

Infection Control and Hygiene for Chiropractors & Organisational Preparedness for Chiropractic Offices During Sustained COVID-19 Transmission in the Community

Introduction

These infection control guidelines for practitioners, staff, and premises have been adapted from the COVID-19: Infection prevention and control guidance, a 62-page comprehensive document (first published on 2 April, 2020 and updated 27 April 2020). It incorporates Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) advice to be used when managing direct patient care where there is sustained transmission of COVID-19.

[https://www.dropbox.com/s/cbqs2sggsc6c64i/COVID-19 Infection prevention and control guidance complete%2027.4.20.pdf?dl=0](https://www.dropbox.com/s/cbqs2sggsc6c64i/COVID-19%20Infection%20prevention%20and%20control%20guidance%20complete%2027.4.20.pdf?dl=0)

The UCA has coordinated these guidelines to support and inform our members in practice in accordance with our governance procedures. The content of this guideline is evidence informed.

Our objective is the following:

- Best practices for each patient encounter
- Standardise care procedures and remove ambiguity
- Improve our knowledge and skill applied to infection prevention and control
- Do our part in reducing the risk in a healthcare-associated infection (HAI)
- Greater congruence of best practices, education, awareness, and quality improvement
- Signpost our members to the most current and relevant government requirements

We strongly encourage all our members to follow Department of Health and Social Care (DHSC), Public Health England (PHE), NHS England, Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS), and Public Health Scotland (PHS) guidelines as official guidance where relevant and applicable.

This should serve as a resource for you and help you create systems you can incorporate in your clinic policies and procedures, observing The GCC Code Principle A.

**** Please note that this guidance is of a general nature and that an employer should also consider the specific conditions of each individual workplace and comply with all applicable legislation, including the Health and Safety Work etc. Act 1974***

<http://www.legislation.gov.uk/ukpga/1974/37/contents>

Objective

This information will allow you to monitor compliance with infection prevention and control as specified in this guideline in all the following clinical areas:

- Hands-on patient care (within 2 metres)
- Your staff and practitioners can serve as compliance monitors within your clinic

Clinic directors and office managers should ensure that:

- All staff are aware and have access to these guidelines
- Have support and resources such as this and other government policies and guidelines
- Monitor and take corrective action to adhere to these guidelines

Clinicians providing care should:

- Display an understanding the infection control and prevention measures in this guideline
- Maintain competence, skills and knowledge in infection prevention and control
- Continue to monitor any changes that may occur with UK government regulatory organisations, such as: Public Health England and Gov.uk
- Communicate the infection prevention and control practices to be carried out by staff for patients
- Communicate with clinic management if there are any deficits in knowledge, resources, equipment or incidents that could potentially transmit infection (e.g. PPE failures)

- Consider not providing care while at risk of potentially transmitting infectious agents to others; if in doubt, seek guidance

An infection prevention and control team in your clinic should:

- Develop infection control practices that are appropriate for your clinical setting and that are sustainable and reliable
- Provide advice on applying infection prevention and control in a clinical setting and individual risk assessments, ensuring that action is taken when required
- Have a monitoring system in place that distinguish patient cases that require further investigation and control

Please note this guideline is an adaptation of current COVID-19: Infection prevention and control guidance (27 April, 2020). You are responsible for ensuring a safe system of work and a completion of risk assessment.

We have divided these guidelines into 5 sections on the following pages:

1. COVID-19 Circumstances & Relevant Considerations in a Chiropractic Setting
2. Individual Personal Hygiene Measures
3. Workplace Hygiene Measures
4. Risk-assessment Patient Flow Chart
5. Patient COVID-19 Informed Consent

COVID-19 Circumstances & Relevant Considerations in a Chiropractic Setting

The emerging evidence base on COVID-19 is rapidly evolving. Further updates may be made to this guidance as new detail or evidence emerges.

Transmission

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).

Standard Infection Control Precautions (SICPs)

Standard Infection Control Precautions (SICPs) are the basic infection prevention and control measures required to reduce the risk of transmitting infectious diseases and agents from both recognised and unrecognised sources of infection. **SICPs are to be used by all staff, in the clinical setting at all times for all patients whether infection is known to be present or not.** This will ensure the safety of your patients and staff within your clinical setting.

Possible sources of (potential) infection include but are not limited to the following:

- blood and other body fluids
- secretions or excretions (excluding sweat)
- non-intact skin or mucous membranes
- any equipment or items in the treatment administration area that could become contaminated

The application of SICPs during treatment is determined by assessing risk to and from individuals. Factors taken into consideration include: the task, level of interaction and/or the anticipated level of exposure of body fluids. SICPs adherence and monitoring must be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff and visitor safety.

The ten components of SICPs include:

- patient assessment for infection risk
- hand hygiene
- respiratory and cough hygiene
- personal protective equipment (PPE)
- safe management of care equipment
- safe management of the treatment area
- safe management of linen

- safe management of blood and body fluids
- safe disposal of waste (including sharps)
- occupational safety/managing prevention of exposure (including sharps)

Transmission Based Precautions (TBPs)

Transmission Based Precautions (TBPs) are applied when SICPs alone are insufficient to prevent cross transmission of an infectious agent. TBPs are categorised by the route of transmission of the (potential) infectious agent to address contact, droplet and airborne precautions relevant in a chiropractic office setting.

INDIVIDUAL PERSONAL HYGIENE MEASURES:

Hand Hygiene:

Hand hygiene is considered an important practice in reducing the transmission of infectious agents that cause HAIs. Sinks for hand washing should be used solely for that purpose and not for disposing of liquids.

Before performing hand hygiene:

- expose forearms below the elbow.
- remove all hand and wrist jewellery (a single, plain metal finger ring and/or a *kara*, a religious bracelet worn by Sikhs are permitted but should be removed or cleaned if worn during hand hygiene.
- ensure fingernails are clean and short, and do not wear artificial nails or nail products.
- cover all cuts or abrasions with a waterproof dressing.
- Wash hands with non-antimicrobial liquid soap and water if hands are visibly soiled or dirty.
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Alcohol-based hand rubs (ABHRs) must be available for staff as near to the point of care as possible. Where this is not possible, personal ABHR dispensers should be used.

Perform hand hygiene:

- before touching a patient
- before clean or aseptic procedures
- after body fluid exposure risk
- after touching a patient
- after touching a patient's immediate surroundings

NB: Perform hand hygiene before putting on and after removing gloves. If running water is not available, or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first opportunity.

For how to wash hands and hand rub, see this step-by-step guide.

<https://www.dropbox.com/s/tn6lp866kmqwdbe/Best%20Practice%20Hand%20Washing.pdf?dl=0>

Skin care

- Dry hands thoroughly after hand washing, using disposable paper towels.
- Use an emollient hand cream during work and when off duty.
- Do not use or provide communal tubs of hand cream in the care setting.
- Staff with skin problems should seek advice from occupational health.

Personal Protective Equipment (PPE):

Before undertaking any procedure, assess likely exposure to blood and/or other body fluids, non-intact skin or mucous membranes and wear personal protective equipment (PPE) that protects adequately against the risks associated with the treatment. Gloves and aprons are minimum, and because Covid-19 can be transmitted through coughing, sneezing and respiratory droplets, risk-assessing for optional individual/ sessional use of face masks/ eye protection is a valid consideration for best practice)

*** The guidance applicable for Chiropractic Office Settings and Home Visits is**

https://www.dropbox.com/s/9cra0k2i4mix25a/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf?dl=0

All PPE should be:

- Located close to the point of use
- Stored to prevent contamination in a clean, dry area until required for use (expiry dates must be kept to)
- Single-use only items for gloves and aprons Individual risk-assessed/ sessional use for surgical masks/ eye protection
- Changed immediately after each patient and/or after completing a procedure or task
- Disposed of after use into the correct waste stream, i.e. Healthcare waste or domestic waste (further details below).

Gloves and Aprons (single use) must be:

- Worn for each patient contact within 2 metres
- Changed immediately after each patient and/or after completing patient care
- Changed if a perforation or puncture is suspected
- Appropriate for use, fit for purpose, and well-fitting

Fluid-resistant (Type IIR) surgical face masks (*) must be:

- Worn with eye protection if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated or likely
- Well-fitting and fit for purpose, fully covering the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection)
- Removed or changed: – at the end of a procedure/task – if the mask's integrity is breached, e.g. from moisture build-up after extended use or from gross contamination with blood or body fluids – in accordance with manufacturers' specific instructions.

*** NB: risk assess for case-based usage, and sessional use. Not necessary for all treatments.**

Eye and face protection (*) (including full-face visors) must be:

- Be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely. Regular corrective spectacles are not considered eye protection
- Not be impeded by accessories such as piercings or false eyelashes
- Not be touched when being worn
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*** NB: risk assess for case-based usage, and sessional usage. Not necessary for all treatments.**

Clinical Clothing & Footwear (sessional use) should be handled by immediately washing on a 60 degree wash.

Various step by step guides regarding PPE

https://www.dropbox.com/s/xykfdwxe4ys56ng/PHE_11606_Putting_on_PPE_02b.pdf?dl=0

https://www.dropbox.com/s/zzy2gtzjj4g3jv1/PHE_11606_Taking_off_PPE_02b.pdf?dl=0

https://www.dropbox.com/s/nnr2ix89ilk9i6t/PHE_11606_When_to_use_face_mask_or_FFP3_02.pdf?dl=0

https://www.dropbox.com/s/nnr2ix89ilk9i6t/PHE_11606_When_to_use_face_mask_or_FFP3_02.pdf?dl=0

WORKPLACE HYGIENE MEASURES:

Transmission Based Precautions (TBP) are relevant in Chiropractic office settings. These measures are used to prevent cross-contamination via direct contact or indirectly from the immediate environment (including care equipment), and are considered best practice during sustained transmission COVID-19 in the community. Chiropractic services will NOT be able to operate under 'business as usual' during a COVID-19 pandemic. Administrative controls need to be implemented at the workplace organisational level. An assessment of the practical ability to deliver care and implement control measures under the pressure of these unprecedented and extraordinary circumstances is essential.

Often these precautions are referred to as Hierarchy of Control Measures. The following are relevant in a chiropractic office setting:

- Pre-attendance risk assessment of patients (such as: active COVID-19 symptoms, self-isolating, 'at risk' vulnerable/ shielding, key workers, etc.)
- Implementing control measures, including:
 - maintaining separation in space and or time between patients, staff, and visitors
 - educating staff, patients and visitors about SICPs and TBPs
 - prompt implementation of TBPs to limit transmission
 - restricting access of ill visitors to the facility (includes pre-screen/ risk assess for 'at-risk' vulnerable and shielded circumstances)
 - instructing staff members with symptoms to stay at home and not come to work until symptoms resolve
 - planning and implementation of strategies to control access to the office (potential surge capacity)
- Further risk-assess patients on arrival to the office (informed consent/ declaration)
- Wipe down all surfaces which come into human contact before and after each contact, including instruments of care
- Wipe down tables/ contact surfaces before and after each client
- Document these procedures with a cleaning log
- Ensure a policy of social-distancing (2 metres) between clients in entrance, reception area and walkways your office setting - e.g. spacing chairs, moving treatment tables (photograph your office areas in this adapted layout)
- Dispose of single-use materials (i.e. gloves and aprons) into double-bagged receptacles (leave for 72-hours before disposing in general waste)
- Double-bag clothing worn during direct patient contact on sessional use, and leave for 72-hours before washing separately in hot wash

For Cleaning and disinfection, see this step-by-step guide.

<https://www.dropbox.com/s/fljo1myerejg3t8/Cleaning%20Poster.pdf?dl=0>

For Routine decontamination of reusable care equipment, see this guide

https://www.dropbox.com/s/7sdtfawpoeozvyr/Routine_decontamination_of_reusable_noninvasive_equipment.pdf?dl=0

For Cleaning Log template, see this link

https://www.dropbox.com/s/f6yw4mtzagedzcn/CV19%20Cleaning%20%26%20Disinfecting%20Log_Template.xlsx?dl=0

