

Planning for the Provision of Safe Chiropractic Care During the Covid-19 Pandemic



The Royal College of
Chiropractors

During the initial months of the covid-19 pandemic we have seen a transformation in the way our society functions. Chiropractors have had to adapt the way they deliver care, and most have ceased face-to-face consultations. In the months ahead, the profession will be faced with significant challenges, not least how to re-establish providing clinical care in a variety of settings. As health care professionals, chiropractors are responsible for ensuring that, during this process, patient and public safety remain paramount.

[The Health Protection \(Coronavirus, Restrictions\) Regulations \(England\) 2020](#), which came into force on 26 March 2020, require the closure of a range of businesses and limit the movements of people outside their homes. Although chiropractic clinics are exempt from closure, and persons may leave their homes to access chiropractic services, chiropractors are also bound by The Code, published by the General Chiropractic Council (GCC), which requires them to operate in a safe environment and prioritise the health and wellbeing of patients. With regard to the covid-19 pandemic, [the GCC has highlighted that](#), *“Decisions about how and who is treated are for the registrant. For patients in need of care a registrant must have regard to The Code ... We do not expect a registrant to provide treatment unless, in their professional opinion, it is safe to do so for the patients and registrant.”*

What is Safe Chiropractic Care?

Telehealth

Many chiropractors are providing remote services involving the use of telephone and video consultations. This enables triage assessment and the opportunity to make necessary referrals. It also allows chiropractors to support patients by providing appropriate information and delivering a range of self-management advice, whilst also enabling the patient and chiropractor to remain at home and comply with social distancing guidance. In the months ahead, telehealth is likely to remain a key element of chiropractic care.

Face-to-face care

The provision of face-to-face care is a matter for each individual chiropractor but is dependent upon a **detailed risk assessment** which needs to be specific to:

- each chiropractor
- the patient cohort
- the practice environment
- any guidance in place at the time

The RCC has identified a number of key areas that it advises chiropractors to consider as part of their risk assessment in determining whether or not they can offer safe face-to-face care during the covid-19 pandemic. This advice is not intended to suggest that chiropractors should, or should not, provide face-to-face care, but rather to highlight the considerations that should be taken before making any decisions. The advice from government and other agencies is likely to change

over time as the course of the covid-19 pandemic evolves. Therefore, any risk assessment should be reviewed regularly, and consideration given to either strengthening or relaxing clinic policies. Chiropractors' professional associations will be in a position to provide detailed guidance on aspects of this risk assessment.

There is a legal obligation on the clinic owner and/or employer to address risk assessment in a number of areas. However, there is also a duty and responsibility for all individual registered chiropractors not to provide face-to-face care unless, in their professional opinion, it is safe to do so for their patients and themselves.

Risk Assessment Considerations for Face-to-Face Care During the Covid-19 Pandemic

The considerations for risk assessment and the subsequent decisions that are made will be specific to each clinical environment. As such, this list should not be taken as exhaustive, but as a guide to the areas that need to be addressed and should be reviewed regularly.

1. Professional Responsibilities

Professional Indemnity Insurance

- consider whether **professional indemnity insurance** is valid under the circumstances in which you are practising, and with the arrangements that you have in place (following the advice of your professional association)

Regulatory Compliance

- consider how you are going to monitor and ensure compliance with the **requirements** of regulatory and professional bodies (*e.g. central government, PHE, HSE, GCC, professional associations*)

2. The Patient

Covid-19 Status

- consider how to determine the **risk status** of patients (*are they in the [shielding or vulnerable group](#)*) and for which risk groups, if any, special measures should be arranged or face-to-face care excluded
- consider how to assess whether patients are **living with, or caring for**, someone in a vulnerable group and whether, if any, special measures should be arranged, or face-to-face care excluded
- consider how to assess patients for potential [covid-19 symptoms](#), both remotely and at presentation, and what criteria will be used to either offer or exclude them from face-to-face care
- consider how to assess whether patients have been in **contact** with a confirmed case of covid-19 and what criteria, if any, will be used to either offer or exclude them from face-to-face care

Clinical Need

- consider how to **triage** patients prior to the possibility of inviting them for face-to-face care
- consider how to assess whether patients are **amenable to remote support** and self-management advice and whether this approach would be safer and in their best interests
- consider how to assess whether patients have **acute care needs** and whether face-to-face care is necessary

- consider how to assess patients for significant **psychosocial factors** and, if present, whether face-to-face care is necessary to best support them

3. Clinic Staff (including chiropractors)

Health and Vulnerability

- consider how to assess the **risk status** and underlying health needs of staff (and/or vulnerable family members) and how best to support them
- consider how staff should **self-monitor** for potential covid-19 symptoms, or **report contact** with confirmed cases of covid-19, and what actions should be taken in such circumstances
- consider how to assess the individual **attitudes to risk** of staff, and how best to support them

4. Practice Environment

Social Distancing

- consider how to **comply** with [government advice on social distancing](#)
- consider how best to manage patients **waiting arrangements** (*e.g. outside, in their car*)
- consider how best to manage **movement around the clinic** (*e.g. floor marking, toilet facilities*)
- consider how best to **protect administrative staff** (*e.g. screens, PPE*)

Hygiene and Cleaning

- consider what is the most suitable **cleaning equipment** and **cleaning/disinfection agents**
- consider what **cleaning requirements** are necessary (*e.g. common contact points, clinical furniture, equipment*), how frequently it is required, and who is responsible for carrying it out
- consider what **clothing** is appropriate for staff to wear, and what arrangements are necessary to limit the potential spread of infection to or from the clinic
- consider the provision of **hand sanitiser** and hand washing facilities and what policies to establish

5. Clinical Care

Consent

- consider how to address the issue of **consent**, ensuring that it is fully informed, legally compliant, and fit for purpose during the covid-19 pandemic

Personal Protective Equipment (PPE)

- consider how to meet your essential responsibility to **comply** with current [Public Health England \(PHE\) requirements and specifications](#)
- consider your **current stock** and ongoing availability of the appropriate PPE
- consider procedures for the safe **disposal** of used PPE according to local regulations
- consider how to meet the **concerns** of patients and clinical staff with regard to PPE
- consider **training needs** in the correct use of PPE

Care Modalities

- consider the selection of assessment methods and treatment modalities to **minimise close contact** with patients (particularly around the face and possible exposure to body fluids)

- consider the selection of assessment methods and treatment modalities to minimise the potential **transfer of expiratory particulates** and body fluids to clinic equipment and the treatment room in general (*e.g. supine v prone positioning*)

Patient Numbers

- consider how to manage the clinic diary to allow sufficient **time for effective cleaning/decontamination** between patients
 - consider how to manage a clinic diary to **minimise contact** between patients and other clinic staff
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