

Policy for Clinical Delivery During COVID-19
Last Updated: November 2020

Introduction

The health, safety and wellbeing of our clients, therapists and staff, remain, as always, our highest priority. Since the COVID-19 pandemic, we have adapted our services to enable our therapists to provide assessments and therapy to clients via remote methods where possible. We also recognise this will not be possible or appropriate for all clients, and some may still require a face-to-face visit. Where that is the case it must be risk assessed and can only take place if the therapist is satisfied it is appropriate.

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

1) A "Remote First" Approach

Throughout the pandemic we have adopted a "Remote First" policy. Our therapists have successfully completed a significant amount of remote assessments and therapy sessions throughout the pandemic.

Remote services are the only option that present a zero risk of COVID-19 transmission. Therefore, it is our policy that remote services must be considered as a starting point for all referrals.

Before any face-to-face visits can be considered and arranged, 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; proceeding with anything other than a remote service must be supported by clear and reasoned clinical 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.

The only exception to this is where a visit to an educational setting relates to facilitating a child/young person receiving or appealing an Education Health & Care Plan (EHCP) or receiving the therapy provision specified in their EHCP. This is subject to the school/education setting being open, accepting visiting therapists and all parties being happy with the setting's COVID-19 procedures and a visit taking place.

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.

If remote services have been ruled out, the therapist will complete a structured risk assessment tool on every referral they are assigned, to assess any risks associated with a face-to-face visit and consider whether these can be controlled to a level both the therapist and client are in agreement with. This will consider the individual client's circumstance, local rates of transmission/restrictions, 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 both the client and therapist are willing to proceed.

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

- The level of local COVID-19 transmission rates, as reflected in any local and national restrictions.
- 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.

There are three possible outcomes of the face-to-face visit risk assessment:

1. That the therapist and client are in agreement with completing a visit, with the therapist using the appropriate PPE and any other agreed measures to reduce visit duration or make the visit as safe as possible.
2. Heightened risks have been identified however the therapists' professional opinion is that the client faces other or greater risks by not receiving a face-to-face visit. Risks will seek to be reduced through use of appropriate PPE and other measures to reduce visit duration or make the visit as safe as possible.
3. Heightened risks have been identified and the therapists' professional opinion is that given the client's current need, a face-to-face visit cannot be justified at this time. In this event we will place the referral on hold and liaise with the referrer as to next steps and a timescale for review.

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

3 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 a type IIR fluid-resistant surgical mask) is to be used by therapists for all visits that will require entering a closed environment such as

a client's home. In accordance with current guidelines, the therapist will also use disposable gloves and apron if coming into close contact with a client or if the client is "shielding".

To ensure any potential risks are minimised, the level of PPE usage directed by The OT Practice meets and in places exceeds the minimum recommended in official guidelines (at the time of writing).

PPE for Visits in Other Settings

For visits taking place in other settings (for example, schools, care homes), 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.

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