

Policy for Clinical Delivery During COVID-19
Effective date: 15th June 2020

Introduction

The health, safety and wellbeing of our clients, therapists and staff, remain, as always, our highest priority. Since the COVID-19 outbreak, we have adapted our services to enable our therapists to provide assessments and therapy to clients via remote methods where possible. At all times we have been, and will continue to be, guided by legislation and official guidance from government and its relevant agencies, alongside published guidelines, and standards from regulatory and professional bodies.

It has always been necessary to consider any risks associated with providing our services to a client in their own home, or other setting. Assessing risk is also an intrinsic feature of our therapist's roles. COVID-19 poses an additional risk to consider and needs to be met with a suitably robust set of measures to ensure therapists and clients understand any risks, how they can be best reduced/mitigated, and whether they consent to proceed with the intended service.

Service Update from 15th June 2020

From 15th June 2020 onwards, The OT Practice will further adapt services to operate on the below basis and offer a face-to-face visit, only where a remote offering is not possible and where conditions for a face-to-face visit can be met and agreed between the referrer, client and therapist. This will be subject to individual risk assessment and consent.

We have set out below our approach to delivering services from 15th June 2020 in order that referrers/clients can decide whether they wish to proceed with a referral or receiving an assessment/therapy during this time. By making a referral you are agreeing that The OT Practice will manage the referral in the following way:

1) A "Remote First" Approach

Where remote assessments/therapy are deemed possible and appropriate this will remain the first route for providing assessments or therapy. Remote services are the only option that present a zero risk of COVID-19 transmission. Therefore, it is our policy that this must be considered as a starting point for all referrals.

Before any face-to-face visits take place, it must be evidenced by the therapist as to why/how remote services are not possible or appropriate.

We regret we are not able to rule-out a remote service on referrer or client or preference alone; under the current circumstances proceeding with anything other than a remote service must be supported by clear and reasoned rationale as to why remote services are not possible. If the therapist's triage and risk assessment identify that a remote assessment/therapy is feasible, but the client declines this method, we will liaise with the referrer with a view to placing the referral on-hold.

2) Individual Risk Assessments for Face-to-Face Visits

It remains the policy of The OT Practice that, as a private practice, no face-to-face visits of any kind can take place if the client, the therapist, or a member of their household is symptomatic or self-isolating due to possible recent exposure. Face-to-face visits can therefore only take place if there are no confirmed or suspected cases in the household of both the client and the visiting therapist and once the below process and conditions have been satisfied.

Rather than adopt a blanket one-size-fits-all risk assessment, the therapist will complete a structured risk assessment tool on every referral they are assigned, to determine whether any risks associated with a face-to-face visit can be controlled. This will consider the individual client's circumstances as well as the specific environment the visit in which the visit is due to take place.

Risk can never be eliminated entirely, and it is our policy to take an individual approach to risk assessment. This helps ensure that visits only take place if risks have been assessed and both the client and therapist understand these risks, how they will seek to mitigate/reduce these and the clients consent to a visit taking place.

In instances where the therapist/client are unable to identify a suitable means of controlling any identified risks, when balanced against the risk of not providing a service, we will liaise with the referrer to agree a plan for placing the referral on-hold and a timescale for review.

Examples of considerations that will feature as part of the risk assessment process, will include but are not limited to:

- The client's status with regards to clinical vulnerability and "at risk" groups.
- The client's ability to understand and practice social distancing.
- The environment in which the visit is planned and whether this is well ventilated and conducive to social distancing.
- Whether measures such as outdoor visits or reduced duration (partial remote methods) may help reduce any risks.

Client preparation is also a key component of a face-to-face visit, not least because successful social distancing will rely on client participation and adherence. The therapist will explain how the face-to-face visit will be completed and what to expect and will have access to a client information sheet which therapists can provide via email to clients ahead of the appointment.

As has always been the case, the therapist reserves the right to terminate/end a visit if they feel the safety of themselves or others is compromised.

Personal Protective Equipment (PPE) for Face-to-Face Visits

PPE for Visits to Client's Homes

It is the policy of The OT Practice that PPE (to include as a minimum single-use gloves and surgical mask) is to be used by therapists for all visits that will require entering a client's home. To ensure any potential risks are minimised, the level of PPE usage directed by The OT Practice exceeds the minimum

recommended official guidelines (at the time of writing) that indicates PPE only for direct care or close contact with clinically extremely vulnerable individuals (single use apron, gloves and surgical mask).¹

As noted above, The OT Practice will never undertake visits where a client or other resident in the household has a suspected or confirmed case. As such the need for the level/grade of PPE required for interacting with confirmed or suspected cases (Type IIR mask, respirator or face/eye visor/protection) should not arise.

PPE for Visits in Other Settings

For visits taking place in other settings, therapists will follow the policy of the setting in question in relation to the usage of PPE as a minimum and may, at their discretion, choose to use PPE which exceeds the requirements of the setting if they feel their risk assessment indicates this is necessary.

Prepared: June 2020

For Review: July 2020

Prepared by: Clinical Operations Director

Approved by: Executive Director

¹ PPE Guidance indicating PPE for direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding:
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.pdf