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COVID 19 PATIENT INFORMATION FOR FACE TO FACE CONSULTATION JUNE 2020

Due to the current COVID-19 pandemic, BWP have had to make changes to the way we work. We have made these changes in order to keep our clients, staff and families safe.

At present, with the Government and PHE recommendations for social distancing and the 2 metre ruling, remote consultation remains the treatment of choice.

We do however recognise the need to see some clients face to face (F2F), whilst others will be better suited to virtual consultations.

Following guidance from our governing bodies, The Chartered Society of Physiotherapy (CSP), and The Health Professions Council (HPC) every patient must be assessed remotely in the first instance. If we are unable to help them remotely, or they are at risk of requiring GP or hospital services then, based on our remote initial assessment, our clinical reasoning and judgement, a decision may be made to see the patient F2F.

Every patient must complete and sign a COVID19 Health Screening Questionnaire for Face to Face

Consultation and we must inform the patient of the risks and benefits of face to face consultation, to enable them to make an informed decision about whether or not it is appropriate.

Patients will also be asked to sign a treatment consent form at this point.

Patients MUST also report any change in their health between completing their questionnaire and their actual face to face consultation.

How is COVID-19 transmitted?

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. The predominant modes of transmission are assumed to be droplet and contact. This is consistent with a recent review of modes of transmission of COVID-19 by the World Health Organization (WHO).

How are we trying to reduce the risk of infection?

We have completed a comprehensive risk assessment and put in place a set of procedures that should minimise the risk of cross infection.

These include:

- Therapists to wear appropriate PPE, to include single use gloves, apron, and surgical mask and or visor
- Therapists change into uniform upon arrival at clinic, remove potentially contaminated clothing before leaving, and ensure that all uniform is laundered separately from the household washing.
- Clinic hours will be reduced and flexible to enable full cleaning of the clinic after each patient, to allow the virus to die off on any surfaces that have not been completely decontaminated, and to eliminate patient to patient contact.
- For Domiciliary visits, therapists will wear full PPE. Upon completion of the visit the used PPE will be double bagged, and can be put in the patients household rubbish. It will not be brought back to the Clinic.
- By completing the initial part of the assessment remotely, and making follow up telephone calls, the actual Face to Face time in Clinic will be reduced.

- When and if appropriate, windows and doors will be left open to improve airflow and reduce contamination of door handles.
- Hand washing facilities will be available on entry and exit.
- The waiting area will not be available

What we are asking you to do

- Remain in your car/car park until signalled to enter the building.
- Wear a simple face covering or mask throughout your appointment, masks will be available, (at cost) on entry to the building.
- Use the gloves available, especially if you need to use the handrails on the stairs.
- Bring your own water bottle, pillow case and or towel if appropriate. Plastic covered pillows are available and will be covered with paper towel
- Return your signed consent form and pre treatment questionnaire electronically prior to your appointment.
- If possible to pay by BACS, to avoid the handling of cheques and cash. If this is not possible we can make a suitable alternative arrangement.
- In the event that you develop any symptoms associated with COVID19 or indeed test positive, you must inform the Physiotherapist immediately, in order that any contacts can be traced and informed and appropriate isolation implemented.

REVIEW DATE: JULY 2020, or sooner in line with Government/PHE/Professional Regulatory Bodies advice.