



Occupational
Therapy
for Children

COVID-19 RISK ASSESSMENT AND POLICY FOR THE THERAPY ROOM

Face-to-face consultations have an increased risk of infection for both staff and clients, as identified in the attached risk assessment. For that reason, we will employ a virtual first policy. If a face-to-face appointment is being considered, this policy provides guidance on how to minimise risk. Each situation is unique therefore each case will be assessed individually. The risk of not seeing the child/young person and their family may exacerbate the situation therefore, they may be at risk if they are not seen.

PlayWay OT follows guidelines from the Health Care Professions Council and the Royal College of Occupational Therapists and will update this guidance as required. The Royal College of Occupational Therapy recommends that all treatment decisions must be made with Government guidance in mind considering the changing situation. It is acknowledged in the Government recovery strategy the impacts that changes in service provision may be having on peoples mental and physical wellbeing, and the importance of returning to treatment. However, this continues to need to be balanced with the risks of infection and the potential impact of that, particularly for vulnerable groups.

It is important that Occupational Therapists work safely and look after their own wellbeing, as well as the people who use their services. See Appendix 1 which outlines key statements from the RCOT Code of Ethics which helps to inform our reasoning and continues to apply to practice throughout this period.

The criteria for having face-to-face consultation contact are as follows:

- The person who has parental responsibility have asked for sessions in the clinic.
- The therapist and client/guardian feel a face-to-face treatment is required.
- The therapist has assessed the need and risk to client's health and this is documented in clients notes.
- The client or close contacts have not had symptoms in the week prior to the appointment.
- The client has not had close contact with someone with symptoms in the two weeks prior to the visit.
- The client/guardian is aware, accepts and understands that even with vigorous hygiene and PPE procedures in place there is still an increased risk of infection transmission by having a home appointment.
- The client/guardian gives consent verbally for the session to occur at the therapy room and this is written in the notes.

The following guidelines are following the current HM Government Guidelines for the safety of the therapist and the client and their family. The use of PPE is required to reduce the risk of exposing the client to infections. The therapist will take reasonable care.

The therapist will follow the guidelines from the Royal College of Occupational Therapy, adhering the Codes of Ethics always:





Occupational
Therapy
for Children

“When considering changes to practice occupational therapists need to be aware of current government guidance, adhere to RCOT code of ethics and make clinically informed risk assessments about practice. These risk assessments should be clearly documented and show the individuals reasoning for treating, or indeed, not treating, as well as any steps taken to mitigate those risks. This is to protect the therapist, the people accessing the service and also their wider support networks and communities.”
<https://www.rcot.co.uk/coronavirus-covid-19-0>

Before Each Session

Questions below need to be asked of the client to see if there are any change to wellness state/health of client or close contacts in line with current Government Guidelines of COVID19 symptoms:

1. Have you had close contact with or cared for someone diagnosed with or suffering symptoms of COVID19 in the last 14 days.
2. Have you experienced any cold/flu symptoms in the last 14 days including cough, sore throat, respiratory illness, difficulty breathing, loss of taste/smell (and any other symptoms of COVID as HM Government may add).

If the client answers YES to questions 1 or 2 OR has a temperature above 37.8°C the home visit will be cancelled.

During the Session

Use of PPE

The therapist will wear mask, apron and gloves, if appropriate, throughout explained in the Government Guidelines of “donning and doffing PPE” which the therapist has been trained to carryout (Appendix 3).

The therapist will wear a disposable, single patient-use apron and a cloth face mask. Gloves will be donned when/if physical contact is required.

Social Distancing

In therapy room the therapist will follow social distancing of 2 metres where possible.

The windows should be open so that the room may air. If the situation arises where the therapist needs to be less than 2 meters this will not occur more than 15 minutes.

Sanitiser will be used on all equipment that was used during the session (Appendix 2). If using equipment that is made out of cloth the therapist will wash (Appendix 1) and disinfect it by putting it in the oven (100 Celsius for 10 minutes <https://news.uga.edu/heat-key-killing-coronavirus-surfaces/>) or by washing and insuring that it is not used again for a week in the case of Lycra.

After the Session





Occupational
Therapy
for Children

- The therapist will remove the PPE following Government Guidelines, as above. The PPE is bagged and removed by the therapist for disposal (Appendix 2 & 3).
- The client/guardian is instructed to inform Orit Roditti if they become ill and suspect COVID-19 in the 7 days following the session.





Occupational
Therapy
for Children

APPENDIX 1

The RCOT code of ethics which helps to inform reasoning and continues to apply to our practice throughout this period are listed below:

2.4 Your service and your practice should be centred on the occupational needs of the service user and their carer/s, but local, national and environmental resources for care are not infinite. At times, priorities will have to be identified and choices will have to be made, while complying with legal requirements, and national and/or local policy.

2.5. You must familiarise yourself with the risk management legislation that is relevant to your practice, and with your local risk management procedures.

2.5.2 You are responsible for assessing and managing the identified risks involved in providing care to your service users.

2.5.4 You are expected to co-operate with your employers in meeting the requirements of legislation and local policy. You must also take reasonable care for your own health and safety and that of others who may be affected by what you do, or do not do

3.1.2 You are required to ensure that all reasonable steps are taken to ensure the health, safety and welfare of any person involved in any activity for which you are responsible. This might be a service user, a carer, another member of staff or a member of the public (Great Britain. Parliament 1974).

3.2.11 You must take appropriate precautions to protect service users, their carers and families, and yourself from infection in relation to personal, equipment and environmental cleanliness. Local infection control guidance and policy should be followed.

<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics>

Embracing risk document:

<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/embracing-risk>

The RCOT Risk Document: <https://www.rcot.co.uk/file/2022/download?token=wWxjCFTa>

Government Guidance (to be updated as necessary):





Occupational
Therapy
for Children

Novel coronavirus (Covid-19) standard operating procedure: community health services

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0198-community-health-services-sop.pdf>

PPE recommendations

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatient_community_and_social_care_by_setting

Guidance on decontaminating clothes and environments can be found here:

<https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/infection-control/environmental-decontamination/>

Stay at home guidance for households with possible Covid-19:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

Our plan to rebuild: The UK Government's COVID-19 recovery strategy:

<http://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy.pdf>





Occupational
Therapy
for Children

APPENDIX 2

Principles of cleaning after the case has left the setting or area **Personal protective equipment (PPE)**

The minimum [PPE](#) to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) can advise on this.

Non-healthcare workers should be trained in the correct use of a surgical mask, to protect them against other people's potentially infectious respiratory droplets when within 2 metres, and the mask use and supply of masks would need to be equivalent to that in healthcare environments.

Cleaning and disinfection

Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

or

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

or

- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

Avoid creating splashes and spray when cleaning.





Occupational
Therapy
for Children

Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.

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

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

Laundry

Wash items 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.

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.

Waste

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

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

APPENDIX 3



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
- Remove jewellery
- Tie hair back
- 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

© Crown copyright 2020. Public Health England Gateway Number: 2019-263. V1.2



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

© Crown copyright 2020. Public Health England Gateway Number: 2019-262. V1.2



Public Health
England

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1 Put on your plastic apron, making sure it is tied securely at the back.
- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.
- 3 Put on your eye protection if there is a risk of splashing.
- 4 Put on non-sterile nitrile gloves.
- 5 You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.
- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 3 Snap or unfasten apron ties the neck and allow to fall forward.
- 4 Once outside the patient room. Remove eye protection.
- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 6 Remove surgical mask.
- 7 Now wash your hands with soap and water.

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

Please refer to the PHE standard PPE video in the COVID-19 guidance collection:

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

If you require the PPE for aerosol generating procedures (AGPs) please visit:

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

© Crown copyright. Gateway number 2018284, version 1 April 02 2020