



University College
of Osteopathy

UCO Clinic: Clinical Policy and Guidance - following COVID-19

**7 Sep 2020 – For
Autumn Term 2020**

UCO Clinic: Clinical Policy and Guidance— following COVID-19

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V1.0	June 2020 Earlier version reviewed at SMT June 2020	Change to standard practice following COVID-19	Head of Clinical Practice	SharePoint	This policy will be reviewed as part of our ongoing risk assessment as we train staff, receive feedback and review initial experience of opening the clinic
V1.1	October 2020	Additional information added	Deputy Vice Chancellor (Research)	SharePoint and UCO main Website	This policy will be reviewed as part of our ongoing risk assessment as we receive feedback and review experience of ongoing clinical operations
V1.1	November 2020	Added information – peer to peer practice and National restrictions from 4/11/20	Deputy Vice Chancellor (Research)	SharePoint and UCO main Website	This policy will be reviewed as part of our ongoing risk assessment as we receive feedback and review experience of ongoing clinical operations
Equality Impact					
Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)					
Neutral equality impact (i.e. no significant effect)					X
Negative equality impact (i.e. increasing inequalities)					

If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk

WORKING DOCUMENT

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UCO Clinic Operational Plan – following COVID-19

SCOPE OF OPERATIONAL PLAN

This policy and guidance has been developed following the COVID-19 pandemic and the necessary and significant changes that will be needed in educational and clinical practice to ensure the safety of practitioners, patients and other staff and stakeholders.

Our understanding of this situation will continue to evolve and be informed by guidance from government, regulators and professional organisations. As such, this document will be updated as new guidance is received and in response to feedback and our experience of clinical operations. Notably additional National restrictions are in place from November 5th 2020 to December 2nd 2020. The Guidance can be viewed here:

<https://www.gov.uk/guidance/new-national-restrictions-from-5-november>

The UCO has undertaken risk assessments, produced guidance and policy for the Borough High Street site and a COVID-19 Outbreak Management plan. These documents are available on the UCO's main website: <https://www.uco.ac.uk/life-uco/coronavirus-COVID-19> UCO has reviewed it's practices and procedures in response to COVID-19 and current guidance, and has taken the necessary steps to reduce and mitigate risk where possible. The mitigation of risks includes everyone at the UCO taking responsibility to follow this guidance effectively.

This operational policy forms part of the UCO's policies and procedures and as such, staff and students are expected to adhere to this as part of their work and/or studies.

POLICY AND GUIDANCE

This policy and guidance is structured into the following 8 sections:

1. Barriers to attending UCO – at risk groups and travel
2. Managing services and education
3. Identification of people with COVID-19 symptoms
4. Social distancing
5. Training of staff, students and associates
6. Dissemination of information
7. Infection control
8. Monitoring of possible COVID-19 symptoms (to include tracing so that we can manage possible outbreaks)

There are a further 6 appendices:

1. At risk groups
2. References
3. Room usage
4. Notes of updates
5. Additional Information for those working in the Paediatrics Clinic
6. Additional Information for those working in the SMUG Clinic

1. BARRIERS TO ATTENDING UCO – AT RISK GROUPS AND TRAVEL

1. AT RISK GROUPS, SUCH AS THOSE WITH HIGHEST CLINICAL RISK, AND THOSE WITH INCREASED RISK OF SEVERE ILLNESS FROM COVID-19 MAY NOT BE ABLE TO ATTEND THE UCO CLINIC
 - a. This could apply to staff, students, patients and others planning to accompany patients.
 - b. Staff have been asked to discuss their own situation with their line manager before attending the UCO clinic and completed a risk assessment form as part of this process.
 - i. The UCO will continue to support staff by promoting flexible working and working from home, where this is possible.
 - c. Students have been asked to contact the UCO if for any reason, they do not feel able to attend the UCO at this time. Students have also been asked to complete a risk assessment form. The UCO will continue to be as flexible as it can with students, recognising the circumstances of individual students and the significant pressure that some students are under.
 - d. Patients who contact the UCO for appointments, will be asked a number of screening questions to see if they are at highest clinical risk and may be offered a virtual consultation at this stage. Those patients at increased risk of severe illness from COVID-19, will be invited to discuss the risks of attending the UCO with one of our practitioners, including their travel to and from the UCO. The patient and practitioner can then discuss and decide on the best course of action, for example

a virtual consultation, a face to face consultation or a hybrid (where the case history is taken virtually and a shortened face to face consultation is offered)

2. TRAVEL TO AND FROM UCO WILL NEED TO BE CONSIDERED AS PART OF THE OVERALL RISK OF PATIENTS, STUDENTS AND STAFF ATTENDING THE UCO.
 - a. Initially, the clinic hours were limited to reduce the number of people who would need to travel at peak times. Now that we have embedded good practices in staff and students attending the clinic, plus the advice regarding travel has been softened, we are extending the opening hours of the clinic. This will provide students with additional clinical experience and will allow us to respond to the patient demand.
 - b. We acknowledge that many people may be apprehensive about travelling and that other options, such as virtual consultations should be explored and offered.
 - c. Options for travel that do not require the use of public transport will be promoted. For example, staff who may walk or cycle to work will be preferentially offered the opportunity to work in clinic and a number of UCO staff have enquired about the Cycle to work scheme that is being looked into.

2. MANAGING SERVICES AND EDUCATION

1. PATIENT SERVICES – OSTEOPATHY

- a. We will continue to offer virtual consultations as it may not be appropriate for all patients to attend the clinic in person, at this stage.
- b. Telehealth across medicine has gone through a huge period of growth and development in response to COVID-19 and this is something that we will look to develop and enhance at the UCO.
- c. Face to face appointments will be available as part of the general clinic and the associate's clinic. These will be delivered with staff and students using personal protective equipment (PPE). See section 7. Initially, we will not be offering appointments in our specialist clinics, due to current capacity limitations. Patients who usually attend these clinics, may be able to be seen in general clinic at this time, if it is appropriate for them to attend.

2. STUDENT EDUCATION

- a. We continued to run the virtual clinic for the Summer holiday period, and this was focused on the learning needs of the new level 6 students, who were attending. We set out to deliver a supportive and developmental program for the level 6 students to support their work at this time.
- b. The level 7 students attended face to face clinic over the Summer holiday period and we have continued to work flexibly with any students who have not been able to do this.
- c. Any student returning to face to face work in clinic, has had/will have training on the new infection control procedures, as well as the use of PPE. This training will be a mix of online preparatory training, alongside training in the clinic prior to seeing any patients. This will include the Public Health England video on donning

and doffing PPE which can be found at: https://www.youtube.com/watch?v=-GncQ_ed-9w&feature=youtu

3. ONLINE CLASSES

- a. We have begun to develop UCO online classes. We plan to offer exercise, rehabilitation and wellbeing classes for UCO patients and people and for those who may not currently be able to attend the UCO Clinic.
 - i. With the onset of the pandemic, we began work on a pilot project that has started with delivering online yoga classes. We anticipate expanding this to include yoga classes for different needs, as well as looking at other types of exercise, rehabilitation and wellbeing.

3. SCREENING AND IDENTIFICATION OF PEOPLE WITH COVID-19 SYMPTOMS

1. PATIENTS

- a. A screening process has been implemented for all patients seeking care from UCO.
- b. Patients will be advised to seek appropriate advice and not to attend the UCO if they have any symptoms of COVID-19.
- c. Some patients may be identified as potentially having coronavirus as part of the screening questions which will assess likelihood of current COVID-19 infection and identify those at highest clinical risk of poor outcome if infected with COVID-19.
 - a. The main symptoms of coronavirus are:
 - i. High temperature
 - ii. New or continuous cough
 - iii. Loss or change to your sense of smell or taste
 - iv. Most people with coronavirus have at least one of these symptoms

For further information on the screening process, please see the related documents that have been developed

Ref: <https://www.nhs.uk/conditions/coronavirus-COVID-19/symptoms/>

- d. If a patient is identified at this stage as having symptoms of which may be related to COVID-19 infection, they will be encouraged to use the NHS 111 online coronavirus service.

<https://111.nhs.uk/COVID-19/>

- e. Patients will be advised to call 111 if they cannot get help online.
- f. Patients identified as having had contact with another person with COVID-19 within the last 14 days will be invited to have a virtual consultation and will not be booked into the clinic for a face to face consultation.
- g. Those patients that have been offered face to face consultations in the clinic but are identified as potentially having coronavirus as part of the additional screening on arrival at the clinic:
 - a. This may be by temperature check or when the practitioner speaks with the patient.

- b. Clinical decisions will then need to be taken as to whether to send the patient home with advice to contact NHS 111 as above (if the patient is stable), or whether they may need more urgent care.
- h. Patient or appropriate other who contacts the UCO after their appointment, to notify us that they or another patient, have COVID-19.
 - a. UCO will explain that the context of a potential contact is a working healthcare setting that is following robust risk assessment and mitigation processes, including the use of PPE, in line with government guidance for our setting and that the clinical supervisors are regulated healthcare professionals and students on a regulated health care programme of study.
- i. UCO clinic has installed a QR code specific to the Clinic Site
 - a. Patients are encouraged to use the QR code on entering the clinic
 - b. All staff and students should make use of the NHS COVID-19 APP when entering the Clinic
 - i. All students and staff should set the Contact Tracing feature to OFF when in a clinical or practical teaching setting when wearing PPE
 - ii. At all other times the Contact Tracing feature should be turned on
 - c. All staff, students and visitors must use their ID card to log their movements in the building

2. PRACTITIONER – STUDENT, TUTOR OR ASSOCIATE.

- a. All staff, students, associates or others, should not attend the UCO if they have any symptoms of COVID-19 and should follow:
 - a. the usual procedures for notifying UCO of their absence
 - b. appropriate advice (see <https://www.gov.uk/government/publications/COVID-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/COVID-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>).
- b. Staff and students in this situation should follow the test and trace guidance which is available here: <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>
- c. For any member of staff or student who has had any symptoms of COVID-19 and has undergone a test for COVID-19, should inform their area lead (see Section 8 below)

4. SOCIAL DISTANCING

The following changes have been put in place in order to align with social distancing procedures. This will continue to be reviewed in light of any changes from UK Government guidance.

1. ADMINISTRATIVE CHANGES

- a. Adjusted general clinic day so that it runs for 8 hours (including one-hour lunch break).
- b. Scheduled 20 minutes between appointments for disinfecting of treatment rooms and related areas.

- c. Appointment times for teams will be staggered to limit patients arriving and waiting at the same time
 - a. Team 1 will start at 8.30 and finish at 16.30
 - b. Team 2 will start at 8.45 and finish at 16.45
 - c. Team 3 will start at 9.00 and finish at 17.00
 - d. Team 4 will start at 9.15 and finish at 17.15
 - d. Appointment availability will be limited to reduce the number of patients in the clinic at any time.
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2. LUNCH BREAKS

- a. Students will leave the clinic during the lunch break and can either have lunch out (weather permitting:) or over at Borough High Street, where there will be dedicated areas for this, including the Student Union bar area, G.01 on the ground floor and the Archive room on the 1st floor.
 - b. In order to leave the clinic, students will need to get changed out of their scrubs and into their day clothes, leave the building and then follow the normal procedures for returning to clinic. Students can leave their clinic scrubs and footwear in a treatment room, to save packing this away and then getting it out again.
 - c. The reasons for asking students to leave clinic for lunch are:
 - a. We do not have the space in clinic for people to have a socially distanced lunch
 - b. Lots of people having lunch in clinic could undermine the high standards of hygiene and infection control that we have put in place
 - c. We hope it will be a benefit, psychologically, as well as physically, to leave the clinic for the lunch break; this will require people to work efficiently so that they have sufficient time for this, so we will be monitoring how this is working and asking for your feedback
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2. ENVIRONMENTAL CHANGES – KITCHEN AREAS AND LOCKER ROOM

- a. For the foreseeable time, the kitchen in the back office will be for reception staff only, in order to limit the number of people going into the back office. The kitchen down the other end of clinic will be for students and staff; there should only be one person in the kitchen at any one time.
 - b. Staff and students are advised to bring food that does not require heating and or refrigeration where possible to avoid potential cross contamination by multiple contact with utensils and appliances.
 - c. For both kitchen areas (in the back office and down the end of clinic): only one person present at a time; every user responsible for wiping down with Milton spray (surfaces, kettle handle, taps, fridge handle etc) after each use. Hand washing should take place before and after using kitchen areas.
 - d. Staff locker room: 2 people maximum at anyone time, observing 2 metre distance; each user responsible for disinfecting own locker and local area.
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3. ENVIRONMENTAL CHANGES – RECEPTION AND WAITING AREA

- a. Perspex screens have been added to the reception front desk.
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- b. Separate pairs of chairs in waiting area with a 2-metre gap.
- c. Waiting area
 - a. There will be 6 x pairs of chairs in the waiting area.
 - b. Pairs of chairs will be available as people may travel with a chaperone or want somewhere to put belongings on.
 - c. We also have treatment room 6 as an additional waiting area, with a maximum of 2 people waiting in this room. The reception team are responsible for directing patients to this room as needed, ensuring that patients are wearing face masks and communicating this to students.
 - d. This gives a total capacity of 10 patients waiting at any one time
 - e. If the waiting area becomes busier than planned, a member of the reception team will be responsible for managing this and ask patients to wait outside if necessary, until space is available.
 - f. Floor markings and signage are in place, asking people to maintain social distance and for queuing in the reception area.

4. ENVIRONMENTAL CHANGES – CORRIDOR

- a. The clinic building does not lend itself to a one-way traffic system, so we need to provide other options that allow patients and practitioners to move about safely and effectively. This includes the wearing of masks, organised flow of people, social distancing where possible and limited capacity in the clinic.

5. ENVIRONMENTAL CHANGES – TREATMENT ROOMS

- a. Each team point will be allocated a group of rooms to be used.
- b. Students will work with other colleagues on their mini-team, although this should be in a socially distanced way where possible– for example when discussing cases.
- c. Students may work with colleagues on their team point to rehearse and develop practical skills
- d. For any practical work, students need to be wearing appropriate PPE (as if this were a patient and practitioner interaction).
- e. No Staff member, associate or student may deliver clinical care or practical teaching without wearing a surgical mask. Those who are exempt from wearing a face covering for reasons of age, health or disability are required to wear a visor when on premises and may only observe if they are able to maintain social distancing requirements.
 - a. Individuals in this situation may need to consider their ability to tolerate mask wearing for short periods of time to enable them to participate in practical learning and clinical service delivery.
- f. The clinic reconfiguration will provide 32 treatment rooms maximum for practitioners to use with patients (2 rooms for PPE storage and disposal).

6. RECEPTION TEAM

- a. The reception team will be working in a “bubble” in the clinic reception area and clinic back office, where they will maintain distance of 2 metres with each other.
- b. Two workstations only will be in use on the front desk with 2m separation.

- c. Workstations in the back office have been spaced out so that the reception team have their own dedicated desk space.
- d. Staff will be allocated dedicated workstations where possible, rather than frequent use of different workstations
Ref: <https://www.gov.uk/guidance/working-safely-during-coronavirus-COVID-19/offices-and-contact-centres>
- e. Staff will be expected to disinfect their workstation on arrival and to disinfect this when they leave their workstation, for example at the end of a shift or when moving to other duties.

7. PATIENTS

- a. Patients will be asked to attend for their appointment no earlier than 5mins before their scheduled time in order to limit time in the waiting area
- b. For patients who are late for their appointment (+5mins), either the patient will be asked to re-book for a later appointment if this is available, or the practitioner will be contacted to see if they are still able to see the patient; we will not be able to routinely accommodate people who are late for their appointments as timings will have been staggered accordingly in light of social distancing.
- c. Patients will be asked to attend appointments alone but advised that should they wish to bring a chaperone this should be limited to one person.

8. USE OF TEAM POINTS

- a. Tutors and students are advised where possible to limit case discussions to treatment rooms. In instances where this is not appropriate Team points may be used, but with a maximum of 4 - 8 people in each Team Point at any time, depending on the size of the Team Point.
- b. Social distancing must be adhered to where 2 metres should be the standard. If at 1-2 metre distance a surgical mask must be worn.
- c. Avoid conversations where you are directly facing another person.

5. TRAINING OF STAFF, STUDENTS AND ASSOCIATES

All who are working in the clinic must be aware of their own responsibilities and duties so that we can ensure we are all working to the highest standards, to ensure the safety and wellbeing of all who work or visit the UCO clinic. Training will be provided to ensure that people are clear and informed about their responsibilities and what to do in any situation where they are uncertain.

- a. Infection control processes
 - a. Staff, students and associates must read and review preparatory material prior to attending clinic including this policy and guidance. A mix of online preparatory work and written material will be provided, as well as person to person training in the clinic, covering a range of topics such as:
 - i. Responsibilities with regards to hygiene control
 - ii. Handwashing

- iii. Donning and doffing of PPE and masks/gloves during the session
- iv. Disposal of PPE
- b. Managing a patient who has symptoms of COVID-19
 - a. Whether this be as part of a screening process beforehand or a virtual consultation
 - b. Whether this is a patient who has attended the UCO clinic
- c. Current information about COVID-19 symptoms and presentations
 - a. We have set up areas on SharePoint to centralise all of this information and will send out regular posts about this. The clinic site focuses on updates related to the management and treatment of COVID 19.
 - b. UCO main website hold institutional policy and related documents <https://www.uco.ac.uk/life-uco/coronavirus-covid-19>
 - c. UCO's Academic SharePoint Site holds guidance, updates and additional information for the UCO community <https://bso.sharepoint.com/sites/Covid-19>
- d. Recording processes and procedures in clinic
 - a. For the purposes of tracking and tracing:
 - i. clear record keeping with regards to who attended to which patients, any chaperones and the tutor involved must be clearly noted
 - ii. Students must adhere to the buddy list for practical work with one colleague (with PPE etc).

6. REGULAR DISSEMINATION OF INFORMATION

- a. It is important that we have a regular cycle of disseminating information and ensuring that this is current.
- b. This will be via a number of platforms, including SharePoint for our internal audiences, social media for our external audiences and via displays in the clinic.
- c. Signage will be in common areas, and will cover for example:
 - a. Handwashing
 - b. Changes to room function (eg additional waiting areas, storage etc)
 - c. What to do if you have symptoms of COVID-19
 - d. That we are here to help
 - e. Social distancing
 - f. Clear indication of where to throw away disposable material
 - g. Current guidance and information

7. INFECTION CONTROL

There are a number of important changes with infection control at the UCO since COVID-19. It is essential that all students, staff and associates know what their responsibilities are with regards to this. It is therefore expected that all staff, students and associates will have a thorough knowledge and understanding of this and that in any situation where they are unsure, they seek advice from a tutor or a member of the clinic team.

1.ALL

- a. Ensure regular and effective handwashing and/or use of hand sanitiser. Effective and frequent handwashing is still thought to be one of the most effective ways to combat the spread of COVID-19.

2. PATIENTS

- a. Prior to appointment:
 - a. Prior to patients attending the UCO clinic, a number of areas will need to be discussed with patients, to ensure that attending the clinic, is the most appropriate action. The following will need to be discussed with the patient when they contact the UCO for an appointment:
 - i. An overview of the number of changes that we have made to the clinic, to ensure the safety of all.
 - ii. The clear expectations we have of patients, to ensure that everyone is safe, including:
 1. That patients should notify us immediately by phone or email if they or anyone they know, have come into contact with anyone with symptoms of COVID-19, so that we can take immediate action.
 2. That we are taking the temperature on arrival, of everyone entering the clinic and this will be done primarily by the reception team
 3. Handwashing to be performed immediately on arrival at the clinic
 4. Magazines and toys have been removed
 5. That we are here to help
 6. To not touch anything that they don't need to
 7. To avoid touching their phones after disinfecting their hands
 - iii. That we will ask screening questions about their health prior to booking their appointment, as it may not be appropriate for them to attend clinic or it may be best for them to talk to a practitioner to decide on the best course of action
 1. This will include whether the patient:
 - a. Is in the highest clinical risk group, and so may be offered a virtual consultation
 - b. Whether they are at risk of having more severe symptoms, and so would be offered to discuss this with a practitioner
 - c. Whether they have any common symptoms of COVID-19 or have been in contact with anyone with symptoms of COVID-19 (or confirmed cases)
 - iv. The overall risk of attending the clinic, including the travel to and from the clinic and any particular concerns the patient may have (such as caring for other relatives, other responsibilities etc).
 - v. Patients will be provided with information about the changes to the clinic and what is expected of patients.

- b. When practitioners collect patients from reception, they should check again at this point if the patient has developed any symptoms of COVID-19 since booking their appointment. If any patient has, then the patient should not be taken into the clinic and the processed followed for patients identified as possibly having COVID-19.
- c. Patients who walk into the UCO to see if we have available appointments at that time will need to go through the same screening process. The reception team may use a paper copy of the screening questions that the patient can complete. If the patient has any particular risk in relation to COVID-19, then the patient can discuss these with a tutor in a treatment room. If the patient has answered positively to the symptoms of COVID-19, they should not enter the clinic and should be managed as any other patient.

3. STAFF AND STUDENTS, AND ASSOCIATES

- a. Arrival at the clinic:
 - a. Everyone's temperature will be checked on arrival at the UCO clinic
 - b. Clear disinfection processes will be applied when entering the clinic and during your time in clinic as set out below:
 - i. On arriving in clinic reception, use the hand sanitiser that is available before proceeding through the double doors
 - ii. Collect and don your clinic mask for your session in clinic (available as you pass the back office in reception at the stable door)
 - iii. Avoid touching your face
 - iv. Avoid touching any surfaces or objects
 - c. Proceed to your allocated treatment room where you will change into your scrubs and clinic footwear that you have brought with you.
 - d. Your clinic footwear must be wipeable, supportive and is only for use when you are in clinic.
 - e. Clothes and footwear that you travelled in to get to the clinic, must be placed in a plastic bag and placed in your own bag.
 - f. Remove your clinical kit that you need for your clinical session.
 - g. Once you are changed and have all your clinical kit ready in the treatment room, you should wash your hands and place your bag in your locker.
 - h. Once you have placed your bag in your locker, you should return to your treatment room, wash your hands and disinfect all your clinical kit, ready for use.
 - i. Any electrical devices that you bring to clinic, such as your phone, tablet, laptop etc must also be cleaned to reduce any risk of infections. At this stage, we are not expecting students to bring in anything beyond their own phone.
 - j. For how to safely clean your phone with minimizing screen damage please see <https://www.bbc.co.uk/news/av/technology-51863924/coronavirus-how-to-clean-your-smartphone-safely>
 - k. Face masks must be worn in clinic at all times; the remainder of your PPE should be donned prior to you collecting a patient.
- b. Collection of gloves and apron:
 - a. You will be able to collect gloves and aprons from your team point

- b. You should do this prior to each patient arriving
- c. Visors/goggles in clinic
 - a. Each member of staff and student will be provided with a visor when you arrive in clinic and this will be yours to clean at the end of each session and yours to keep. If you damage or forget your visor, you will need to pay for a replacement at the clinic or purchase your own.
 - b. Any students or staff who would prefer to wear goggles may do so if they have considered the relative risk to them. Goggles will need to be purchased by individuals.
- d. Disposal of single use items – gloves and apron
 - a. These items are to be disposed of after each patient interaction and placed in the bins in the treatment room. You should wash your hands after you do this.
 - b. You will be responsible for emptying these bins at the end of the clinic session, if your bin is full.
- e. At the end of your clinic session
 - a. Deposit your gloves and apron in the bin as above.
 - b. If the bin in your treatment room is full, then remove the bin bag and tie this securely. Please take the contents of the bin and go to the allocated room to deposit this. You should continue to wear your mask while doing this and you should still be in your scrubs at this point. The rooms allocated for this are 2, 3, 4 and 5 and will be clearly signposted on each day. Leave your bin bag in the allocated room.
 - c. If your bin is not full, then please in place until full, so that we are only emptying full bins (this reduces both the number of bin liners and therefore waste, along with reducing moving of waste round the building).
- f. You should then collect your bag from your locker and return to your treatment room to change back into your travelling clothes
 - a. Please ensure that you disinfect your footwear before placing this in a bag and in your locker or taking these home.
 - b. Your used scrubs should be placed in your pillowcase and then in a plastic bag, before being placed in your bag, so that you can take these home
 - c. Once home, your scrubs should be placed immediately in the wash at 60 degrees
- g. Please ensure that you:
 - a. Wash hands routinely throughout the day as per current COVID-19 guidance and as per the infection control policy.
 - b. Are bare below the elbow and wash any area that has come into contact with a patient.
 - c. Tie back any hair that is long enough to cover the face, to avoid touching your face while in the clinic.
 - d. Disinfect hands after contact with phones.
 - e. Do not use phones during consultations.
 - f. Disinfect your treatment room, including the plinth, chairs and any instruments used (such as patella hammer, stethoscope etc) prior to the first patient arriving and after each patient leaving.
 - g. Disinfect door handles regularly through the day

- h. Only use plinth roll on plinths (no plinth covers) and that this is changed after each patient.
- i. Turn used gloves inside out and dispose of these after each patient (or if gloves become damaged etc).
- j. Organise the consultation room to limit contact with objects that will need disinfecting.
- k. Provide a chair for patients to put all their belongings and clothes on.
- l. Maintain a distance of 2 metres with patients unless this needs to be reduced (eg for some clinical assessments and manual treatment).
- m. Limit physical contact where possible so that only the practitioner's hands are coming into contact with the patient; if other areas do come into contact with the patient, then these will need to be disinfected.

3. WHAT PPE WILL BE REQUIRED

- a. Clinic tutors, students, associates and any other clinicians in the clinic, are to use the following PPE when working with patients:
 - a. disposable gloves (single use)
 - b. disposable plastic apron (single use)
 - c. fluid resistant (Type IIR) surgical mask
 - d. eye/face protection, face shield for example (dependent on risk assessment, this may be used for a session)
- b. No Staff member, associate or student may deliver clinical care without wearing a surgical mask. Those who are exempt from wearing a face covering for reasons of age, health or disability are required to wear a visor when on premises and may only observe if they are able to maintain social distancing requirements.
 - a. Individuals in this situation may need to consider their ability to tolerate mask wearing for short periods of time to enable them to participate in practical learning and clinical service delivery.
 - b.
- c. Patients will be asked to remove face covering when they arrive at clinic and will be asked to wear a face mask (which will be provided if necessary).
- d. For patients who are exempt from wearing a face covering for reasons of age, health or disability an individual risk assessment should determine whether the supervising clinician and student are able to deliver care to the individual patient.
- e. Disposable PPE items will be disposed of in bins with lids, with plastic bin liners that should be tied up prior to disposal.
- f. Reception team on the front desk have Perspex screens and so face coverings and face masks are not recommended
<https://www.gov.uk/guidance/working-safely-during-coronavirus-COVID-19/offices-and-contact-centres>

4. RECEPTION TEAM

- a. Heightened hygiene control, including handwashing on arrival at the clinic and regularly through day; avoid touching face
 - b. Disinfect work area before starting work and when leaving workspace; this should include all areas that have been contacted so mouse, telephone, keyboard etc
 - c. Antiviral keyboard wipes and Milton spray available at each workstation
 - d. Middle workstation on front desk to be left vacant (remove chair)
 - e. Receptionist to use the same workstation for their shift, where possible
 - f. The reception team will be responsible for stocking treatment rooms with gowns, hand wash etc and this will be done prior to staff and students arriving in clinic
-

5.STORAGE, PROVISION OF PPE, REMOVAL AND DISPOSAL OF PPE

- a. PPE will be stored in a designated locked room in clinic
 - b. The reception team will be responsible for providing sufficient PPE in the team points.
 - c. PPE for staff will be left on the team points
 - d. PPE kit can be disposed of in general waste unless there is a suspicion that COVID-19 may have been present. PPE needs to be double bagged and stored for 72 hours before disposal, ensuring the pathogen is no longer present.
 - e. Room 1 is the designated room for the storage of used PPE.
 - f. Treatment rooms 2 is the designated PPE disposal room. In here are 4 large bins and one bin will be allocated for the disposal of PPE on that day. The reception team are responsible for ensuring the correct bin is indicated and once the 72 hours has passed, then the cleaners will empty the bin.
 - g. Disposable kit to be collected in plastic bags or rubbish bins with a lid
-

6.ENVIRONMENT – RECEPTION WAITING AREA

- a. The following changes have been made to the reception waiting area to reduce the potential spread of infection:
 - a. Magazines, toys, flyers and any other objects from the waiting area (bookcase, coin shakers, etc) have be removed
 - b. Chairs in the waiting area have been set out so there is appropriate distance between them
 - c. Chairs will not have arms and will be easily wipeable, so that they can be regularly and easily disinfected
 - d. The reception front desk and door handles in the clinic reception and back office area will be regularly disinfected
 - e. Perspex screening has been added to the reception desk
 - f. The water cooler remains in place and is cleaned regularly
-

7.GENERAL CLINIC ENVIRONMENT

- a. The following changes have been made in the clinic, to encourage good hand hygiene and reduce the potential of the spread of infection:
 - g. Handwash gel readily available in reception area, back office, clinic corridor, team points
-

- h. Supplies of handwash gel etc to be regularly checked and re-filled; the reception team will be responsible for this, although all staff and students are expected to monitor this
- i. Batches of Milton spray and disposable towels available in all team points and treatment rooms
- j. Doors to be left open where possible. For example, when leaving a treatment room with the patient
- k. Practitioners should be opening doors so that patients do not have to have contact with them
- l. Only Reception staff on duty and UCO staff are allowed in the back office and behind the reception desk.
- m. Workstations in Team points to be disinfected after each use. Milton spray and anti-viral wipes will be available on team points
- n. Additional hand sanitisers are available on either side of all push doors
- b. Toilets
 - o. Additional regular cleaning of toilets, with emphasis on areas where there is contact with hands (door handles, taps, soap dispenser, toilet seat, toilet flush, etc); the cleaning company will be responsible for signing off completing of this
- c. Ventilation system
 - p. Thorough checks have taken place to ensure that our ventilation system is fit for purpose, which has been confirmed.
 - q. This is the same system that is in use at the Royal Marsden hospital.
 - r. The air in each room comes as fresh air from the roof and is therefore filtered before reaching the room. This air is then circulated within the room to maintain temperature control but with fresh air constantly being fed in and so is similar to having a window open. The air flow is therefore constantly diluting the air within the room.
- d. Letters:
 - a. Any letters that need to be sent can be printed and/or emailed by the reception team; similarly, Physiotec exercises can be emailed as is usual practice.

8.TREATMENT ROOMS

- a. The following changes have been made to reduce the potential of the spread of infection:
 - s. Removal of all non-essential furniture and kit including removal of fans.
 - t. Plinths have been checked for any rips or tears.
 - u. Doors to treatment rooms should be left open between patients to aerate the rooms.
- b. Disinfectant spray must be used around the patient's seating area and the plinth, between appointments if the patient has removed their shoes.

8.LOGGING OF INTERACTIONS SO THAT WE CAN TRACE CONTACTS AND MANAGE POSSIBLE OUTBREAKS

- a. Staff, students, associates and any others at the UCO clinic:

- b. UCO's outbreak management plan provides information and scenario plans for managing COVID-19 related cases. Its available on UCO's website:
<https://www.uco.ac.uk/life-uco/coronavirus-covid-19>.
- c. Staff, associates and students reporting COVID-19 related concerns should raise them through normal mechanisms for noting absence or concerns (this includes logging staff absence on Itrent). Line managers and staff receiving concerns from students should in turn immediately contact the appropriate Area Lead as below:
 - a. Course Leader Access – Will Barker
 - b. Course Leader M.Ost – Mark Waters
 - c. Course Leader Specialist Paediatric Osteopathic Practice (SPOP) – Sam Fennell
 - d. Head of Clinical Practice: Francesca Wiggins
 - e. Head of Student Services - Jas Verdi
 - f. Registrar – Ian Sanderson
- d. The area leads are responsible for contacting those raising a concern in order to log relevant information via the dedicated [SharePoint Site](#).
- e. To ensure that it is clearly documented which staff, student, associate, or other have worked with which patients, and if any chaperones were attending with the patient, along with the supervising tutor, so that tracing can rapidly take place if needed
- f. Training for staff and students on the importance of this, including the reception team to ensure lists are accurate on TM2
- g. Ensure that students understand the importance of sticking to their buddy if they want to resume practice work with colleagues. Buddy lists will be set up by the clinic team and a student's buddy will remain the same for their clinic block.
- h. Staff and students with symptoms of COVID-19 should follow stay at home guidance and alert UCO through the usual channels.
<https://www.gov.uk/government/publications/COVID-19-stay-at-home-guidance>
- i. Should a staff member or student develop symptoms whilst at the UCO, they should put on a surgical mask if not already wearing one, isolate themselves, inform their line manager/tutor and then return home and seek advice dependent on need (eg phone 111 contact GP etc)
- j. Those who test negative may return to the UCO when fit to do so, following discussion with their line manager, Team Leader or appropriate other.
- k. Those who test positive, have an inconclusive test or are yet to be tested may return to work no earlier than 10 days from symptom onset if they have clinical improvement, have been afebrile without medication for 48hrs and they are medically fit to return to work. (for further details see:
<https://www.gov.uk/government/publications/COVID-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/COVID-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>
PLEASE NOTE: This guidance has been updated in response to UK Government changes on 31 July 2020, where the time period for self-isolation was extended from 7 days to 10 days.
<https://www.gov.uk/government/publications/COVID-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-COVID-19-infection>

- l. Staff and students who have been in contact with a confirmed COVID-19 case or who have been contacted by the NHS test and trace team should inform UCO and self-isolate for 14 days.
- m. Summary flow charts for further information are available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892137/Flowchart_for_return_to_work_symptomatic_v3.2.pdf and here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892138/Flowchart_for_return_to_work_aymptomatic_v2.2.pdf
- n. You may generate and send into UCO an isolation note using this website: <https://111.nhs.uk/isolation-note>
- o. Patients should be advised and informed about the importance of contacting the UCO, should they develop any symptoms that may be due to COVID-19.
 - a. Patients should be advised to email or phone with their name, date of birth and the date of their appointment.
 - b. The member of the reception team who receives this (email or call) is responsible for logging this on the patients record in TM2, and contacting the relevant practitioners (staff, students and/or associates) who have had contact with the patient in the preceding 7 or 14 days.
 - c. The practitioners involved should be checked on TM2 and the patients paper notes.
 - d. Where there has been no breach of PPE, staff and students should keep alert for the development of symptoms and act accordingly.
 - e. With any such cases, the Head of Clinical Practice should be informed so that these can be centrally logged.

OTHER RELEVANT DOCUMENTS THAT YOU SHOULD BE FAMILIAR WITH

1. Reception Team Process for managing patients – June 2020
2. Reception Team Process for managing patients – flowchart – June 2020
3. Patient Information Sheet with regards to COVID-19

APPENDICES

1. At risk groups
2. References
3. Room usage
4. Notes of updates
5. Additional Information for those working in the Paediatrics Clinic
6. Additional Information for those working in the SMUG Clinic

APPENDIX 1: AT RISK GROUPS

This section states the following:

SECTION 1: GROUPS AT HIGHEST CLINICAL RISK (PEOPLE WHO HAVE BEEN ASKED TO SHIELD THEMSELVES)

SECTION 2: GROUPS AT INCREASED RISK OF SEVERE ILLNESS FROM COVID-19

SECTION 1: HIGHEST CLINICAL RISK GROUPS

Category 1 – Solid organ transplant recipients

Category 2 – People with specific cancers

- People with cancer and are having chemotherapy
- People with lung cancer and are having radical radiotherapy
- People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- People having immunotherapy or other continuing antibody treatments for cancer
- People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.

Category 3 – People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD

Category 4 – People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)

Category 5 – People on immunosuppression therapies sufficient to significantly increase risk of infection

Category 6 – People who are pregnant with significant heart disease, congenital or acquired

SECTION 2: GROUPS AT INCREASED RISK OF SEVERE ILLNESS FROM COVID-19:

1. aged 70 or older (regardless of medical conditions)
2. under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
3. chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
4. chronic heart disease, such as heart failure
5. chronic kidney disease
6. chronic liver disease, such as hepatitis
7. chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
8. diabetes
9. a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets
10. being seriously overweight (a body mass index (BMI) of 40 or above)
11. those who are pregnant

APPENDIX 2: REFERENCES

Additional considerations for PPE:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf

Caring for people at highest clinical risk: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200403-Clinician-FAQs-v_FINAL.pdf

COVID-19 –Adaptive hygiene guidance for osteopathic practices; Centre for Osteopathic Medicine Collaboration (COME)

Guidance on social distancing for everyone in the UK:

<https://www.gov.uk/government/publications/COVID-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

Management of suspected case of COVID-19:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873496/COVID-19_flow_chart.pdf

Routine decontamination of reusable and non-invasive patient care equipment:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877533/Routine_decontamination_of_reusable_noninvasive_equipment.pdf

Visual guide to safe PPE:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878056/PHE_COVID-19_visual_guide_poster_PPE.pdf

APPENDIX 3: ROOM USE FOR AUTUMN TERM

Providing:

- 32 treatment rooms
- 2 rooms for PPE storage (new and used)

Room and it's Function

Room 1	Storage of new PPE – lockable
Room 2	Storage of used PPE
Room 3 - 34	Treatment room

APPENDIX 4: NOTES OF UPDATES

3 Aug 2020

- amended guidance on time period for self-isolation from 7 to 10 days, following changes by UK Government (Section 8, item a, section g on page 16)
- amended use of the kitchen down the far end of clinic so that this can be used by staff and students (as opposed to just students); this saves having the tea urn in the team point. All staff and students are advised to regularly disinfect areas in the kitchen that are frequently touched such as door handles, fridge, kettle etc (Section 4; item 2 on page 7)
- amended section on social distancing and use of treatment room 6 for people to pass in the corridor. This is in light of UK Government guidance to 1m plus distancing, along with this room not really being utilised (Section 4, item 4, section a amended and section b removed; page 8)
- Updated clinic opening hours and rationale for this (Section 1, item 2a, Pg 4)
- Updated process for those with COVID-19 symptoms and who have had a COVID-19 test (Section 3, item 2c, Pg 6)

- Updated clinic opening hours (Section 4, Item 1, Pg 7)
- Updated room usage (Pg 20)

8 Sep 2020

- Changes in preparation for Autumn term, including:
 - Use of treatment rooms – per team, rather than per student
 - Increase number of treatment rooms available (as reducing PPE disposal rooms and other storage)
 - Bins to be emptied when full, rather than after each session
 - Reference to Summer holiday period and how that was managed as historic
- Addition of appendices for the:
 - Paediatrics clinic
 - Sports Medicine Ultrasound Group (SMUG) Clinic

08/10/20

- Added to and clarified reporting COVID-19 related concerns
- Added use of NHS COVID-19 APP
- Added constraints on clinical and practical activity to only be possible whilst wearing a surgical mask
- Added guidance to make individual risk assessment wear patient is exempt from wearing a face covering
- Clarified social distancing requirements
- Amended information about COVID-19 communications on main UCO site, clinic and academic SharePoint sites

02/11/20

- Added link to new National Restrictions in place 4/11/2020 to 2/12/2020
- Enabled students to engage in peer to peer practice with colleagues from within their team point
- Clarified further importance of social distancing and need to eat lunch for students outside of clinical environment

APPENDIX 5: ADDITIONAL INFO FOR THOSE ATTENDING THE PAEDIATRICS CLINICS

Additional requirements for Paediatric clinic at the UCO:

1. At the time of appointments being booked, reception team to remind parent/carer that only one chaperone is permitted with their child
2. COVID-19 Screening to include the person accompanying the paediatric patient and both to have temperature taken at reception
3. Staff and students attending the SPOP clinic to be aware of the increased screening for Safeguarding and Mental Health due to the prolonged isolation as a result of COVID-19. Course leader will brief staff and students via a webinar
4. Staff and students to read the current Safeguarding policies at the UCO due to the increased awareness of safeguarding and mental health during COVID-19 lockdown and the lack of outside professionals meeting with young people and their families. Course leader will send links to current information on the UCO clinic web page and request all staff and students familiarise themselves.

5. Staff and students to be aware of current guidelines regarding clinically extremely vulnerable children. Course leader will send staff and students a user-friendly flow chart with the information on and print a poster for the team point.
6. Staff and students to be aware of nappy changing processes. Course leader will send information regarding no changing of nappies in the treatment rooms and who is responsible via email. Clinic Reception to print out notice for disabled bathroom on cleaning processes.
7. Reception to keep nappy sacks for hygienic disposal of soiled goods if parents do not have them Action – reception to purchase nappy sacks
8. Staff and students to be trained prior to seeing first patient. Course leader to signpost students and staff to relevant information, pre clinic webinar will take place before start date, training session on first day in clinic for returning staff and students. Staff and students to fill out return to clinic form (see dissemination and training for staff)
9. Staff and students to be familiar with the rules regarding children and masks. Course leader to send information regarding children and masks via email and to discuss during pre-clinic webinar and reminder on clinic training day.

Wearing of masks does not apply to the following

- Children under the age of 11 are NOT required by law to wear masks however they may choose to wear one.
- Children under the age of 3 MUST NEVER wear a mask due to health and safety concerns.

Clinic operational plan additional points

- 7 d Patients will be asked to attend appointments alone but advised that should they wish to bring a chaperone this should be limited to one person.
- 7 e Children under the age of 16 should be accompanied by one person who has parental responsibility for the child.
- Risk assessment additional points for Paediatric clinic

Area	Detail
Increased sanitisation and cleaning	<p>Nappies to be changed in bathroom only. Plinth roll offered for changing table if carer does not have a mat.</p> <p>Nappies to be bagged, tied and disposed of in toilet bin.</p> <p>Spare nappy bags to be kept in reception</p> <p>Parent responsible for cleaning of the changing table in bathroom.</p>
Clinicians will wear the following PPE	<p><u>In addition</u></p> <p>Eye protection for all paediatric patients not wearing a mask</p> <p>Gloves to be worn at all times.</p>

	For neonatal intraoral assessment this will require 3 pairs. One for examination, clean pair for intraoral assessment then safe disposal and redonning of new gloves after examination to proceed with consultation.
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Dissemination and training for staff and students

Course leader will be responsible for ensuring the following is implemented from the current operational plan using the following method

1. Students and staff will be sent links to all information to read before attending clinic
2. Virtual meeting will be set to go through all the information given
3. Virtual clinic walk through to orient students visually
4. Training on first day of attendance in clinic
5. Signpost students and staff to SharePoint where all the information is kept and regularly updated

The Course leader will cover the following areas with staff and students.

- Responsibilities with regards to hygiene control, Handwashing, Donning and doffing of PPE and masks/gloves during the session
- Disposal of PPE
- Managing a patient who has symptoms of COVID-19
 - Whether this be as part of a screening process beforehand or a virtual consultation
 - Whether this is a patient who has attended the UCO clinic
 - Current information about COVID-19 symptoms and presentations
- The importance of clear record keeping with regards to who attended to which patients, any chaperones and the tutor involved for the purposes of tracking and tracing.

APPENDIX 6: ADDITIONAL INFO FOR THOSE WORKING IN THE SMUG CLINIC

SMUG Mentorship Programme – Safe working practices during COVID-19 and COVID-19 screening form.

Aims

To provide continued ultrasound (US) scanning practise and patient clinics whilst maintaining consistent high-quality standards with respect to course learning outcomes, minimising risk to staff, students and patients during COVID-19, whilst appreciating that the risk of COVID-19 cannot be completely eliminated.

Procedures for managing risks of COVID-19

1. Managing Risk

- a. Increased frequency of washing hands, equipment and surfaces.
 - i. Clean hands with antibacterial gel or soap and water (for 20 seconds) before and after each patient and wear single-use gloves.
 - ii. Clean equipment (scanner screen & keys, probe & lead) with antibacterial gel in between each patient and after the last patient of the session.
20 Minutes will be allowed between patients for cleaning as points i & ii above.
 - iii. Wear scrubs and PPE in accordance with UCO's protocol (see UCO Clinic: Clinical Policy and Guidance- following COVID-19 document).
- b. Social distancing of 2 metres apart wherever possible.
 - i. You will be 'Buddied up' and must remain in a group of two with your assigned buddy for scanning, for the whole day.
 - ii. You will stay in the same room for the whole day and your tutor will move between rooms.
 - iii. Only 4 people allowed per break out room and you must remain paired with your buddy.
- c. Ordinarily, you should not share equipment outside of people in your buddy group; if you do need to use equipment outside of your buddy group, then you should thoroughly clean it prior to and after use.
- d. You will be issued with a Chromebook or equivalent for report writing; if there are any issues with this, then we will revert to paper notes.
- e. Independently assess if it is appropriate to engage in face to face situations.
- f. Do not attend any clinical or teaching sessions if you have any symptoms of COVID-19 or are feeling unwell.
- g. You must complete a COVID-19 screening form (below) and return it by email no later than 24hours before the Supervision Day.

COVID-19 Screening Form for SMUG Students attending Clinical Sessions at the UCO



Personal Details

Name: _____

Email address: _____

Telephone number: _____

Please answer the following questions with YES or NO.

- I confirm that I have not had any of the following symptoms in the last 14 days: fever, shortness of breath, loss of sense of taste or smell, dry cough, runny nose or sore throat.
YES/NO___
- I confirm that I am not in the clinically extremely vulnerable category and therefore advised to shield at home by the government.
YES/NO___
- I confirm that to the best of my knowledge, I have not been in close contact with anyone with confirmed COVID-19 in the last 14 days.
YES/NO___
- I confirm I am aware of UCO's patient clinic requirement for social distancing in the clinic.
YES/NO___
- I confirm I am aware of UCO's patient clinic requirement for hand washing in the clinic.
YES/NO___
- I confirm I am aware if the UCO's patient clinic requirement for me to wear a face mask, scrubs, apron and gloves whilst in the clinic
YES/NO___

I agree that my contact details that I have provided can be used by NHS Test and Trace if required. Text messages will come from NHS Tracing. Calls will come from 0300 0135000
<https://contact-tracing.phe.gov.uk>.

YES/NO___

Signed Student:

Date:

Return this form by email to info@ultrasoundtraining.co.uk no later than 24hrs before the Supervision Day.