requirements then you may remain open for drop in patients. You will need to make sure there is sufficient information displayed outside the clinic to prevent anyone entering accidentally or entering while symptomatic. This would also require reception staff to perform on the spot screening through questioning while maintaining social distancing. Extra protection for reception staff would then be needed with treatment room level PPE and sneeze guards. It will hence be important to limit the number of entrants into the clinic at any one time.

Multibed clinics

Treatment couches must be spaced apart according to social distancing, currently two metres. A portable screen divider, that ensures patients' privacy and prevents droplet spread such as coughing must be used between treatment couches/chairs. Screening between couches could be either full body or head only.

Multiroom practice

If you usually work from multiple rooms, consider using just one room at the current time. If you decide to treat from multiple rooms, you must clean your hands between patients going from room to room, both before and after patient contact. You must allow sufficient time to ensure you can clean/disinfect the treatment area and clinic properly.

Treating patients from home

In addition to the guidance given in this document there are extra considerations to be made while working from home.

You must gain consent from the people that you live with for patients to enter the home. If anyone you live with falls into either the 'clinically vulnerable individuals' or 'clinically extremely vulnerable individuals' categories (as defined in Appendix 2), they are at higher risk. You must make sure that they are informed of this risk and give consent. You should use your professional judgement and make the decision whether to delay opening your practice until the general risk level is lower.

If those that live with you have suspected or confirmed cases of Covid-19, you must not admit patients until all residents are considered clear. Appendix 2, point 3 explains how to calculate this period.

You should take all steps to ensure that other residents in your home stay away from patient areas and from common areas that patients will travel through and use during their visit.

Making home visits

The government has issued [guidance](#) for those working in other people's homes which you should read in full before planning a home visit.

Screening for suspected and confirmed Covid-19 cases and clinically vulnerable individuals as defined in Appendix 2 must be extended to all those that cohabit with the patient you are visiting.

Good communication must take place between you and your patient, so you can plan to keep areas you will walk through and where you will conduct diagnosis and treatment free from others for the duration of your visit. Appropriate PPE must be worn at all times.

7 On completing all steps to become 'Covid-19 secure'

Once you have undertaken a thorough risk assessment, instituted all necessary safety procedures and made everyone working in your clinic aware of the new standards, you are eligible to display the 'Covid-19 secure' poster in your practice premises.

It is highly recommended that you do this and that you place the poster in a prominent position, to reassure patients, law enforcement and local authorities that the proper measures have been taken. It is also advisable to keep a hard copy of these guidelines, and for herbalists your SOP, on the premises so that they can be shown to the authorities if necessary.

Section 2: Communicating with patients

Good communication of any new procedures with patients is an essential component of making your practice 'Covid-19 secure'. Communication with patients must take place before, during and after face-to-face appointments.

For clarity we have produced a number of flowcharts and sample documents for various issues related to communication. These include

- Patient screening, consent and information provision flowchart (Appendix 12)
- Screening and consent questions asked by phone or email (Appendix 13)
- Sample clinic procedures patient information sheet (Appendix 14)
- Sample paper screening and consent form (Appendix 15)
- Test and trace flowchart 1: what to do if you get symptoms of Covid-19 (Appendix 16)
- Test and trace flowchart 2: what to do if your patient gets symptoms of Covid-19 (Appendix 17)

Before the appointment

Once you and your clinic are 'Covid-19 secure' you are ready to receive patients. In deciding to treat face to face, you must first refer to the recommendation of types of patients acceptable to treat based on current risk level from your professional body. These range from the 'Urgent Care' phase where only patients with exceptional need should be treated to the 'Careful Practice' phase where all patients may be seen subject to social distancing constraints, screening for Covid-19 and risks to the clinically vulnerable. You should make a good clinical judgement on whether to treat the patient **and record this thought process in your patient notes.**

A flowchart has been provided to help you with the extra screening, consent and information provision procedures now necessary for infection protection control (see Appendix 12).

Before accepting a patient for treatment you must

- 1 Screen for Covid-19 infection risk
- 2 Screen for those who are 'clinically vulnerable' or 'clinically extremely vulnerable' or live with those who are clinically vulnerable. You must make a professional clinical judgement as to whether the need that treatment addresses is greater than the increase in risk of them visiting your clinic
- 3 Gain consent for approaching them at a non-social distance in order to provide treatment
- 4 Provide them with information on new clinic procedures and what is expected of them.

These steps can be taken by email, online form, web conference or phone. Examples of good screening and consent questions can be found in Appendix 13. Examples of information you could include in a clinic procedures patient information sheet can be found in Appendix 14.

Appendix 2 details the criteria to use to assess the patients you cannot treat because they carry a high risk of being infected. It is important to read this appendix to understand all the situations that you will need to exclude patients from your clinic and the reasons why.

Appendix 2 also details the full lists of 'clinically vulnerable patients' and 'clinically extremely vulnerable patients' for whom you will make a professional judgement on the risk of treating them in your clinic. It is important to read through this information and the related government guidance on these two new categories.

Making your practice 'Covid-19 secure' minimises but does not eliminate risk to patients. This is because people infected with the virus are asymptomatic for a period. This means that the decision of whether to treat a patient face to face must balance the risk that treatment exposes them to against the level of their healthcare need. It must also be done in the context of the level of general risk in the UK at any time.

If, after patient screening questions have been returned, you make the determination that they should not attend your practice, you must communicate this clearly to them and explain the reason. Do not assume that your patient will know or understand the reasons why you have told them that they cannot attend. You can refer them to the following current government advice as appropriate:

[Stay at home: guidance for households with possible coronavirus \(Covid-19\) infection](#)
[Guidance on shielding and protecting people who are clinically extremely vulnerable from Covid-19](#)

If you decide that it is appropriate to treat the patient face to face, you must send them appropriate information in relation to your new clinic procedures (see example in Appendix 14).

You may consider asking the patient to bring their own towels and/or linen.

You must ask the patient to wear a non-FRSM surgical mask as a minimum for non-socially distanced encounters in the clinic. You must provide the patient with one where they do not provide one of their own.

You may consider conducting part of the consultation remotely to minimise patient time in the clinic.

During the appointment

Upon arrival, where practicably possible, you or a member of staff should direct the patient to immediately wash their hands. The patient should also be informed of any updates to your procedures and current considerations since your prior communication.

The patient should be asked the screening questions again in case their situation has changed since booking the appointment. A paper screening and consent form can serve this function, which also serves as a written record, particularly if the original screening and consent was taken verbally over the phone. An example form can be found in Appendix 15.

Adequate signage and posters must be placed around the practice to inform your patient of your new procedures. It is important to make your patients aware that all common areas are being cleaned frequently with regularity.

At the end of the appointment, you should inform the patient if any encounters that you have had with them would make you reportable under the test and trace initiative should the patient develop symptoms of Covid-19 within 48 hours. If you have avoided 'close contact' as defined in the test and trace government guidance, it may be prudent to explain this to the patient so that they know that they do not need to report you in such an eventuality.

 You must also request that if the patient does develop symptoms of Covid-19 within 48 hours of 'close contact' with you, that they contact you as soon as they can to inform you.

After the appointment – test and trace

On 27 May 2020, the government officially launched their test and trace scheme. It was launched without the 'track' component which is related to the automatic tracking through the NHS Covid-19 App. This will be added at a later date.

What is the new procedure?

If someone develops one of the three cardinal symptoms of Covid-19 as listed in Appendix 2, they are strongly advised by the government to get tested.

If the test comes back positive, they will be contacted by the test and trace service and asked

- to self-isolate for seven days
- to provide a list of all people with whom they have had 'close contact' in the period of 48 hours before symptoms appeared until the present moment and also to provide their contact details (email or phone).

The NHS test and trace service will then proceed to inform those who have had 'close contact' to self-isolate for 14 days from their last time of contact with the original person.

What constitutes 'close contact'?

This is a crucial question for our practices, but unfortunately the government criteria has a degree of ambiguity and despite requests for clarification, we have been unable to get a response. Hence, what follows is our best current interpretation which may be updated later on.

In the government guidance found at <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

The government defines close contact as follows:

'if you have had any close contact with anyone other than members of your household.

We are interested in the 48 hours before you developed symptoms and the time since you developed symptoms. Close contact means:

- 1 having face-to-face contact with someone (less than one metre away)
- 2 spending more than 15 minutes within two metres of someone
- 3 travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane
- 4 if you work in – or have recently visited – a setting with other people (for example, a GP surgery, a school or a workplace)'

The mention of requirement for 15 minutes contact when within two metres in point 2 appears to be overridden in point 1 if you are under one metre away. If you touch the patient, either in treatment or in palpation diagnosis, we have to assume that you have been less than one metre away and hence instantly become subject to reporting if the patient develops Covid-19 symptoms under 48 hours later. Because acupuncture or massage treatment cannot be provided at a distance of over one metre, the 15 minute rule does not appear to be relevant here. We have asked for clarification but nobody has been able to provide us with this as yet. We have also not been able to get clarification as to whether using appropriate PPE and hand-washing exempts one from reporting or being reported.

Hence, unfortunately, we have to assume that minimising time spent under one metre from the patient and having a high level of PPE will **not** affect the patient's requirement to report 'close contact' with you if they develop Covid-19 symptoms within 48 hours of treatment.

What does it mean for your clinical practice?

There are two scenarios:

1 You yourself develop symptoms of Covid-19.

You must then follow the procedure below (also see flowchart 1)

As soon as you develop symptoms:

- You must immediately stop work and self-isolate for seven days
- The government recommends that you contact all those who you have had 'close contact' with in the 48 hours prior to developing symptoms. You should tell them that you might have coronavirus but are waiting for a test result. At this stage (until the test result is known), those people do not need to self-isolate, but they should take extra care in practising social distancing and good hygiene, like washing their hands regularly. They should also watch out for their own symptoms.
- You must request a test from the government.

If you test positive

- You will be contacted by the test and trace service and asked to provide contact details of all of those you have had 'close contact' with as defined above. This will include all patients that you have had 'close contact' with in the 48 hours before your symptoms started. The test and trace service will then contact them to tell them to self-isolate.
- Continue your self-isolation for seven days from the start of symptoms

If you test negative

- You must inform all those that you contacted in step a) ii above and inform them that your test was negative.
- You may resume work

2 One of your patients develops symptoms of Covid-19 within 48 hours of 'close contact' with you.

You must then follow the procedure below (also see flowchart 2)

When the patient develops symptoms:

- You will already have asked the patient to contact you when they are symptomatic in this case. Should they follow this instruction and inform you and you also confirm that they had 'close contact' with you under 48 hours prior to their symptoms starting, you must cease work and self-isolate. You may want to remind the patient at this stage that they should get tested as soon as possible. Your ability to return to work is directly contingent on them acting swiftly to get tested and inform you of the result.
- The patient should request a test.

If the patient tests positive

- The patient should inform you straight away. If this is the case, you must continue your self-isolation until a total of 14 days from the point of contact with the patient.
- The patient will provide your name and contact details to the test and trace service, whereupon you will be contacted and told to self-isolate for 14 days from the last point of contact with them.

If the patient tests negative

- The patient should inform you straight away. If this is the case, you may return to work.

If I have symptoms and have to self-isolate, when do I count the 7 days from?

The NHS clarifies this point [here](#) :

- You can stop self-isolating after 7 days if either:
 - your symptoms have gone
 - you just have a cough or changes to your sense of smell or taste – these symptoms can last for weeks after the infection has gone
- Keep self-isolating if you still have any of these symptoms after 7 days:
 - a high temperature or feeling hot and shivery
 - a runny nose or sneezing
 - feeling or being sick
 - diarrhoea
 - loss of appetite

Only stop self-isolating when these symptoms have gone.

If you have diarrhoea or you're being sick, stay at home until 48 hours after they've stopped.

Will I have to continually keep closing my practice?

Because you will be screening out all patients who currently have Covid-19 symptoms this will only ever occur with patients you see in that short 48 hour window where they are incubating the disease but still asymptomatic.

The UK is still at a high level of risk of transmission of Covid-19. However, new cases are declining. This means that together with the short 48 hour window, the likelihood of having to close your practice is a possible eventuality but also a low probability. The short answer is, you may have to close your practice if you are unlucky and if you are very unlucky you might have to close it multiple times. It is more likely that for the most part, your practice will be mostly uninterrupted.

However, even if you are instructed to self-isolate, the period is 14 days **from the last point of contact**. Due to the time periods involved including the time it takes to get test results back, it is likely that by the time you are told to self-isolate, you may have considerably less than 14 days remaining in your isolation period.

Can I request to be tested if I am not symptomatic?

The government has specifically advised against this. Not only do they want to reserve tests for those who are symptomatic, the test result is only reliable for those who have symptoms.

What changes do I need to make with communication with my patient?

You must inform the patient that should you develop symptoms of Covid-19 under 48 hours after 'close contact' with them that you will be obligated to provide their name and contact details to the NHS test and trace service.

Do not assume that your patients already understand the intricacies of test and trace. You should make it clear to the patient when you have and when you have not had 'close contact' according to the above definition. You should explain to them what they should tell the test and trace service if they are to develop symptoms of Covid-19 within 48 hours of treatment and then later test positive. This way you can avoid being accidentally reported when no 'close contact' has taken place within the requisite period.

For example, if you prescribe herbs to the patient or just give advice and do not take the pulse or look at the tongue in person, you can maintain a social distance and therefore not constitute 'close contact'.

If the NHS test and trace service tells me to self-isolate but I disagree, what should I do?

This is an unfortunate scenario. The government takes this instruction very seriously. The Health Secretary [said the following](#),

‘If you are contacted by NHS test and trace instructing you to isolate, you must. It is your civic duty, so you avoid unknowingly spreading the virus and you help to break the chain of transmission... We trust everyone to do the right thing but we can quickly make it mandatory if that’s what it takes. If we don’t collectively make this work then the only way forward is to keep the lockdown.’

The Prime Minister indicated that fines and/or other penalties might come in if people do not follow the rules:

‘Of course we will keep sanctions on the table and as we develop the system we will review constantly.’

Hence, it is our recommendation that you follow government advice to self-isolate even if you do not agree with it. This is an unfortunate circumstance of the current coronavirus predicament and for our profession as a whole; we must not be perceived to be going against the national effort to bring the virus under control.

What will be different when the tracking app is launched?

From the documentation already released, it appears that once the app is installed on a phone, it will log any time that it has been under two metres from another phone with the app on it. Both of the phones will have to have had Bluetooth activated at that moment. If you have installed the app and at some point test positive for Covid-19, all those who have been logged as having their phones under two metres from you in the relevant period will automatically be notified to self-isolate. This will happen in addition to the procedures outlined above. We will be able to provide more accurate information on this as and when the app is officially rolled out.

Covid-19 changes to my hygiene procedures if someone with either suspected or confirmed Covid-19 has visited the clinic premises?

As you will have been cleaning thoroughly between each patient you will already have minimised transmission risk. However, it is advisable to give the clinic an extra deep clean in this eventuality before new patients are admitted.

Further [advice](#) from government provides greater detail on cleaning areas suspected of having been exposed to Covid-19:

- ‘cleaning an area with normal household disinfectant after someone with suspected coronavirus (Covid-19) has left will reduce the risk of passing the infection on to other people
- wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (Covid-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning’

Appendices

Appendix 1: Key resources to read before returning to practice

Getting 'Covid-19 secure' status

The main guidance for businesses to fulfil the requirements in order to be able to display the '[Covid-19 secure](#)' poster and reopen their business can be found [here](#).

General information

General information on measures the entire population should take is available on the [GOV.UK website](#). Further guidance is available including information about [Covid-19 and how to prevent spread](#), and [what to do if people have symptoms](#). Government guidance on when to stay at home and for how long can be found [here](#).

Health and Safety Executive

The Health and Safety Executive have collated a [page](#) dedicated to safe working and business practices in relation to coronavirus (Covid-19).

NHS 111

NHS 111 has an [online coronavirus service](#), running alongside its standard online service, which can provide advice to patients with an urgent health concern. Patients with possible Covid-19 are directed to NHS 111 online for health advice in the first instance. The NHS 111 telephone service should be used only when online access is not possible.

Infection protection control

The NHS and Public Health England produced [this document](#) which is the main source document for infection protection control in healthcare settings.

As member practices are a combination of healthcare and non-healthcare settings, [this government advice](#) is also appropriate on cleaning in non-healthcare settings.

[This document](#) is a summary of government advice on PPE which is mostly a reproduction of relevant sections of the infection protection control document above.

Test and trace

The main government guidance on test and trace can be found [here](#). Specific workplace guidance for test and trace can be found [here](#).

Appendix 2: Categories of risk for different people

You must screen your patients to find out if you are able to treat them or whether they need to be excluded from your practice.

Screening can be divided into two categories:

- people who must be excluded from attendance at your practice
- people for whom good professional judgement must be made when deciding whether to exclude

People who must be excluded from attendance at your practice

- 1 Any person who currently exhibits any of the key symptoms of Covid-19 must be told to stay at home and not enter the practice for 7 days. More detail on how to calculate this 7 day period can be found [here](#).

According to current NHS advice, this is defined as:

- **high temperature**: this means you feel hot to touch on your chest or back – you do not need to measure your temperature – and
- **new, continuous cough**: this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours – if you usually have a cough, it may be worse than usual
- **anosmia**: lack of taste or smell (updated 18 May 2020)

NHS 111 has a [symptom checking service for Covid-19](#)

- 2 Any person who has had confirmed [non-socially distanced contact](#) with any person with a confirmed Covid-19 diagnosis or someone exhibiting any of the cardinal symptoms must also be physically excluded from your practice. This includes those that cohabit with symptomatic persons.

Persons that live with others and are the first in the household to have symptoms of Covid-19 must stay at home for seven days. All other household members who remain well must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. This [explanatory diagram](#) explains this process.

- 3 Persons who have recently travelled from abroad and are still in their designated quarantine period must be excluded from your practice.
- 4 Any person who has been instructed by the NHS test and trace service to self-isolate must be excluded from your practice.

People who are advised to self-isolate at home should follow the government [stay at home guidance](#).

Recent research from the [Covid Symptom Study](#) has identified further symptoms which are predictive of a positive test for Covid-19. The most predictive symptoms, in order of importance, were: anosmia (lack of taste and smell), fatigue, shortness of breath, fever and persistent cough. These are not currently included in the government/NHS guidelines, but it may help you to be aware of them.

Government guidance on **when to stay at home and for how long** can be found [here](#). Government guidance for employers on **'Who should go to work'** can be found [here](#)

People for whom good professional judgement must be made when deciding to exclude

The UK government has identified the [following groups of people](#) as being 'clinically vulnerable' and the [following groups of people](#) as being 'clinically extremely vulnerable'

You must make a decision on behalf of your patients, using your professional judgement as to whether to exclude them from your practice based on their risk and vulnerability.

If a person from either of these categories contracts Covid-19 they are more likely to have complications and they are at a higher risk of severity of disease and mortality.

You must make sure that patients are aware of their increased risk status so that any decision they make to attend is based on informed consent. You must exclude any patient in this category who you assess as incapable of making this informed consent, if there is no legal guardian who can provide consent on their behalf.

For the '**clinically vulnerable**', the government has made [these specific recommendations](#) on extra precautionary measures that they should take. If one of your patients falls into this category, you must read through this information before using your professional judgement on whether to admit or exclude this patient.

The '**clinically vulnerable**' category includes 'pregnant women'. The Royal College of Obstetricians and Gynaecologists have identified that women in the third trimester of pregnancy are at a higher level of vulnerability than those in the first and second. You can find out more detailed information on this point [here](#).

For the '**clinically extremely vulnerable**', the government has issued [these stronger recommendations](#) which collectively are labelled as 'shielding and protecting'. If one of your patients falls into this category, you must read through this information before using your professional judgement on whether to admit or exclude this patient.

Clinically vulnerable people

People in this category of risk include:

- 1 anyone aged 70 and older (regardless of medical conditions)
- 2 anyone under 70 with an underlying health condition (that is, anyone instructed to get a flu jab as an adult each year on medical grounds) – such as:
 - a chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - b chronic heart disease, such as heart failure
 - c chronic kidney disease
 - d chronic liver disease, such as hepatitis
 - e chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
 - f diabetes
 - g a weakened immune system as the result of conditions such as HIV and AIDS, or medicines (such as steroid tablets)
 - h being seriously overweight (a body mass index (BMI) of 40 or above)
 - i pregnant women

Clinically extremely vulnerable people

People in this category of risk include:

- 1 solid organ transplant recipients.
- 2 people with specific cancers:
 - a people with cancer who are undergoing active chemotherapy
 - b people with lung cancer who are undergoing radical radiotherapy
 - c people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - d people having immunotherapy or other continuing antibody treatments for cancer
 - e people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - f people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- 3 people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- 4 people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)
- 5 people on immunosuppression therapies sufficient to significantly increase risk of infection
- 6 women who are pregnant with significant heart disease, congenital or acquired
- 7 other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

More information about who has been classed as clinically extremely vulnerable is available on the [NHS Digital website](#).

Appendix 3: Social distancing

The government issued the following advice on social distancing in the workplace on 7 April 2020

'Social distancing involves reducing day-to-day contact with other people as much as possible, in order to reduce the spread of coronavirus (Covid-19). Businesses and workplaces should encourage their employees to work at home, wherever possible. If you cannot work from home then you can still travel to work. This is consistent with the Chief Medical Officer for England's advice.

'The advice on social distancing measures applies to everyone and should be followed wherever possible. Workplaces need to avoid crowding and minimise opportunities for the virus to spread by maintaining a distance of at least 2 metres (3 steps) between individuals wherever possible. This advice applies both to inside the workplace, and to where staff may need to interact with customers.'

Updated and more detailed guidance for employers was issued on 11 May 2020:

'Objective: To maintain two metres social distancing wherever possible, including while arriving at and departing from work, while in work and when travelling between sites.

'You must maintain social distancing in the workplace wherever possible.

'Where the social distancing guidelines cannot be followed in full in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff.

'Mitigating actions include:

- further increasing the frequency of hand washing and surface cleaning
- keeping the activity time involved as short as possible
- using screens or barriers to separate people from each other
- using back-to-back or side-to-side working (rather than face-to-face) whenever possible
- reducing the number of people each person has contact with by using "fixed teams or partnering" (so each person works with only a few others)

'Social distancing applies to all parts of a business, not just the place where people spend most of their time, but also entrances and exits, break rooms, canteens and similar settings. These are often the most challenging areas to maintain social distancing.'

The government published detailed advice on safe travel in regard to Coronavirus (Covid-19) on 12 May 2020.

Appendix 4: Hand and respiratory hygiene

Hand hygiene

The World Health Organization (WHO) [states](#):

'The Covid-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.'

'Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.'

The [government issued advice](#) for businesses as regards hand hygiene is as follows:

'Staff should be reminded to wash their hands regularly using soap and water for 20 seconds and particularly after blowing their nose, sneezing or coughing. Where facilities to wash hands are not available, hand sanitiser should be used.'

In addition, the government recommends that businesses:

- 'make regular announcements to remind staff and/or customers to follow social distancing advice and wash their hands regularly'
- 'provide additional pop-up handwashing stations or facilities if possible, providing soap, water, hand sanitiser and tissues and encourage staff to use them'

[Government issued advice to employers](#) gave the following advice:

'Hygiene: handwashing, sanitation facilities and toilets

Steps that will usually be needed:

- 1 Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into a tissue which is binned safely or into your arm if a tissue is not available.
- 2 Providing regular reminders and signage to maintain hygiene standards.
- 3 Providing hand sanitiser in multiple locations in addition to washrooms.
- 4 Setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible.
- 5 Enhancing cleaning for busy areas.
- 6 Providing more waste facilities and more frequent rubbish collection.
- 7 Where possible, providing paper towels as an alternative to hand dryers in handwashing facilities.'

'Handling goods, merchandise and other materials

Objective: To reduce transmission through contact with objects that come into the store.

Steps that will usually be needed:

- 1 Encouraging increased handwashing and introducing more handwashing facilities for workers and customers or providing hand sanitiser where this is not practical.
- 2 Limiting customer handling of merchandise, for example, through different display methods, new signage or rotation of high-touch stock.
- 3 Putting in place picking-up and dropping-off collection points where possible, rather than passing goods hand-to-hand.
- 4 Enforcing staggered collection times for customers collecting items, with a queuing system in place to ensure a safe distance of two metres.

- 5 Setting up 'no contact' return procedures where customers take return goods to a designated area.
- 6 Encouraging contactless refunds.
- 7 Keeping returns separate from displayed merchandise / stock to reduce the likelihood of transmission through touch.
- 8 Providing guidance to how workers can safely assist customers with handling large item purchases.'

Respiratory hygiene

The government issued the following [advice](#) in relation to respiratory hygiene:

'Workers should cover any coughs or sneezes with a tissue, then dispose of the tissue in a bin and immediately wash their hands.'

Appendix 5: Surface cleaning and disinfection

The government has issued the following [advice](#) in regard to cleaning:

'Covid-19 is mainly passed on by person-to-person spread between people who are in close contact with one another and by droplets produced when an infected person coughs or sneezes.

'It can also spread through contact with a surface or object that has the virus on it. Cleaning helps minimise the spread of coronavirus (Covid-19).

'Fortunately, normal cleaning methods do kill this virus. Cleaners, caretakers and concierges play an important role in keeping people in their buildings protected, and are on the frontline in the battle against coronavirus (Covid-19) to keep staff, customers, and particularly the most vulnerable safe.'

The government gave this [guidance](#) for employers on 11 May 2020:

Before reopening

Objective: To make sure that any site or location that has been closed or partially operated is clean and ready to restart, including:

- an assessment for all sites, or parts of sites, that have been closed, before restarting work
- cleaning procedures and providing hand sanitiser, before restarting work

Steps that will usually be needed:

- 1 Checking whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.
- 2 Most air conditioning systems do not need adjustment, however where systems serve multiple buildings, or you are unsure, advice should be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers.

Keeping the workplace clean

Objective: To keep the workplace clean and prevent transmission by touching contaminated surfaces.

Steps that will usually be needed:

- 1 Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.
- 2 Frequent cleaning objects and surfaces that are touched regularly such as self-checkouts, trolleys, coffee machines, or staff handheld devices, and making sure there are adequate disposal arrangements.
- 3 Clearing workspaces and removing waste and belongings from the work area at the end of a shift.
- 4 If you are cleaning after a known or suspected case of Covid-19 then refer to the [specific guidance](#).

 The government gave [this guidance](#) on waste disposal of items that could have body fluids of a suspected Covid-19 case:

'Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

- 1 should be put in a plastic rubbish bag and tied when full
- 2 the plastic bag should then be placed in a second bin bag and tied
- 3 it should be put in a suitable and secure place and marked for storage until the individual's test results are known

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours

If the individual tests negative, this can be put in with the normal waste.

If the individual tests positive, then store it for at least 72 hours and put in with the normal waste'

Appendix 6: Personal protective equipment (PPE)

[Advice](#) has been clear from the government that the first line of defence against coronavirus (Covid-19) transmission are the methods of social distancing, hand and respiratory hygiene and cleaning. If these methods are employed correctly, additional PPE is deemed unnecessary in ordinary workplace settings.

‘At the start of this document we described the steps you need to take to manage Covid-19 risk in the workplace. This includes working from home and staying two metres away from each other in the workplace if at all possible. When managing the risk of Covid-19, additional PPE beyond what you usually wear is not beneficial. This is because Covid-19 is a different type of risk to the risks you normally face in a workplace, and needs to be managed through social distancing, hygiene and fixed teams or partnering, not through the use of PPE.’

However, the [advice](#) makes this exception:

‘The exception is clinical settings, like a hospital, or a small handful of other roles for which Public Health England advises use of PPE, for example, first responders and immigration enforcement officers.’

The practices of members of the relevant professional associations could be seen to fall into either of the above categories in different contexts. Hence, members should use their professional judgement as to what kinds of PPE to employ and when to use them based on a risk assessment of all possible encounters during practice.

‘Unless you are in a situation where the risk of Covid-19 transmission is very high, your risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited. However, if your risk assessment does show that PPE is required, then you must provide this PPE free of charge to workers who need it. Any PPE provided must fit properly.’

Up-to-date UK government guidelines on PPE are available [here](#):

The following items of PPE need to be considered in relation to face-to-face practice:

Face coverings

All face coverings give some level of protection, particularly from body fluids that come out of your mouth and nose (e.g. from coughs and sneezes) that create a spray of droplets that can contaminate surfaces and infect others. However, different types of face masks afford varying levels of protection in this way.

- 1 **Washable cloth face covering:** on 11 May the government made a [formal recommendation](#) for the public ‘to consider wearing face coverings in enclosed public spaces where [they] may be more likely to come into contact with people [they] do not normally meet... After careful consideration of the latest scientific evidence from the Scientific Advisory Group for Emergencies (SAGE), the government confirmed face coverings can help reduce the risk of transmission in some circumstances.’ Instructions on how to wear and make a cloth face covering from the government can be found [here](#)
- 2 **Non-fluid resistant surgical mask:** these masks provide marginally greater protection than home made cloth masks because they are specifically designed to fit around the face. It is disposable and suitable for single use. The government [recommends](#) this level of mask for patients.
- 3 **Type IIR or Level 2 fluid resistant surgical mask FRSM:** this is the type of mask [recommended by the NHS](#) to be used by healthcare workers when within two metres of a

[possible or confirmed case of Coronavirus \(Covid-19\)](#). [When properly fitted](#) it more effectively captures bodily fluid, eg coughs and sneezes leaving the wearer of the mask than non-FRSM surgical masks or cloth masks. They can be used for a [single session](#). The government defines single session by giving the example of a ward round. In clinical contexts relevant to this document, this could be interpreted as a morning or afternoon session length. To match NHS level recommendations, practitioners are advised to wear this level of mask.

- 4 **Masks fitted with respirators (FFP2, FFP3, N99, N95):** these masks are used by NHS staff predominantly when performing '[Aerosol Generating Procedures](#)' or at risk from splashing of secretions, blood, body fluids or excretions. Some varieties are designed to create a facial seal and provide **two-way protection**, ie it filters inflow and outflow of air. In clinical contexts relevant to this document, practitioners will not need to use this type of mask, the supply of which should be left for frontline NHS staff.
- 5 **Eye and face protection:** this provides protection against contamination to the eyes from respiratory droplets, aerosols arising from aerosol generating procedures and from splashing of secretions, blood, body fluids or excretions. Examples of eye and face protection are goggles, visors and face shields. If in person tongue diagnosis is deemed essential, then goggles and visors may be considered as an extra protection. It should be underlined that a goggles and visors are **NOT** a substitute for a face mask, only to be considered **in addition**.

The government has issued a recommendation that where possible, workers should not use mask types which constitute essential PPE to frontline NHS staff. Hence, judicious use of IIR and FRSM masks should be employed by practitioners and where possible sourced from supply chains that do not compete with NHS procurement.

Advice for employers as regards PPE for employees and procedures can be found [here](#).

Where the mask is 'donned and doffed' between patients you **must**:

- wash your hands before putting the mask on
- not touch the interior of the mask
- check the mask has no defects and is clean and dry
- wash your hands before taking the mask off
- place the mask in a clean paper bag
- wash your hands before re-donning the mask

Disposable gloves

The government offers [this advice](#) on disposable gloves: 'Disposable gloves must be worn when providing direct patient care and when exposure to blood and or other body fluids is anticipated or likely, including during equipment and environmental decontamination. Disposable gloves are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact, as per SICPs, followed by hand hygiene. Double gloving is not necessary.'

It must be underlined that gloves are **not** a substitute for regular hand washing and hand hygiene.

Clothing/disposable gowns/aprons

You should consider the clothing you are wearing for each treatment session in your practice. You **must** change this if it becomes contaminated with aerosol contaminants such as being coughed on, and at the end of each session. Consider having a change of clinic apparel to hand if this occurs.

You **must** wash your clinic apparel in accordance with the cleaning instructions of the garment. You should launder/wash your clinic apparel daily. Consider wearing clinic apparel that can be washed in a 60°C washing machine cycle.

Disposable gowns/aprons are used to protect healthcare providers when working with patients in isolation, when delivering aerosol-generating procedures, and when delivering high-contact patient care activities like dressing, bathing, or transferring patients. They are not generally required in clinic.

Instructions for putting on and taking off PPE

Guidance on the putting on and taking off of PPE can be found in Appendices 10 and 11.

Appendix 7: Respiratory and cough hygiene poster



Respiratory and cough hygiene



- Cough or sneeze into a clean tissue, not into your hands.



- Dispose of the tissue immediately into the nearest waste bin.



- If you do not have a tissue, cough or sneeze into your upper sleeve.



- Always clean your hands after coughing or sneezing, either using soap and warm running water, alcohol handrub or hand wipes.

These steps will help prevent the spread of colds, flu and other respiratory infections

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www.infectionpreventioncontrol.co.uk June 2019
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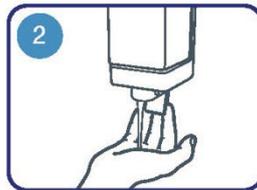
Appendix 8: How to hand wash poster

Best practice: how to hand wash

With soap and water Steps 3-8 should take at least 15 seconds



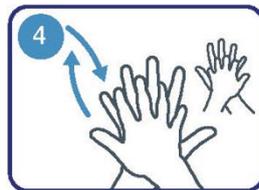
Wet hands with water



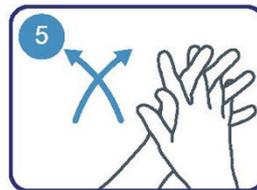
Apply enough soap to cover all hand surfaces



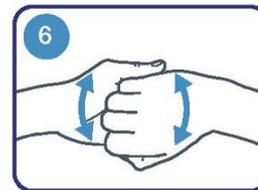
Rub hands palm to palm



Rub back of each hand with the palm of the other hand with fingers interlaced



Rub palm to palm with fingers interlaced



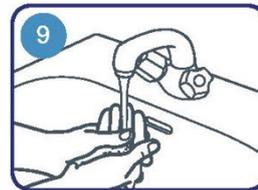
Rub with backs of fingers to opposing palms with fingers interlaced



Rub each thumb clasped in opposite hand using rotational movement

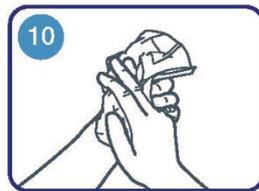


Rub tips of fingers in opposite palm in a circular motion

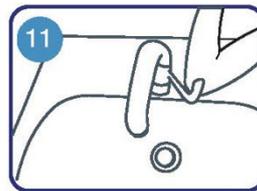


Rinse hands with water

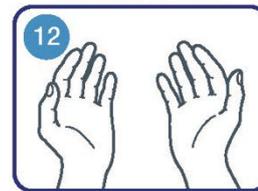
Steps 3-8 should take at least 15 seconds



Dry roughly with a single-use towel



Use elbow to turn off tap



Your hands are now safe

Appendix 9: How to hand rub poster

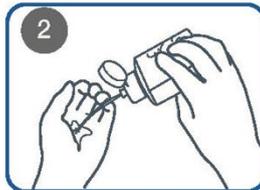
Best practice: how to hand rub

With alcoholic hand rub Duration of process: 20-30 seconds

(containing at least 60% alcohol)



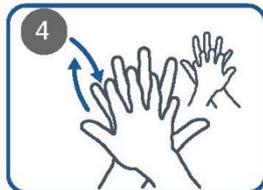
1 Apply a small amount of the product (about 3ml) into a cupped hand



2 Apply enough to cover all hand surfaces



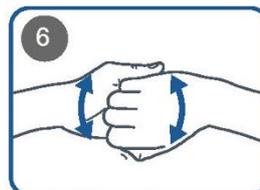
3 Rub hands palm to palm



4 Rub back of each hand with the palm of the other hand with fingers interlaced



5 Rub palm to palm with fingers interlaced



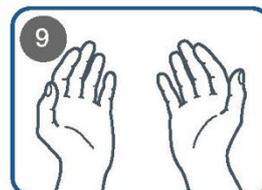
6 Rub with backs of fingers to opposing palms with fingers interlaced



7 Rub each thumb clasped in opposite hand using rotational movement



8 Rub tips of fingers in opposite palm in a circular motion



9 When dry, your hands are now safe

Appendix 10: Putting on PPE poster



Public Health
England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

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.



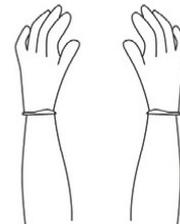
- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Appendix 11: Taking off PPE poster



Public Health
England

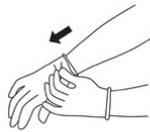
Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• PPE should be removed in an order that minimises the risk of self-contamination

• 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 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 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 facemask 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.

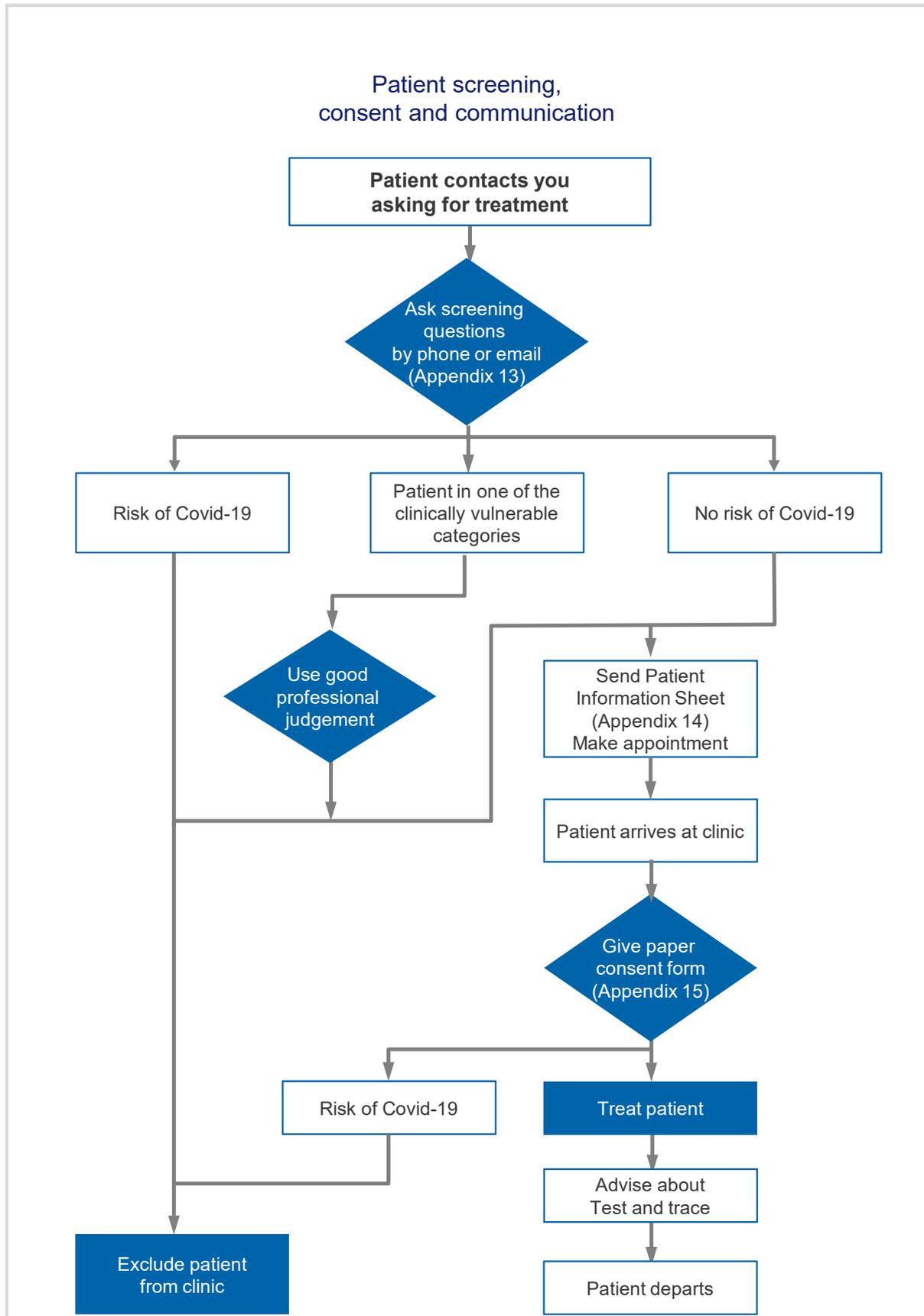


*For the PPE guide for AGPS please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Appendix 12: Patient screening, consent and communication flowchart



Appendix 13: Pre-appointment email or phone screening and consent questions

These questions can be copied and put into the body of an email or they can be read out over the phone. If the patient answers yes to questions 7 or 8, you must consider excluding this patient from your practice due to the enhanced risk to them or those that they live with. You must discuss this risk with the patient and use your good professional judgement whether your duty of care and patient need outweighs this risk. All reasoning must be recorded in your clinic notes.

Our clinic has instituted some new procedures to minimise risk of transmission of Covid-19. I would appreciate it if you could answer the following questions:

In the last seven days:

- 1 Have you had a high temperature? (this can mean feeling hot to touch on your chest and back - you do not need to measure your temperature)
- 2 Have you had a new continuous cough? (this means coughing a lot for more than an hour or three or more coughing episodes in 24 hours - if you usually have a cough, it may be worse than usual)
- 3 Have you lost sensations of taste or smell?
- 4 Have you had close contact (under 2 metres) with anyone with a confirmed Covid-19 diagnosis or someone exhibiting the above 3 symptoms in the last 14 days
- 5 Have you recently travelled abroad and/or been instructed by the government to quarantine?
- 6 Have you been contacted by the government or NHS and told to self-isolate for any reason?
- 7 Do you fall under the [clinically vulnerable category](#) or the [clinically extremely vulnerable](#) category (see below)?
- 8 Do you live with someone who is in either the [clinically vulnerable category](#) or the [clinically extremely vulnerable](#) category (see below)?
- 9 I have taken the necessary government mandated steps of conducting a risk assessment and instituting new social distancing, hygiene, hand-washing and PPE procedures in my practice to minimise the risk of Covid-19 transmission. In the course of the consultation I will have to have non-socially distanced contact with you to perform the treatment, hence while I will meet very high standards of infection protection control, it is impossible to completely eliminate risk. Please let me know that you understand this and are happy to proceed with the treatment.

Clinically vulnerable people

People in this category of risk include:

- 1 Anyone aged 70 and older (regardless of medical conditions)
- 2 Anyone under 70 with an underlying health condition (that is, anyone instructed to get a flu jab as an adult each year on medical grounds) – such as:
 - a chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - b chronic heart disease, such as heart failure
 - c chronic kidney disease
 - d chronic liver disease, such as hepatitis
 - e chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
 - f diabetes
 - g a weakened immune system as the result of conditions such as HIV and AIDS, or medicines (such as steroid tablets)
 - h being seriously overweight (a body mass index (BMI) of 40 or above)
 - i pregnant women

Clinically extremely vulnerable people

People in this category of risk include:

- 1 Solid organ transplant recipients.
- 2 People with specific cancers:
 - a people with cancer who are undergoing active chemotherapy
 - b people with lung cancer who are undergoing radical radiotherapy
 - c people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - d people having immunotherapy or other continuing antibody treatments for cancer
 - e people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - f people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- 3 People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
- 4 People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
- 5 People on immunosuppression therapies sufficient to significantly increase risk of infection.
- 6 Women who are pregnant with significant heart disease, congenital or acquired.
- 7 Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

More information about who has been classed as clinically extremely vulnerable is available on the [NHS Digital website](#).

Appendix 14 – sample patient information sheet

This is a sample patient information sheet. Every practitioner's clinic set up and rules will be different but this can give you an idea of what procedures you might think of including. You will need to decide which clauses you will need and adapt them to fit your clinic rules.

Details of new procedures to protect against transmission of Covid-19

Dear patient,

As you will be aware all public places have created new rules for visitors to follow for their safety and the safety of others. Please read through before attending the clinic. If you have any further questions, please let me know.

Social distancing

We ask all visitors to the clinic to maintain a two metre distance from all other people in the clinic at all times. The only exception to this is with your practitioner who will let you know when it is appropriate to approach under two metre and for how long.

For social distancing reasons, unless you require assistance for specific support and care needs, we ask you to come alone for the appointment where possible unless a chaperone, parent or carer is required. Please leave accessory items (bags and coats) in the car, or travel with as little as possible.

Before arrival

If you or someone you live with develops symptoms of Covid-19 by the time of the appointment, please contact me before attending the clinic.

Entering the clinic

We have spaced out patient arrivals and departures so that all visitors to the clinic can remain socially distanced.

- You will receive a specific time for arrival. We would be grateful if you could enter the clinic at exactly that time. Or,
- When you arrive, please wait for a text from the practitioner before entering. Or,
- When you arrive, please take a seat in the waiting room but make sure you keep two metre distance from all other clinic visitors at all times.

Handwashing

Please wash your hands immediately upon entering the clinic. You will be directed to the appropriate facilities. There will be a poster nearby to demonstrate handwashing techniques recommended by the NHS. Please also wash your hands before leaving the clinic.

[This video on hand washing](#) from the Department of Health and Social Care is a useful tool.

Face mask and respiratory hygiene

We are recommending that patients wear ordinary surgical masks to the clinic. You may bring your own or ask your practitioner to provide one for you upon entering the clinic. If you need to sneeze or cough while in the clinic, please do so into a disposable tissue and throw it away immediately. Please wash your hands immediately after doing so.

We are also encouraging cashless payment where possible.

Appendix 15 – Paper consent form

Health information: Covid-19 consent form

Name
(please print)

Date

Covid-19 screening information

- | | | | |
|---|---|----------------------------|----------------------------|
| 1 | Have you had a fever in the last 7 days?
(feeling hot to touch on your chest and back) | Y
<input type="radio"/> | N
<input type="radio"/> |
| 2 | Do you now, or have you recently had, a persistent dry cough?
(coughing a lot for more than an hour, 3 or more coughing episodes in 24 hours or worsening of a pre-existing cough) | Y
<input type="radio"/> | N
<input type="radio"/> |
| 3 | Have you lost sensations of taste and smell? | Y
<input type="radio"/> | N
<input type="radio"/> |
| 4 | Have you been in contact with anyone in the last 14 days who has been diagnosed with Covid-19 or has coronavirus-type symptoms? | Y
<input type="radio"/> | N
<input type="radio"/> |
| 5 | Have you been told to stay home, self-isolate or self-quarantine? | Y
<input type="radio"/> | N
<input type="radio"/> |
| 6 | Do you or anyone that you live with fall into the 'clinically vulnerable' or 'clinically extremely vulnerable' categories as defined below? | Y
<input type="radio"/> | N
<input type="radio"/> |

Consent for treatment

I understand that, because my treatment may involve touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including Covid-19.

I give my consent to receive treatment from this practitioner.

I am the	Patient <input type="radio"/>	*Parent/Guardian/Carer <input type="radio"/>	Practitioner <input type="radio"/>
Name	<input type="text"/>		
Signed	<input type="text"/>		
Date	<input type="text"/>		

***If you are signing on behalf of the patient, or if the patient is a minor, please state your relationship with the patient below:**

I am the patient's

Clinically vulnerable people

People in this category of risk include:

- 1 Anyone aged 70 and older (regardless of medical conditions)
- 2 Anyone under 70 with an underlying health condition (that is, anyone instructed to get a flu jab as an adult each year on medical grounds) – such as:
 - a chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - b chronic heart disease, such as heart failure
 - c chronic kidney disease
 - d chronic liver disease, such as hepatitis
 - e chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
 - f diabetes
 - g a weakened immune system as the result of conditions such as HIV and AIDS, or medicines (such as steroid tablets)
 - h being seriously overweight (a body mass index (BMI) of 40 or above)
 - i pregnant women

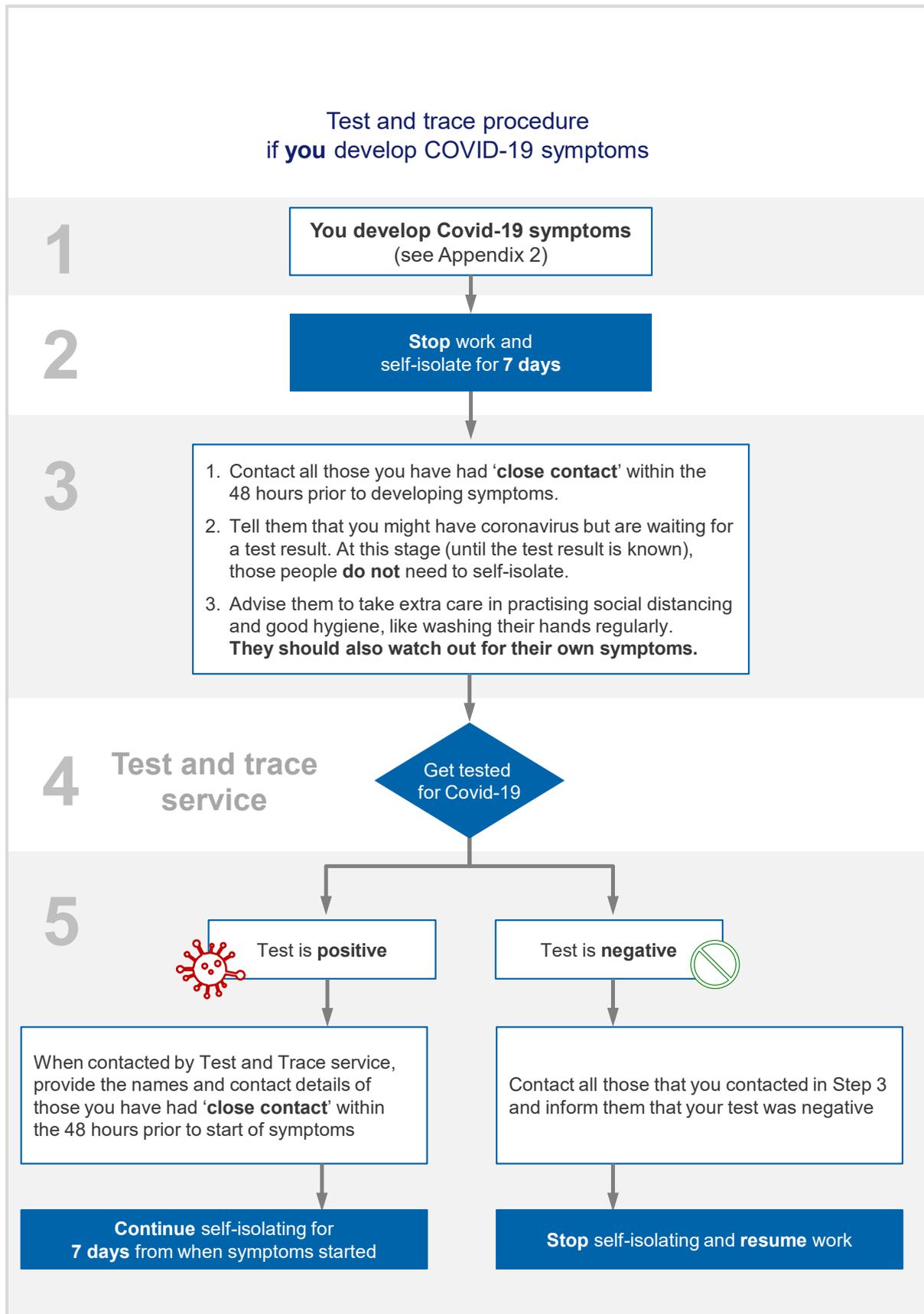
Clinically extremely vulnerable people

People in this category of risk include:

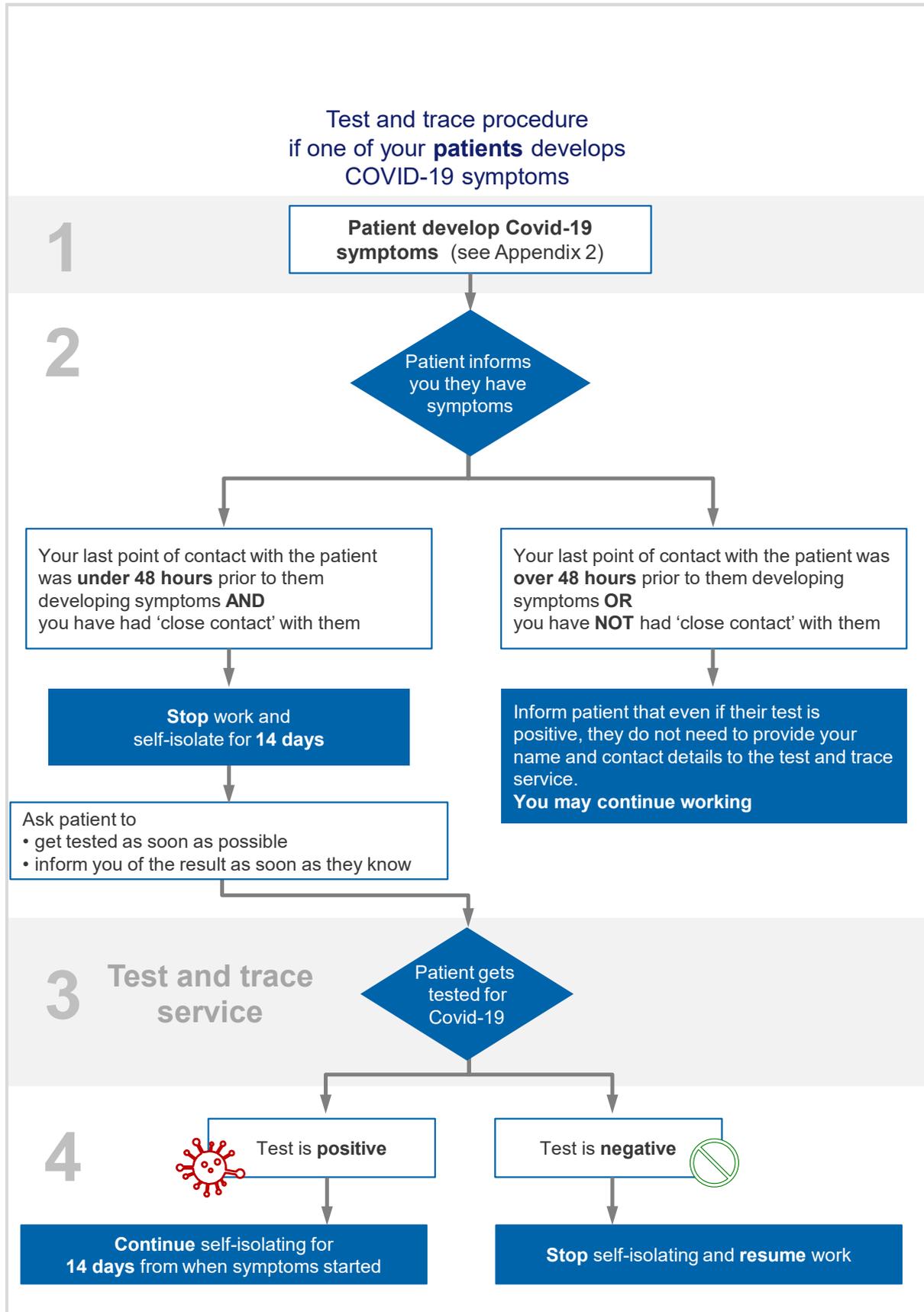
- 1 Solid organ transplant recipients.
- 2 People with specific cancers:
 - a people with cancer who are undergoing active chemotherapy
 - b people with lung cancer who are undergoing radical radiotherapy
 - c people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - d people having immunotherapy or other continuing antibody treatments for cancer
 - e people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - f people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- 3 People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
- 4 People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
- 5 People on immunosuppression therapies sufficient to significantly increase risk of infection.
- 6 Women who are pregnant with significant heart disease, congenital or acquired.
- 7 Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

More information about who has been classed as clinically extremely vulnerable is available on the [NHS Digital website](#).

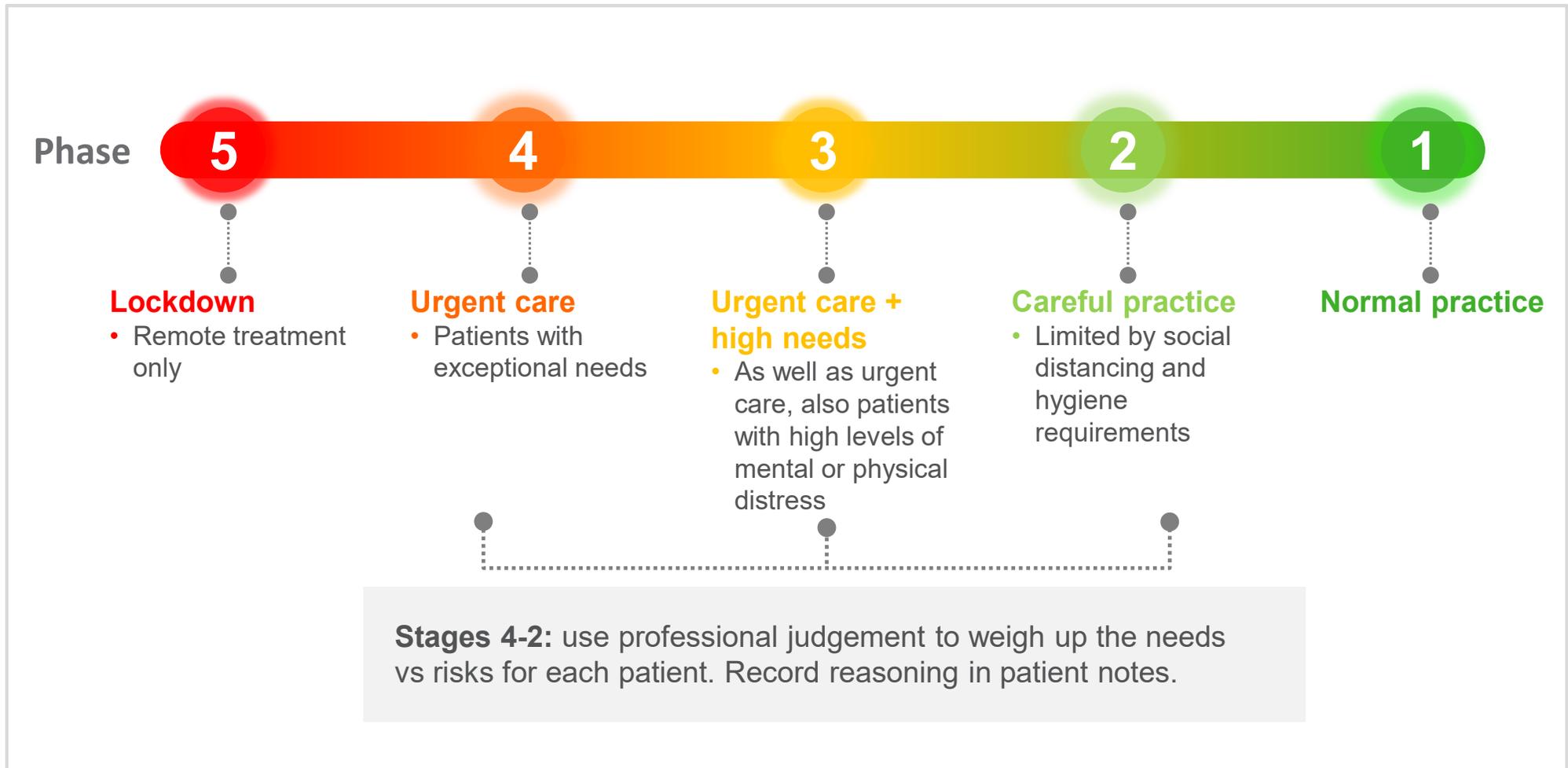
Appendix 16: Test and trace (i) – What to do if you develop symptoms of Covid-19



Appendix 17: Test and trace (ii) – What to do if your patient develops symptoms of Covid-19



Appendix 18: Who can we treat and at what phase?



Appendix 19: Frequently asked questions

What are these guidelines based on?

Where possible these guidelines relate directly to government and NHS issued advice, so that as UK practitioners we can show that we are taking all necessary steps required of us to minimise risk in our practices.

Our practices can be viewed from two perspectives.

Firstly, they are businesses that operate in physical premises. From this perspective, the government [guidelines](#) issued for businesses on May 11 are relevant to us.

Secondly, elements of our practices can be considered 'clinical settings'. From this perspective, NHS and government advice on considerations for different types of clinical settings is relevant to us.

Hence, this document draws from both types of sources.

Finally, because the government is unlikely to issue advice specific to acupuncturists, herbalists and tuina massage practitioners, we have developed more specific recommendations based on the BAcC and RCHM codes of practice.

Why do some of the links go to a page with guidance relating to 'Shops and Branches'?

As explained above, from one perspective our practices can be viewed as businesses. For this reason we must consult the relevant government guidance for getting businesses ready and safe to open during this higher-risk period.

The government listed eight types of business in its [guidelines](#) issued on 11 May, including 'Shops and Branches', which is the category most closely related to our practices. The guidance makes clear that this category refers to 'types of retail that are currently closed'. In the government's earlier [instructions to close](#), 'medical or health services' were listed as an exemption to closure in the **retail category**. For this reason, for the purposes of health and safety guidelines, the government appears to be indicating that guidelines relating to retail – here in the section entitled 'Shops and Branches' – apply to our practices.

I'm not an employer, does this relate to me?

In government [guidance](#) to businesses issued on 11 May, it was clarified that this advice applies to employers, employees and the self-employed: 'This document is to help employers, employees and the self-employed in the UK understand how to work safely during the coronavirus (Covid-19) pandemic.'

Where the government refers to the employer responsibility for conducting a risk assessment this also relates to the self-employed. Most BAcC and RCHM members are self-employed with a small minority who are employees. Many members are also employers of staff in their clinics, for example reception and dispensary staff.

What should I do if I disagree with one of the recommendations or there is an element of my practice that has not been addressed?

We plan to revise these guidelines in response to member feedback, so if you think that something should be adjusted, changed or added, please let us know and we will consider it for a future edition of the document.