



# Novel Coronavirus COVID-19 Guidelines for practice

Version 2: 16 April 2021

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# Introduction

These guidelines have been produced for members of the BAaC and the RCHM to support you and set out the extra steps you need to take when you are in practice during the COVID-19 epidemic.

Government regulations relating to business closures vary over time and by region in the UK. Hence, it is important to refer to the most recent government guidelines and communication from the BAaC or RCHM that relates to your local area before deciding to practise.

It is the position of the BAaC and RCHM that their members provide medical and health services to the public. In order to ensure that members are compliant with minimum safety standards set by national and devolved governments, as well as standards set in 'clinical settings', these guidelines are informed by both private sector provision of 'close contact services' guidance and NHS standards of Infection Prevention Control (IPC). This guidance has been adapted where appropriate to the particular requirements of practice within the BAaC and RCHM.

Since the first edition of these guidelines, each nation of the UK has produced substantial additional guidance for working safely during coronavirus. Balens and Lockton insurance providers have given us assurance that as long as practitioners follow the law and guidance from their nation's government and instructions from their professional association, they will continue to be covered for practice during coronavirus. **For this reason, we recommend that members read both these guidelines and the underlying guidance from the nation that they practise in.** Links to the main underlying guidance that should be read can be found in Appendix 1.

The focus of this document is not to supplant each nation's guidance for working safely during coronavirus, rather it is to aid practitioners to interpret and apply this government instruction.

Where there is a material difference in advice between nations, this will be explained with reference to the nation in question. This guidance should be viewed as additional to the BAaC Code of Safe Practice and the RCHM Dispensary Codes of Practice.

Government guidance is being continually updated, so while the advice given in this document is correct at time of writing, members should be aware that it may be subject to change in the future. As this document can only be updated periodically, members are advised to stay aware of updates to the linked guidance contained within.

These Guidelines are presented in two sections:

**Section 1** How to get your clinic practice ready to reopen

**Section 2** Communicating with patients and deciding who you can treat safely

# Section 1: How to get your clinic practice ready for safe practice during coronavirus

This section is designed to help you understand what steps are necessary to meet government requirements to minimise risk in your practice during coronavirus. In England, the government has outlined 5 steps, which if undertaken, permit the business owner to display a [certificate stating that the premises are 'COVID-19 Secure'](#).

We encourage all practitioners in England to display this certificate. In the other three nations, this certificate is not mentioned, so it is assumed that it is only suitable for display in England. However, the steps recommended are applicable to all nations.

The [five key criteria](#) that employers and the self-employed must meet in England in order to be considered 'COVID-19 secure' and display the certificate are as follows:

- 1 Carry out a COVID-19 risk assessment and share the results with the people who work at their practice.
- 2 Have cleaning, hand washing and hygiene procedures in line with guidance.
- 3 Take all reasonable steps to help people work from home.
- 4 Take all reasonable steps to maintain a two-metre distance in the workplace.
- 5 Do everything practical to manage transmission risk where people cannot be two metres apart.

Where requirements vary between nations, we shall indicate differences and list practical considerations for the clinic. Advice on how to apply this guidance in different working contexts can be found in Appendix 6.

# 1 Conducting a COVID-19 risk assessment

The government has given specific guidance as to what constitutes an adequate risk assessment. In the context of conducting a risk assessment, anywhere the government mentions 'employers' it is made clear that this also refers to the self-employed.

As an employer, you have a legal responsibility to protect workers and others from risk to their health and safety, including from the risks of COVID-19. You must make sure that the risk assessment for your business addresses the risks of COVID-19, using this guidance to inform your decisions and control measures. Failure to carry out a suitable and sufficient risk assessment and put in place sufficient control measures to manage the risk may be considered a breach of health and safety law.

A risk assessment should identify sensible measures to control the risks in your workplace. If you have fewer than 5 workers, or are self-employed, you don't have to write anything down as part of your risk assessment. Your risk assessment will help you decide whether you have done everything you need to.

The four nations of the UK have each created their own resources for risk assessment. It is recommended that you read through and use the resources that are applicable to your region. The Scottish and Welsh governments have produced risk assessment checklists specific to close contact services which you might find useful in addition to your own nation's resources.

Once the risk assessment has been undertaken, it is the employer's responsibility to communicate this with their employees.

The BAaC and RCHM have created risk assessment forms for your clinic and for home visits which can be found on the member section of the website. However, it is still important to also consult your nation's risk assessment guidance because there are variations according to nation.

## **England**

[Risk assessment for close contact services](#)

[Health and Safety Executive risk assessment guidance](#)

[Health and Safety Executive printable risk assessment form](#)

## **Northern Ireland**

[Risk assessment guidance and form for close contact services \(Annex A\)](#)

[Risk assessment advice from the Health and Safety Executive of Northern Ireland](#)

[General risk assessment form for businesses](#)

## **Scotland**

[Risk assessment guidance for businesses](#)

[Checklist for close contact business owners that should be considered as part of a risk assessment](#)

[Health and Safety Executive risk assessment guidance](#)

[Health and Safety Executive printable risk assessment form](#)

## **Wales**

[Risk assessment guidance for acupuncture, clinical and sports therapy services](#)

[Checklist for close contact business owners that should be considered as part of a risk assessment](#)

[A blank 'restart' risk assessment form for 'Acupuncture, clinical and sports therapy services' from the Welsh government](#)

## 2 Cleaning, hand washing and hygiene

### Introduction

It is helpful to begin risk assessing your clinical setting by walking through and noting all the surfaces and objects that a patient may touch when they visit your clinic for treatment.

Decide which items and surfaces need to be cleaned before and after each patient, and which to clean periodically every day. A checklist will help you to remember the daily routine. Putting your checklist on view will reassure everyone using the clinic that enhanced cleaning protocols are in place.

Remove all non-essential items that can be contaminated, for example drinks facilities, magazines, products for display that can be handled, etc.

All surfaces that patients may have come into contact with in any way, including touched, coughed or sneezed upon, must be appropriately disinfected between patients.

You should allow for extra time before patients arrive and between patients to ensure that you can clean/disinfect your treatment area effectively. Frequency of cleaning different areas will depend upon their usage. Generally, the more often an area is used the more frequently it will need to be cleaned.

### Cleaning

All communal areas of the building should be cleaned thoroughly, and high frequency contact areas should be disinfected regularly throughout the day. Other commonly touched objects and surfaces outside the treatment room (e.g. telephones, keyboards, door handles, desks and counter tops) must be regularly cleaned. In the Scottish guidance the frequency is specified as 'at least twice daily'.

Where possible, soft furnishings should be replaced with wipeable surfaces. You may wish to modify existing furniture to make sure that it can be wiped down e.g. installing plastic seat covers on chairs.

In your treatment room, any furniture surface or piece of reusable equipment that has come into contact with the patient must be cleaned and disinfected before and between patients as well as at the end of your treatment session.

Appointments must be spaced accordingly so that there is sufficient time between patients for adequate cleaning.

You must not use any item on more than one patient, including the following:

- fabric couch covers
- blankets
- fabric sheets
- gowns
- fabric pillow cases
- fabric face cushion covers



Items that can be wiped down e.g. items made from PU or PVC must be disinfected between patients.

When items cannot be cleaned using detergents or laundered, e.g. upholstered furniture and mattresses, steam cleaning may be considered.

Take note of patient possessions e.g. clothes, handbag, linen etc and where they have been left in your clinic. Remember to clean these areas after they leave.

## Cleaning materials

Government guidance in all four nations is clear that regular cleaning products are sufficient to be used in cleaning areas in your clinic.

If a confirmed COVID-19 case has been in your clinic, all surfaces that they have or could have come in contact with should be cleaned with regular detergent in addition to being disinfected with one of the following:

- detergent products that state that they kill viruses
- household bleach
- products that contain 70% alcohol

These products can also be considered for areas where patient bodily fluids are more likely to have come in contact and for reusable equipment e.g. couch face hole.

More details can be found here:

[COVID-19: cleaning in non-healthcare settings outside the home](#)

## Waste disposal

Where practicable and possible single-use disposable items should be considered. You should not place waste such as masks or gloves in a recycling bin as they cannot be recycled through conventional recycling facilities.

Waste bins used in your clinic, where practicably possible, should be 'no touch bins' such as pedal bins.

If the PPE has been in contact with someone who has tested positive for the virus, then it should be double-bagged and left for 72 hours (3 days) before being put into the normal waste.

### **In Scotland and Northern Ireland**

If the PPE has not been in contact with someone who has tested positive for the virus, then it can go into the normal waste after being double-bagged.

### **In England and Wales**

If the PPE has not been in contact with someone who has tested positive for the virus, then it can go into the normal waste but does not need to be double-bagged.

In England, you may choose to put disposable face coverings and PPE in an 'offensive waste' collection (yellow bags with a black stripe), if you have one.

Check with your waste contractor if there is anything else you need to do.

## Laundry

It is recommended that laundry bags that can be tied up should be designated for any item that has come into contact with a patient. Items that are used on one patient alone, such as face hole coverings, towels, etc must be washed. These items should be used once then washed before using on another patient and in accordance with the manufacturer's instructions. Use the **hottest** 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. Hanging cloth room dividers and curtains should be cleaned in accordance with the manufacturer label for frequency of washing.

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.

You may ask patients to bring their own linen and towels. Recommend that they bring them in a bag or container and take note of where it is placed in the clinic so that cleaning can take place afterwards.

## Ventilation

Ensuring adequate ventilation should be considered in addition to the other infection prevention control measures outlined here. Detailed government guidance on this issue can be found from the following sources:

- [Health and Safety Executive \(England, Scotland, Wales\)](#)
- [Health and Safety Executive of Northern Ireland](#)
- [Scottish Government Ventilation Guidance](#)
- [Short film released by the government on COVID-19 and ventilation](#)

## Handwashing and hygiene

Frequent handwashing by everyone who comes to your clinic is essential for infection prevention control.

Patients should be informed in advance of attending their appointment that they will be required to wash or sanitise their hands immediately upon entering the premises.

Hand cleaning facilities should be available as soon as possible on entry to the building with the minimum possible number of surfaces touched and minimum distance walked. This could mean keeping some adjoining doors open (subject to fire regulations) or designating one toilet room for hand washing only with the door always kept open (see below for links to more extensive guidance on toilets). Alcohol based hand rub can be kept at key areas such as entry and exit points.

Hand cleaning facilities can include a hand sanitising station with an alcohol-based hand rub (ABHR) with at least 60 per cent alcohol content or a wash-hand basin with soap.

Hands should be cleaned in accordance with NHS recommendations. Posters on hand cleaning should be clearly visible for patients, the public, practitioners and staff in proximity to the hand washing area. See Appendices 10 and 11.

Practitioners and staff should wash their hands frequently throughout the day and through each individual appointment. Practitioners should wash their hands before and after touching the patient.

Because notes and coins are passed frequently from hand to hand you could consider switching to digital payment methods. If the payment is not contactless, clean the terminal between patients if they have handled the machine. If you are accepting cash or cheque payments, you should clean your hands before and after accepting the payments.

When handling items that have been in contact with patients, practitioners must wash their hands afterwards. Where patients are required to complete forms or provide signatures, pens should be sanitised before and after use or patients can be advised to bring their own pens.

You can consider wearing gloves to:

- handle patient laundry and practice-based disposables
- clean and disinfect the practice and treatment rooms
- dispose of any clinical waste.
- hand products such as herbs to your patients

### **Respiratory hygiene**

Patients should be provided access to tissues and informed that if they do need to sneeze or cough, they should do so into the tissue, which should then be discarded appropriately. Hands should be washed or sanitised after using a tissue.

## **Client toilet facilities**

Extensive guidance has been issued by each nation on the ensuring good hygiene, social distancing and cleanliness in client toilet facilities. Please read through the guidance relating to your region.

[England](#)

[Northern Ireland \(Section 2.3\)](#)

[Scotland](#)

[Wales](#)

## **Reopening your clinic after a long time away**

If your building has been unoccupied for a period during any lockdowns, consider [legionella risk and HSE advice](#).

### 3 Helping staff work from home, vulnerable groups and travel considerations

If you employ staff to work in your practice, you must check government guidance for instructions on how to manage the decisions of whether they should come to work, considerations for vulnerable groups and travel considerations. The links are below:

**England:** [Close contact guidance – Sections 3 and 7](#)

**Northern Ireland:** [Close contact guidance – Sections 3 and 7](#)

**Scotland:** [Workforce planning and support](#)

**Wales:** [Close contact guidance – Section 2](#)

You might consider if all or part of their work might be able to be done remotely, for example answering phones, doing administrative work. Your planned goal should be for the minimum number of people to be on site at any one time so that the practice can operate safely and effectively.

People including staff have varying degrees of risk and vulnerability (summarised in Appendix 2) and level of risk should be considered if they are coming back to work.

For staff who are working from home, adequate steps should be taken to support their mental health and wellbeing. This could include advice or telephone support.

### 4 Ensuring social distancing where practically possible

You must promote social distancing in the clinic wherever possible. Social distancing applies to all parts of your business, not just the place where people spend most of their time, including entrances and exits, kitchens, staff rooms and similar settings. You will need to define the number of people that can reasonably follow two metre social distancing while in each part of the premises and take steps to limit that number. You might consider instituting one-way systems with appropriate signage and/or floor stickers in the form of strips, arrows and feet to indicate to patients where to walk and stand.

It is important to stagger appointments for patients, to make sure that timings of entry and exit do not result in crowding. You might consider asking patients to wait in their car and sending them a text message when you are ready for them to come in.

Where possible, patients should be encouraged to come to your clinic on their own (with the exception of necessary carers).

If you choose to keep your waiting room open, you must take steps to make sure that seating is appropriately socially distanced so that patients can sit and move about without undue risk of coming within two metres of each other. Appropriate signage must be placed advising patients of social distancing requirements. Reading material like newspapers and books must be removed from waiting areas. Waiting rooms must be closed if social distancing cannot be achieved. Seating and any surface that patients might have touched in the waiting room must be cleaned after every use.

Where practical, make the reception area off limits to all but essential staff and make provisions for staff within the reception area to distance from each other. A Perspex or equivalent 'sneeze guard' may be considered, to divide and protect reception from areas accessed by patients. The 'sneeze guard' should be cleaned periodically throughout the day.

Deliveries should be received in a socially distanced manner, perhaps by being left outside for collection. All new items should be cleaned before being stored in the clinic, with hand washing before and after, and packaging disposed of appropriately. If contractors such as plumbers are expected, they must be included in your plan for social distancing in the building. Where possible, you might restrict patient numbers at that time.

## 5 Managing transmission risk

Where you are unable to remain two metres apart the government advice is to 'take all the mitigating actions possible to reduce the risk of transmission'. Careful attention to hand washing and surface cleaning should be undertaken, keeping the activity time involved as short as possible and wearing appropriate PPE.

### Personal protective equipment (PPE) for practitioners

#### **Type IIR Fluid Resistant Surgical Mask and face shield**

It is now a requirement in all four nations of the UK that practitioners wear a type IIR fluid resistant surgical mask (FRSM) in addition to eye protection (either a visor or goggles) at all times when under two metres away from the patient.

It is a requirement that practitioners learn how to handle PPE, put it on, take it off and dispose of it in the correct way.

The main government resources for this can be found here: [COVID-19: personal protective equipment use for non-aerosol generating procedures](#) .

As an optional extra step if you would like evidence of this training, the World Health Organisation offers a [free 15 minute certificated online course on how to put on and remove PPE in the context of COVID-19](#) .

Type IIR fluid resistant surgical masks are intended for single use or single session use. In this clinical context it is reasonable to interpret this as a morning, afternoon or evening of practice. The mask must not be removed or kept under the chin in that period.

Wearing a face mask can increase the likelihood of touching your face, for example, in repositioning the mask. This is a known risk for contracting and increasing the risk of spread of COVID-19, so careful attention must be paid.

#### **Disposable gloves**

When treating the body it is not mandatory to wear disposable gloves, but skin to skin contact should be avoided when not crucial for the treatment. Frequent handwashing and hand hygiene is still the foremost method of infection prevention control.

#### **Disposable aprons**

Disposable aprons are optional when treating the body but must be worn to protect uniform or clothes when contamination is anticipated or likely.

**In Wales** disposable gloves and disposable aprons are [required for treating the 'high risk zone'](#) or if the patient needs to remove their mask.

## PPE for treatments in or near the 'high risk zone'

The 'high risk zone', is defined as 'the area in front of the face where splashes and droplets from the nose and mouth may be present'. Please follow the links to your nation's guidance at the end of the table to see the precise wording used, as guidance varies.

	England	Northern Ireland	Scotland	Wales
Minimum level of PPE to be worn when under 2m from patient	Type IIR FRSM face mask + Eye protection (visor or goggles)			
PPE for treating the body	Type IIR FRSM face mask + eye protection (visor or goggles) + Disposable gloves unless they prevent the necessary sensitivity to provide the treatment			
Can I treat the 'high risk zone' of the head and face?	Yes, but with appropriate PPE	Yes, but with appropriate PPE	Yes, if treatment of this zone is not prolonged ( <a href="#">see definition here</a> ) and constitutes a minority of time in the treatment and with appropriate PPE and not in areas covered by a face mask.	Yes, but with appropriate PPE
What position can I be in to treat the 'high risk zone' or scalp and ear treatments?	Treatment must be carried out from the side of the face or behind the head. Avoid prolonged periods in the 'high risk zone'.			
What is appropriate PPE for treating the 'high risk zone'?	Unspecified. By default, the advice would be the same as treating the body.	Unspecified. By default, the advice would be the same as treating the body.	Same as treating the body	Same as treating the body + mandatory disposable gloves and apron with appropriate training. Failure to adhere to this could result in a fine.

You can find links to the specific wording in your nation's guidance below:

## England

[Close Contact Services guidance – Section 6](#)

## Northern Ireland

[Close Contact Services guidance – Section 6](#)

## Scotland

[Close Contact Services guidance for the ‘high risk zone’](#)

[Close Contact Services – questions and answers](#)

## Wales

[Acupuncture, clinical and sports therapy services: coronavirus workplace guidance – Sections 3 and 5](#)

Is a mask with a respirator (e.g. FFP2 or FFP3) required in any context?

We now have clarification that aerosol generating procedures will not take place in the course of an acupuncture treatment with adjunctive therapies. Consequently, masks with respirators are currently not a requirement.

Masks with respirators are only required to be used if a ‘high risk aerosol generating procedure’ (AGP) is performed. Although, coughing, sneezing and breathing generate aerosols, these do not constitute high risk AGPs. High risk AGPs pose a significantly greater transmission risk of patient-to-healthcare worker infection and require use of airborne transmission precautions. In all other situations, type IIR FRSM face masks are sufficient.

Only a [very specific list of procedures](#) constitute ‘high risk AGPs’ and none of them will be performed in the context of practice of acupuncture or adjunctive therapies.

This advice is based upon an assessment of the evidence base by [Antimicrobial Resistance and Healthcare Associated Infection \(ARHAI\) Scotland - NHS](#)

## Face coverings for patients

It is now law in all nations for members of the public to wear face coverings in certain indoor settings.

In **England, Scotland and Wales** this applies to close contact services and hence practitioners in those areas must by law require patients to wear face coverings.

In **Northern Ireland**, ‘face coverings are not mandatory for customers visiting a place where access or attendance is regulated by means of sale of tickets or by appointment’. However, elsewhere the Northern Ireland government encourages the public to wear coverings in enclosed spaces where possible. Hence, it is the strong recommendation of the BAAC and RCHM that members encourage patients in Northern Ireland to wear face coverings where possible.

If a patient arrives without a face covering and requests one, you must make one available to them. They must wear the mask at all times while in the clinic. If the mask is removed at any time, it must be disposed of and a new one must be offered.

Detailed guidance on the requirements on the public to wear face coverings in each nation can be found at the following links. You should read through the information provided to

better understand the definition of a face covering, the settings in which they need to be worn, instructions to give patients, legal exemptions from wearing masks and how face coverings should be safely used and stored.

## England

[Face coverings: when to wear one, exemptions, and how to make your own](#)

## Northern Ireland

[Coronavirus \(COVID-19\): face coverings](#)

## Scotland

[Public use of face coverings](#)

## Wales

[Face coverings: guidance for the public](#)

There may be situations where wearing a face covering for a patient cannot be tolerated or will make breathing more difficult. In this case face coverings can be removed for the duration required.

In Scotland procedures that require face covering removal are not permitted. This is a restriction that does not apply to England, Northern Ireland or Wales.

The wearing of a face covering while in prone position is a matter of patient choice. If the patient cannot tolerate it in this scenario, it may be removed. However, it should be noted that any time the patient face covering is removed constitutes a higher risk scenario. As such, other positions for treatment should be considered if this does not affect treatment outcome.

The following table summarises the advice relating to each nation.

	Can the patient remove their face covering during treatment?
England and Northern Ireland	Yes, but wear appropriate PPE for treating the 'high risk zone' and minimise time of removal. Face coverings should only be removed if essential for a particular treatment.
Scotland	Unless the patient has a legal exemption, they must not remove their face covering. If a treatment will necessitate removing the face covering, that treatment should not be provided. Patients can be treated if they do not wear a mask by reason of legal exemption. However, treatment cannot be performed on the area that is usually covered by the mask even if the patient is legally exempt from wearing one.
Wales	Yes, but wear appropriate PPE for treating the 'high risk zone' ( <b>see above, Wales also requires gloves and apron if patient mask is removed</b> ) and minimise time of removal. Face coverings should only be removed if essential for a particular treatment.

Can I refuse entry to a patient who has a legal exemption from wearing a mask out of concern for my own personal risk of exposure?



The BAaC and RCHM issued detailed guidance on this question which has been reproduced here in Appendix 5.

## Clothing

You should consider what you wear for treating patients in your practice. You must change your clothing if it becomes contaminated with droplet contaminants such as being coughed on. Consider using aprons, white coats and/or having a change of clothes with you in case this happens.

You must wash your clinic clothes in accordance with the cleaning instructions of the garment. You should launder/wash your clinic apparel daily or wear clean clothes. Consider wearing clinic apparel that can be washed in a 60°C washing machine cycle. It is recommended to change out of your clinic clothing and wash it as soon as possible after work.

The latest NHS IPC guidance recommends that foot/shoe coverings are not required or recommended forms of PPE.

## Treating children and young adults

There is very little known about how likely children are to be asymptomatic transmitters of COVID-19 but the risk is thought to be low. All children should be screened for symptoms and you should obtain written consent for treatment from their parent/carer/legal guardian. Children should always be accompanied by a chaperone who is over the age of 18 and has express permission to attend from the legal guardian.

Extra PPE may be considered, such as a visor and apron. If you and the guardian consider the child will tolerate wearing a mask this should be encouraged – be aware that this may prove difficult for young children. As long as they can tolerate it, we recommend that all children over the age of three wear a face covering. Please refer to your nation's guidance on public face coverings and legal exemptions.

Depending on the age and level of understanding of the child, you must determine any extra precautions you need to take, as they may cry, cry out or shout without warning and may not tolerate a mask.

### **Risk assessment**

Both chaperone and child must be screened prior to and at the first appointment. See above for face mask guidance for children.

## Diagnosis

You should consider how much of your diagnosis and consultation can be done remotely. Social distancing is not just about maintaining distance but also about reducing the amount of time spent in proximity to others. You could, for example, conduct part of the consultation by phone or email before the appointment and reserve the face-to-face component for physical examinations and treatment.

For pulse and other palpatory diagnosis, practitioners should wash their hands before and afterwards.

As COVID-19 is spread through droplet contagion, close examination of the tongue represents a significant increase in risk. Undertaking tongue diagnosis by alternative means is recommended, e.g a patient self-photo emailed before the appointment or by webcam.

In **Scotland**, procedures are not permitted if they require a patient to remove their face covering, hence tongue diagnosis must not be done directly

## Herbal medicines dispensing

This advice should be viewed as an addition to the RCHM Dispensary Codes of Practice and is not intended to replace them.

Every clinic and dispensary will be different, and so it is a matter for the individual practitioner to decide how these recommendations should be implemented in practice.

Any modifications made to your dispensing standard operating procedures (SOP) should be fully documented. Where practical, they should be made into a poster to be placed into the dispensary area as a reminder for all. Good communication with dispensary staff is essential for infection prevention control.

### **Maintaining social distancing**

Only dispensary staff should be permitted within the dispensary area. Patients and other staff must remain outside the social distance area, currently two metres. This must be communicated to all staff and patients and adequate visible clinical signage employed.

Plan to allow only one member of staff into a dispensary area if a two-metre social distance cannot be maintained between them.

### **Cleaning**

All surfaces that are touched by the dispensary staff must be cleaned and disinfected appropriately on a regular basis. Surfaces used specifically to dispense herbs must be cleaned appropriately after each prescription is made. Personal effects brought into the dispensary room must be kept to a minimum.

### **Hand washing**

Dispensary staff should wash their hands immediately before entering the dispensary area, and at regular intervals throughout the day.

### **PPE**

It is already a recommendation in the RCHM Dispensary Codes of Practice that staff wear disposable gloves while dispensing. We recommend that this is extended to all dispensary activity. It is recommended that dispensary staff wear some form of face mask. This helps prevent contamination from coughs and sneezes and from the unconscious touching of your face. Disposable aprons can be considered to prevent contamination from clothing.

### **Taking payment and handing herbs to patients**

Where possible prescriptions should be given to patients in a manner that maintains a two metre distance or where appropriate is divided by a plastic 'sneeze guard' type screen. If money, cards or payment machinery is handled by dispensary staff and/or patient, hands must be washed and gloves changed before the next prescription is made.

Further advice on how to handle customer goods and deliveries can be found at the following links

**England:** [Sections 5.5 and 8](#)

**Northern Ireland:** [Sections 5.5 and 8](#)

**Scotland:** [Deliveries and distribution](#) (also refer to [Section 5.5](#) of the English guidance)

**Wales:** [Sections 3.9 and 4.6](#)

## **6 On completing all steps to become 'COVID-19 secure'**

Once you have undertaken a thorough risk assessment, instituted all necessary safety procedures and made everyone working in your clinic aware of the new standards, your practice is safe for opening.

In England you are eligible to display the ['COVID-19 secure' certificate](#) in your practice premises. It is highly recommended that you do this and that you place the certificate in a prominent position, to reassure patients, law enforcement and local authorities that the proper measures have been taken.

## Section 2: Communicating with patients

Once you have followed your nation's guidance on working safely, you are ready to receive patients.

Good communication of any new procedures with patients is an essential component of making your practice 'COVID-19 secure'. Communication with patients must take place before, during and after face-to-face appointments.

For clarity we have produced a number of flowcharts and sample documents for various issues related to communication. These include:

- Patient screening, consent and information provision flowchart (Appendix 14)
- Screening and consent questions asked by phone or email (Appendix 15)
- Sample clinic procedures patient information sheet (Appendix 16)
- Sample paper screening and consent form (Appendix 17)

### Before the appointment

In deciding to treat face to face, you must first refer to the recommendation of types of patients acceptable to treat based on current risk level from your professional body. These range from the 'Urgent Care' phase where only patients with exceptional need should be treated to the 'Careful Practice' phase where all patients may be seen subject to social distancing constraints, screening for COVID-19 and risks to the clinically vulnerable. You should make a good clinical judgement on whether to treat the patient **and record this thought process in your patient notes.**

A flowchart has been provided to help you with the extra screening, consent and information provision procedures now necessary for infection prevention control (see Appendix 14). Before accepting a patient for treatment you must:

- 1 Screen for COVID-19 infection risk
- 2 Screen for those who are at 'higher risk' (see Appendix 2) or live with those who are at 'higher risk'. You must make a professional clinical judgement as to whether the need that treatment addresses is greater than the increase in risk of them visiting your clinic; even though shielding advice has now been relaxed, these considerations must still be made.
- 3 Inform them that the treatment will necessitate you to have non-socially distanced contact and gain consent for this.
- 4 Provide them with information on new clinic procedures and what is expected of them.

These steps can be taken by email, online form, web conference or phone. We have provided a number of examples for you to use as a basis in Appendices 15 and 16.

If, after patient screening questions have been returned, you make the determination that they should not attend your practice, you must communicate this clearly to them and explain the reason. Do not assume that your patient will know or understand the reasons why you have told them that they cannot attend. You can refer them to the following current government advice as appropriate:

If you decide that it is appropriate to treat the patient face to face, you must send them appropriate information in relation to your new clinic procedures (see example in

Appendix 16). The Welsh government has published a ['client action card'](#) for close contact services which provides COVID-19 hygiene information for prospective patients.

You must ask the patient to wear a face covering or surgical mask as a minimum for non-socially distanced encounters in the clinic. You must provide the patient with one where they do not provide one of their own.

You may consider conducting part of the consultation remotely to minimise patient time in the clinic.

## During the appointment

Upon arrival, where practicably possible, you or a member of staff should direct the patient to immediately wash their hands. The patient should also be informed of any updates to your procedures and current considerations since your prior communication.

The patient should be asked the screening questions again in case their situation has changed since booking the appointment. A paper screening and consent form can serve this function, which also serves as a written record, particularly if the original screening and consent was taken verbally over the phone. An example form can be found in Appendix 17.

Adequate signage and posters must be placed around the practice to inform your patient of your new procedures. It is important to make your patients aware that all common areas are being cleaned frequently with regularity.

It is not recommended to offer drinks to patients unless necessary for patient comfort.

At the end of the appointment, you should inform the patient whether they would need to report you to your nation's contact tracing scheme should they develop symptoms of COVID-19 within 48 hours. If you have avoided 'close contact' as defined in the contact tracing guidance, they do not need to report you if they develop symptoms. It may be prudent to clearly explain this to the patient to avoid any confusion in such an eventuality.

You must also request that if the patient does develop symptoms of COVID-19 within 48 hours of 'close contact' with you, that they contact you as soon as they can to inform you.

Please read the information pertaining to contact tracing for your nation outlined in Appendix 4.

# Appendices

## Appendix 1: Key resources to read for practice during coronavirus

### Required reading for each nation

Now that substantial guidance has been produced by each nation of the UK with variation in instruction and wording, it is a requirement that every practitioner read the following guidance for themselves at a minimum:

#### **Close Contact Service Manuals by Region**

[England](#)

[Northern Ireland](#)

[Scotland](#)

[Wales](#)

#### **Guidance on proper use of PPE**

It is now a formal requirement that practitioners train themselves in the proper use of PPE. This includes, handling, putting on and taking off. The main government resources for this can be found here: [COVID-19: personal protective equipment use for non-aerosol generating procedures](#)

#### **Contact Tracing Scheme Guidance by Region**

See links for each nation in Appendix 4

#### **Public Requirements for Face Coverings by Region**

[England](#)

[Northern Ireland](#)

[Scotland](#)

[Wales](#)

### Resources for reference to consult if necessary

#### **NHS COVID-19 Information Hub by Region**

[England](#)

[Northern Ireland](#)

[Scotland](#)

[Wales](#)

#### **Health and Safety Executive COVID-19 Resource Hub**

[England, Scotland and Wales](#)

[Northern Ireland](#)

#### **NHS Infection Prevention and Control (IPC) guidance**

This document is the core guidance for infection prevention control procedures in health and care settings in the UK. It is signed up to and applies to NHS services in all four nations of

the UK. In most cases, the recommendations in this document are the same or a similar standard to those found in each nation's close contact services. For the most part, these BAAC/RCHM guidelines have used the close contact service guidance from each nation as a baseline standard for recommendation because this is the indication we have had from government as to what to follow and this provides maximum flexibility of practice for members. However, this IPC guidance does contain useful information which may be of interest to members.

[COVID-19: Guidance for maintaining services within health and care settings: Infection prevention control recommendations](#)

### **Coronavirus Legislation by Nation**

Follow [this link](#) to find up to date legislation from your nation regarding Coronavirus restrictions.

## Appendix 2: Categories of risk for different people

You must screen your patients to find out if you are able to treat them or whether they need to be excluded from your practice.

Screening can be divided into two categories:

- people who [must be excluded](#) from attendance at your practice
- people for whom good professional judgement must be made when deciding whether to exclude

### People who must be excluded from attendance at your practice

- 1 Any person who currently exhibits any of the key symptoms of COVID-19 must be told to stay at home and not enter the practice for 10 days. More detail on how to calculate this 10-day period can be found [here](#).

According to [current NHS advice](#), these symptoms are defined as:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **a loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Research from the [Covid Symptom Study](#) has identified further symptoms which are predictive of a positive test for COVID-19. The most predictive symptoms, in order of importance, were anosmia (lack of taste and smell), fatigue, shortness of breath, fever and persistent cough. These are not currently included in the government/NHS guidelines, but it may help you to be aware of them.

- 2 Any person who has had confirmed non-socially distanced contact with any person with a confirmed COVID-19 diagnosis must also be physically excluded from your practice. This includes those that cohabit with someone that has tested positive. A diagram of how to calculate this period can be found [here](#).
- 3 Instructions for isolation if someone in their childcare or support bubble has tested positive can be found [here](#).
- 4 Persons who have recently travelled from abroad and are still in their designated quarantine period. See up to date information [here](#).
- 5 Any person who has been instructed by their nation's contact tracing service for any other reason.

### People for whom good professional judgement must be made when deciding to exclude

There is now some degree of variation in the definitions of what constitutes someone at higher risk of catching COVID-19 and of having complications from it. For example, in



England, the 'clinically vulnerable' category now no longer exists while the shielding category of 'clinically extremely vulnerable' people remains.

In addition to this there are a number of factors which have reduced the overall level of risk. Most of those in the shielding category have now been offered a vaccine. The overall number of COVID-19 cases has been falling. That being said, any person who is considered to be at 'higher risk' must still exercise caution in the actions they take in public settings.

It is recommended that you still ask patients if they fall under the category/categories of 'higher risk' as defined by your nation before they attend your practice. They should be made aware of this fact if they are not already and provide consent to continue with treatment.

Because of the variation in approach across nations, it is now no longer possible to produce a universal list of who is defined as at 'higher risk'. Hence, we recommend that you read the following links on your nation's guidance on this subject. You may wish to reproduce the list and send it to patients when you ask them if they are at 'higher risk' in your screening process.

### **England**

[Government advice on the clinically extremely vulnerable](#)

[NHS advice for people at higher risk from coronavirus](#)

### **Northern Ireland**

[Northern Ireland Government advice on vulnerable people](#)

### **Scotland**

[Advice from NHS Inform Scotland](#)

### **Wales**

[People at increased risk from coronavirus](#)

[Guidance on the clinically extremely vulnerable](#)

## Appendix 3: Lateral Flow Testing and Vaccinations

At the time of writing, (April 2021) lateral flow testing or vaccination of the self-employed and employees is not a mandatory requirement to come to work in any nation. Twice weekly lateral flow testing can be considered by practitioners in areas where the test kits are not difficult to obtain. It is essential that you continue to follow all the instructions in these guidelines and government guidance to reduce the risk of COVID-19 transmission even if you, your staff or patients have received a recent negative test result or had the vaccine.

The provision of lateral flow testing is variable across the four nations. The following links provide more information current at the time of writing:

### **England**

[Find a lateral flow test site](#)

[Plans for expansion of lateral flow testing in England](#)

### **Northern Ireland**

[General testing guidance](#)

[Workforce testing](#)

### **Scotland**

[Coronavirus hub](#)

[Workplace testing expanded – Announcement 5<sup>th</sup> March 2021](#)

### **Wales**

[Lateral flow testing for people without symptoms](#)

## Appendix 4: Contact Tracing Schemes in the Four Nations

Contact tracing schemes are now in place within the four regions of the UK. Their implementation and guidelines vary quite considerably so we recommend that you read your own nation's guidance directly to make sure that you are compliant where required. In this section, we have also clarified a number of frequently asked questions, but the full details of the schemes are found in the following links:

### **England: NHS Test and Trace**

[NHS Test and Trace and how it works](#)

[NHS Test and Trace in the workplace](#)

[Maintaining records of staff, customers and visitors to support NHS Test and Trace](#)

[Which venues in England should display the official NHS QR code poster?](#)

[Create a coronavirus NHS QR code](#)

### **Northern Ireland: Test, Trace and Protect**

[Keeping clients and visitors safe – information to collect \(section 2.1 page 12 and Annex B\)](#)

[Guidance for the Hospitality Industry in Northern Ireland](#) (examination of this and additional resources indicate that these guidelines also apply to close contact services)

[Test, Trace and Protect – general guidance](#)

[Test, Trace and Protect – detailed guidance from HSC Public Health Agency](#)

[Flowchart for digital contact tracing](#)

[COVID-19 in a business setting – a quick guide for employers](#)

[Outbreaks in the workplace \(7.1.2, pages 32 and 33\)](#)

### **Scotland: Test and Protect**

[Coronavirus \(COVID-19\): Test and Protect – general guidance](#)

[Coronavirus \(COVID-19\): Test and Protect – advice for employers](#)

[Test and Protect: multi-sector guidance on collection of customer and visitor contact details](#)

[Close Contact Services guidance: Test and Protect](#)

[Create a Check in Scotland QR code](#)

[Test and Protect App](#)

### **Wales: Test, trace, protect**

[Test, trace, protect: coronavirus – general guidance](#)

[Employers: coronavirus test, trace, protect guidance](#)

[Keeping records of staff, customers and visitors: test, trace, protect](#)

[NHS COVID-19 app: guidance for businesses and organisations](#)

[Create a coronavirus NHS QR code](#)

What information am I required to collect from my patients and share with my nation's contact tracing scheme upon request?

All nations require close contact businesses to collect basic contact data from customers and gain consent to share it with their nation's contact tracing scheme upon request. This is a legal requirement and non-compliance can lead to fines.

As in the normal course of an appointment, you will be taking the patient's name, contact information and recording the date and time of their arrival and exit, so you will not need to make a special request for these details. However, you must gain prior consent from the patient to supply this data to the test and trace scheme should the situation arise.

Consequently, we suggest the addition of the following paragraph to your patient information sheet or consent form:

*'In the eventuality that I (the practitioner) get symptoms of COVID-19 within 48 hours of having close contact with you during the appointment and then later test positive, I am obligated under law to provide your name, phone number or email and the date and time of your visit to the test and trace service. Please note that by attending the appointment you give consent for this.'*

Submitting patient data for use in the test and trace scheme is regulated under GDPR and so if you are not currently registered with the Information Commissioner's Office, you must now do so if you use any kind of electronic device to store or process the data. Some nations provide privacy policies which can be added to your publicly available documentation.

What do I do if my patient refuses to share details or give consent for them to be shared with the contact tracing service?

The requirement for this varies by nation. According to the guidance current at time of writing:

In England, you must ask your clients to provide data and consent but if they do not agree you are [not required to refuse them entry](#).

In Northern Ireland, this situation is not explicitly referred to but it is a legal requirement to collect and share the data ([see section 2.1, page 12 and Annex B of the Close Contact guidance](#))

In Scotland, ['Collecting contact details, in the settings which this guidance applies to, is voluntary'](#)

In Wales, ['If the individual still does not want to share their details, and you are under a duty to collect those details, they should not be allowed on the premises.'](#)

Do I need to display a QR code poster in my premises?

The answer to this also varies by nation.

**England**, close contact services are legally required to display a QR code poster, but customers are not required to use it.

**Northern Ireland's** contact tracing scheme works very differently to the other nations. It is our current understanding that there is no QR code scheme in Northern Ireland.

**Scotland**, displaying a QR code is only mandatory for pubs, bars, restaurants and cafes. It is optional for close contact services

**Wales**, there is no mention of a requirement to display the QR code. Hence, by default it appears to be optional.

If my patient develops symptoms within 48 hours of close contact with me (treatment) and then informs me, do I need to self-isolate until they tell me what the results of their test are?

The current guidelines in all nations are clear that the need to self-isolate is only mandatory once your nation's contact tracing team has instructed you to do so (i.e. after the results of a patient test). However, some of the guidance does refer to taking more cautious measures within the workplace if this is the case. For example, in the English guidance, the following paragraph about managing employees is included:

*'At this stage (until the test result is known), those people do not need to self-isolate, but they should take extra care in practising social distancing and good hygiene, like washing their hands regularly. They should also watch out for their own symptoms.'*

There is no detailed instruction pertaining to the kinds of working contexts that relate to acupuncture and adjunctive therapies. Hence, what constitutes 'extra care' is left to the professional judgement of the practitioner.

#### What constitutes 'close contact'?

If your nation's contact tracing scheme decides that the interaction that you have had with your patient qualifies as 'close contact' and your patient has tested positive, they will instruct you to self-isolate. The precise definition of this term has minor variations according to nation, but it always applies to any length of time spent under one metre from the patient, so any direct patient contact is an automatic trigger of this designation. It is recommended that you read your nation's contact tracing guidance to familiarise yourself with this definition. Please note that the self-isolation period has been reduced from 14 to 10 days in all nations and this is counted from the point of contact.

[If I am following all of the government guidelines for infection prevention control \(IPC\), including wearing PPE, can I get exemption from the instruction to self-isolate?](#)

This is a complicated issue. For the designation of a close contact service provider, following IPC measures and wearing PPE will not lead to an exemption from self-isolation. Government guidelines from the four nations do outline that workers in health and social-care settings can sometimes qualify for exemption from self-isolation if they follow IPC measures and wear correct PPE.

It is the position of the BAaC and RCHM that our members deliver a medical and healthcare service. However, because of the lack of statutory regulation for our professions, this recognition is not guaranteed by government. Hence, we can make the argument to the contact tracing scheme that we come under the same rules as workers in health and social-care settings, but they are not required to accept it. If, after you have made your case to the contact tracing scheme, they still tell you to self-isolate, you must adhere to their instruction.

When making your case to the contact tracing service either on the phone or by appeal, you can refer to the level of PPE that you were wearing and the IPC measures that you were taking during the encounter. Disposable gloves and aprons are not mandated in the close contact service guidance (except in certain situations in certain nations). It is possible that wearing these at all times may increase the likelihood of obtaining this exemption, but it is not guaranteed. Recent guidance from Wales supports this assessment (see [section 5.2](#)).

The issue of adequate training in the use of PPE has been raised by the contact tracing service as a reason not to offer this exemption. The World Health Organisation offers a [free 15 minute certificated online course on how to put on and remove PPE in the context of COVID-19](#). If you have qualified for this certificate, it is something that you could mention to the contact tracing team when appealing their decision. However, as above, there is no evidence as yet that this would make the difference in their instruction to you to self-isolate.

[If someone with a confirmed case of COVID-19 has been in my workplace, are there special hygiene measures that I have to take?](#)

A more thorough clean of all spaces and surfaces that the person in question made contact with or could have made contact with should take place. Using household bleach, alcohol

based disinfectant or a detergent that is listed as killing viruses should be used in addition to regular detergent. More details can be found [here](#).

[If I have symptoms and have to self-isolate, when do I count the ten days from?](#)

The NHS clarifies this point [here](#) :

- You can stop self-isolating after ten days if either:
  - your symptoms have gone
  - you just have a cough or changes to your sense of smell or taste – these symptoms can last for weeks after the infection has gone
- Keep self-isolating if you still have any of these symptoms after ten days:
  - a high temperature or feeling hot and shivery
  - a runny nose or sneezing
  - feeling or being sick
  - diarrhoea
  - loss of appetite

Only stop self-isolating when these symptoms have gone.

If you have diarrhoea or you're being sick, stay at home until 48 hours after they've stopped.

[Will I have to continually keep closing my practice?](#)

Because you will be screening out all patients who currently have COVID-19 symptoms this will only ever occur with patients you see in that short 48 hour window where they are incubating the disease but still asymptomatic.

Given COVID-19 cases are declining and the short 48 hour window, the likelihood of having to close your practice is a possible eventuality but also a low probability. The short answer is, you may have to close your practice if you are unlucky and if you are very unlucky you might have to close it multiple times. It is more likely that for the most part, your practice will be mostly uninterrupted.

However, even if you are instructed to self-isolate, the period is 10 days **from the last point of contact**. Due to the time periods involved including the time it takes to get test results back, it is likely that by the time you are told to self-isolate, you may have considerably less than 10 days remaining in your isolation period.

## Appendix 5: Patient wearing of face covering and the decision to treat

Whilst the pandemic continues, wearing a face covering is a legal requirement in specified public spaces and private businesses.

Government guidance on this can be found here:

[England](#)

[Northern Ireland](#)

[Scotland](#)

[Wales](#)

However, within this guidance, exemptions for wearing a mask apply to a variety of people and situations. These include reasons of age, health, and disability. People that fall under these exemptions do not need to provide proof of their eligibility, although some may carry an 'exemption card'. **Please note** that the definition of what constitutes a legitimate reason for a legal exemption from wearing a face covering is slightly different between the four nations of the UK. Please refer to the link above that is appropriate for your practice.

A number of members have queried whether practitioners have the legal right to refuse someone treatment who claims legal exemption from wearing a mask. There is no definitive legal, insurance or regulatory guidance on this issue given the fluidity of the situation. Consequently, the advice within this note is merely guidance based on numerous discussions with insurers, lawyers, the Health and Safety Executive (HSE), the Advisory, Conciliation and Arbitration Service (ACAS) and the Citizen's Advice Bureau (CAB); it is not explicit instruction and should not be viewed as such. Rather, each situation must be viewed and assessed carefully on its own merits in the context of this note and any further guidance which might evolve, and with a focus on communicating – and documenting - all your thought processes in respect of the decision to treat with your (potential) patients.

### What if I, as a practitioner, feel unsafe treating a patient without a mask?

According to the current BAcC COVID-19 guidance it is mandatory for practitioners to wear a FRSM IIR mask or higher when with patients and this should be extended to all reception and ancillary staff.

However, we need to consider patients who:

- a Refuse to wear a mask for personal reasons which do not constitute a legal exemption as defined in government guidance.
- b Are legally exempt from wearing a mask usually for reasons of age, health or disability.

From an employee perspective, if you feel at a higher risk treating a patient who does not wear a mask, then ACAS have advised the following by phone conversation: in the context of employer/employee relations, an employer cannot force an employee to work in conditions that they legitimately consider a significant risk to themselves. This would apply where clients do not wear masks, and if the employee therefore felt at risk, it would not contravene the Equalities Act. They referred to the following section in law:

<https://www.legislation.gov.uk/ukpga/1996/18/section/44>



The Equalities Act states that an action that arises from a disability does not constitute discrimination if it is a 'proportionate means of achieving a legitimate aim'. ACAS appear to be confirming that minimising risk to oneself as an employee is a legitimate aim in this case.

However, this only applies to [employees' rights](#) in relation to employers and NOT to the rights of the [self-employed](#) in relation to clients. ACAS declined to comment on how this relates to the self-employed.

For both employed and self-employed practitioners it is useful therefore to refer to the communication from our insurers and brokers, Lockton, who have a vast and wide variety of healthcare and alternative medicine provider clients, whether individuals, groups, associations, clinics, hospitals, or GP practices, and have been consulted on this issue a number of times. Lockton continue to monitor the government's position on this along with the legal issues, and have issued detailed suggestions, most of which are set out below, under Key Steps. Again, they cannot issue definitive advice, but we urge our practitioners to adopt this approach:

## Key Steps

### 1 **Make the risk assessment before the patient arrives at your clinic.**

As seen in government guidance, there are legitimate reasons that provide a legal exemption from wearing a mask. The government has specified that members of the public are not required to provide evidence for these legitimate reasons.

As long as the patient gives a reason for not wearing a mask which conforms to this exemption as defined in government guidance, it is implied that no further evidence is needed and should you wish to accept this patient for treatment, they need not wear a mask.

However, if patients do not give a legitimate reason as defined in government guidance, then you must inform the patient that this is a legal requirement in order for you to provide them with your service.

Patient reasons for not wearing a mask should be recorded in your notes along with subsequent advice and action taken.

It would be remiss of a practitioner or practice not to follow the national guidelines which have been written with a view to protecting members of the public and our healthcare providers. The guidelines are designed to minimise and prevent the spread of the COVID-19 virus. Thus, in the screening process for each new patient, you may make it clear that you are only prepared to see patients who are able to wear masks. Lockton have advised to follow 'very robust and strict approach to appointments and the questions that are asked at the time of booking'. This includes surveying patients for:

- Any prior (within the past 10 days) or current symptoms of COVID-19 with reference to the most up to date government guidance on COVID-19 symptoms.
- Contact with anyone with COVID-19 in the past 10 days.
- Travel within the past 10 days from abroad
- A positive COVID-19 test within the past 10 days
- Awaiting the results of a COVID-19 test

You can refuse to see anyone who answers yes to any of the above, irrespective of the category they fall into.



It is important to acquire this information from the patient before the appointment in your communication by email and/or phone and record all pertinent information. If they are happy to do this, and they can confirm that they have not been in contact with anyone with COVID-19, have no symptoms either in the past 14 days or currently, and have not travelled from abroad in the last 10 days, then, if you do not feel at risk, you could treat those patients but make it very clear that if their situation changes prior to or upon arrival at your premises then they can be refused treatment.

### **1 At the appointment**

Ask all the questions within current national guidance around COVID-19 symptoms and their contact with anyone testing positive for COVID-19 and ask them to confirm in the affirmative that their situation has not changed since the screening exercise.

### **2 Be clear in both patient communication and your clinical notes.**

In both your clinical note recording and your communication with patients, be clear that this decision is made solely on the basis of an assessment of risk in relation to the individual circumstances of your practice.

### **3 Refer where possible.**

In advance, find details of a local practitioner who would be willing to treat those without a face-covering and refer patients in this instance. We recognise that this will not be possible for many practitioners, particularly those who practice in remote areas.

### **4 Write a universal face covering policy using careful wording that does not refer to protected characteristics of the patient.**

Businesses have the right to formulate their own entry policies informed by their COVID-19 risk assessments and general health and safety duties.

A policy example you could use might say something like:

'Due to an assessment of risk conducted in order to minimise the transmission of COVID-19, in this practice, it will only be possible to admit clients who are able to wear face-coverings. If this is not possible and you claim a legal exemption from wearing a face-covering, I will be happy to provide you with details of a practitioner who will be able to see you. This is a decision made solely on the basis of a risk assessment of the individual circumstances of my practice.'

## Appendix 6: Considerations for other working contexts

### Drop in clinics

In **Northern Ireland, Scotland and Wales**, the guidance is explicit that close contact services should be provided on an appointment only basis.

In **England**, 'operating an appointment-only system' is listed under 'steps that will usually be needed' ([clause 2.2.1](#)). If you wish to continue to maintain a drop-in service please note the following considerations.

The most effective patient screening can take place when done remotely. In most cases it may not be possible to put effective in the moment screening measures in place for patients who might for example drop in to the clinic off the high street. It may also not be possible to communicate your necessary clinic procedures like social distancing and hand-washing.

You will need to make sure there is sufficient information displayed outside the clinic to prevent anyone entering accidentally or entering while symptomatic. This would also require reception staff to perform on the spot screening through questioning while maintaining social distancing. Extra protection for reception staff would then be needed with treatment room level PPE and sneeze guards. It is therefore important to limit the number of entrants into the clinic at any one time.

In the case where minimum patient screening and infection prevention control standards cannot be met, you must not accept drop in patients and move all patients to appointment only.

### Multibed clinics

Treatment couches must be spaced to comply with social distancing, currently two metres. A portable screen divider, that ensures patients' privacy and prevents droplet spread such as coughing could be used between treatment couches / chairs.

Screening between couches could be either full body or head only.

Plan to stagger arrivals/departures so that social distancing can be maintained in the entry / exit / waiting room areas. Avoid overlapping appointments and leave enough time for clients to arrive/leave without overlap. Where possible, prebook clients for treatments and ask them to arrive on time, to reduce congestion outside the clinic or in the waiting area.

Carry out as much of the consultation remotely as is possible, via video/telephone. This will help to minimise face-to-face interactions.

Ensure you are adhering to government guidance on the maximum numbers allowable in a treatment area (see close contact guidance for your nation in Appendix 1).

Please note the 'rule of six' does not apply to the work setting. Use your good professional judgement when planning how many patients you can treat safely in your clinic.

Work out the maximum number of people that can be in a treatment room safely and consider this when planning appointments. You must adhere to government guidance on social distancing. Where possible, ensure that there are two metres plus between treatment

couches; where not possible, you must take extra precautions to reduce risk, for example high separators between couches.

Be aware and use your good professional judgement when moving between treatment couches/areas in the multibed clinic. Consider mitigating risk by marking out directional flows or spacing intervals, only one person moves at a time, etc.

Where possible, safely distance yourself from the client once you have finished inserting needles/completed treatment, tuina, etc.

Whenever more than one practitioner is working in a multibed clinic, one single person should be designated responsibility for carrying out a risk assessment and ensuring the room is cleaned and disinfected appropriately.

Ensure that you leave sufficient time between clients to clean and sanitise the treatment couch/area that has just been used.

Ensure that you have appropriate and sufficient hand sanitiser/hand cleaning facilities to enable you to clean/sanitise your hands between clients.

Ensure that floors and surfaces are cleaned and disinfected on a regular basis. In a multibed this is dependant on the number of patients seen/treatment times etc and you should use good professional judgement when coordinating cleaning.

Ventilate treatment rooms as much as possible between clients and where possible during clinic sessions.

If you are using multiple rooms, make sure you wash/sanitise your hands between clients/rooms. Ensure that you wash/sanitise your hands before exiting one room and then again after entering the next room (if you touch any surfaces in-between).

## Multiroom practice

If you decide to treat from multiple rooms, you must clean your hands between patients going from room to room, both before and after patient contact. You must allow sufficient time to ensure you can clean/disinfect the treatment area and clinic properly.

## Treating patients from your home clinic

In addition to the guidance given in this document there are extra considerations to be made while working from home.

You must gain consent from the people that you live with for patients to enter the home. If anyone you live with falls into the 'high risk' categories (as defined in Appendix 2), they are at higher risk. You must make sure that they are informed of this risk and give consent. You should use your professional judgement and make the decision whether to delay opening your practice until the general risk level is lower.

If those that live with you have suspected or confirmed cases of COVID-19, you must not admit patients until all residents are considered clear. Appendix 2, point 3 explains how to calculate this period.

You should take all steps to ensure that other residents in your home stay away from patient areas and from common areas that patients will travel through and use during their visit.

Government guidance on 'mobile close contact' mainly pertains to working in other people's homes but it is also referred to in the context of working from your own home. Subsequently, it is recommended that you also read through the guidance in the next section 'making home visits' and follow any advice that is relevant.

## Home visits

Each nation has issued guidance for those working in other people's homes which you should read in full before planning a home visit. Scotland has produced a [risk assessment form](#) for working in other people's homes which members in all nations might find useful.

### England

[Working in other people's homes](#)

### Scotland

[Mobile close contact guidance](#)

[Risk assessment form for working in other people's homes](#)

### Northern Ireland

[Working in other people's homes](#) (same as England, linked to from Northern Ireland website)

### Wales

[Guidance for working in other people's homes](#)

Practitioners should follow all other guidance for close contact services in addition to the specific requirements laid out in the above links.

The BAcC has also produced a sample risk assessment form for home visits (Appendix 7). Please also consult the resources from your own nation's guidance as linked above as there are variations in requirements according to region.

Screening for suspected and confirmed COVID-19 cases and clinically vulnerable individuals as defined in Appendix 2 must be extended to all those that cohabit with the patient you are visiting.

Good communication must take place between you and your patient, so you can plan to keep areas you will walk through and where you will conduct diagnosis and treatment free from others for the duration of your visit.

PPE must be worn at all times when you provide treatment in people's homes. Appropriate PPE follows the same guidelines as those relating to close contact services in a clinic setting.

Workspaces should be limited to a single well-ventilated room where possible with any non-essential items removed. The area should be tidy and clean for arrival, with sufficient space for the service to be provided safely. Ventilation can be provided through an open window.

Practitioners should limit their movement in the location to their designated treatment area if possible and should avoid visiting the bathroom unless absolutely necessary.

Any offer of refreshment should be declined but practitioners can bring their own bottled water with them.

Additional consideration should be given to cleaning and industry good practice. Hand hygiene remains vital and should be followed by both the mobile practitioner and patient.

Ensure that both practitioners and clients/customers wash their hands regularly especially in relation to treatments where gloves are not worn. Alcohol Based Hand Rub should be used regularly where hand washing cannot occur.

Practitioners should implement risk reduction controls to minimise hazards and risks. While in the premises, practitioners should as far as possible avoid touching surfaces or items that do not belong to them.

Workspace surfaces should be thoroughly cleaned before and after a treatment has taken place.

Sheets or coverings that can be disposed of, or safely packaged and washed after use provide useful protection between the practitioner and surfaces.

Materials and equipment used to provide the service must be brought by the practitioner and appropriately cleaned (and where appropriate, disposed of) before and after use, with linens and towels washed at 60 °C as a minimum.

Equipment that belongs to the client/customer should not be used.

Utensils and equipment should be disinfected at the location when preparing for the close contact service and again before leaving.

If a service is being provided to more than one customer/client at the same location, utensils and equipment should be disinfected or substituted between patients.

Single use items may be preferable where practical.

After the treatment is completed, items that are to be removed from the premises for cleaning should be placed in a suitably sealed container for transport and, if appropriate, disposal.

Linens and towels should be emptied and washed as soon as possible and all contact points cleaned thoroughly.

All equipment that a practitioner takes from their own premises should be cleaned regularly, irrespective of whether it has been used or not.

Appropriate PPE must be worn at all times when you provide treatment in people's homes, including:

- single-use disposable gloves, apart from when needling
- single-use disposable apron
- type IIR fluid resistant surgical mask
- eye protection

If you are working in multiple households throughout the day, you could consider using a new set of clothes for each household, if practical.

## Appendix 7: COVID-19 risk assessment

Covid-19 is a new illness that can affect your lungs and airways. It is caused by a virus called coronavirus. Remember that symptoms can be mild, moderate, severe or fatal. You must carry out a Covid-19 secure risk assessment and retain a record of your actions in order to protect your practice and support any insurance claim that may arise.

You can use this form to make a record for your acupuncture clinic during the current Covid-19 situation. This checklist is intended as a prompt for use alongside the BAAC Covid-19 secure Guidelines and reflects the level of detail we recommend; it may not cover every situation and you should also include anything unique to the set-up in your clinic.

Requirements for your Covid-19 secure risk assessment	Notes	Done/date
Legionella test where water/washing facilities have not been used for weeks/months: you may need to ask for advice from your local health authority		
<p><b>Contact/assess patient before agreeing to treat:</b></p> <ul style="list-style-type: none"> <li>• suitability for treatment</li> <li>• treatment criteria: urgent care, high need, etc</li> <li>• consider taking an initial case history by phone or video link to decide on face-to-face or telemedicine consultation</li> </ul> <p><b>Screen patient before clinic visit:</b></p> <ul style="list-style-type: none"> <li>• any symptoms of Covid-19: high temperature, new persistent cough in the last seven days, anosmia etc.</li> <li>• extremely clinically vulnerable patients</li> <li>• additional respiratory symptoms or conditions: hay fever, asthma, etc</li> <li>• other member of household with symptoms of Covid-19 or in a high-risk category: shielded, extremely clinically vulnerable, etc</li> <li>• any contact in last 10 days with anyone with suspected/confirmed Covid-19</li> </ul>		

Requirements for your Covid-19 secure risk assessment	Notes	Done/date
<p>Consider and/or explain to patient:</p> <ul style="list-style-type: none"> <li>• options for telemedicine</li> <li>• risk of face-to-face consultation: obtain signed Covid-19 consent form – can be verbal consent over the phone and signed at first appointment</li> <li>• any instructions and/or procedures for visiting the clinic</li> <li>• any changes to your practice</li> <li>• travel to clinic and risk for vulnerable patient v requirement for treatment</li> <li>• need for chaperone and social distancing in your clinic room</li> <li>• timing to allow for cleaning between patients and to avoid any overlap</li> <li>• contactless payment wherever possible</li> <li>• let you know immediately of any change between appointments</li> </ul> <p>Record all pre-screening information in each patient's notes</p>		
<p>Consider members of staff:</p> <ul style="list-style-type: none"> <li>• high-risk category</li> <li>• any other member of household with symptoms of Covid-19 or in a high-risk category</li> <li>• decide and let staff know how you plan to manage such issues</li> </ul>		
<p>Put in place for all patients, visitors, clinic staff:</p> <ul style="list-style-type: none"> <li>• cleaning regimes for toilet and hand washing facilities</li> <li>• guidance for stringent hand washing practice</li> <li>• hand washing facilities with soap and water</li> <li>• drying of hands with disposable paper towels</li> <li>• alcohol sanitisers in any area where washing facilities are not available</li> </ul>		
<p>Reception and common areas:</p> <ul style="list-style-type: none"> <li>• allow time for cleaning between patients and to avoid overlap</li> <li>• contactless payment wherever possible</li> <li>• hand washing protocol for handling money or paperwork</li> <li>• hand washing/sanitising posters visible</li> <li>• respiratory hygiene posters visible</li> <li>• cleaning regimes for toilet and hand washing facilities</li> </ul>		

Requirements for your Covid-19 secure risk assessment	Notes	Done/date
<p><b>Social/physical distancing measures:</b></p> <ul style="list-style-type: none"> <li>• allow time for cleaning between patients and to avoid overlap</li> <li>• minimise time spent by patients in waiting area etc</li> <li>• check staff numbers and facilities allow social distancing</li> <li>• floor markers, spacing chairs, etc</li> <li>• sneeze guards/screens for reception</li> </ul>		
<p><b>Consultations/treatment rooms:</b></p> <ul style="list-style-type: none"> <li>• two-metre distance between you and your patient whenever possible</li> <li>• need for face covering for patient to wear during treatment</li> <li>• need for chaperone and social distancing in your clinic room</li> <li>• need for chaperone consent form</li> </ul>		
<p><b>Aeration of rooms</b></p> <ul style="list-style-type: none"> <li>• open windows and close doors while cleaning between patients: if no windows, leave clinic room doors open</li> <li>• open windows and or doors of common/reception areas</li> </ul>		
<p><b>Respiratory and cough hygiene:</b></p> <ul style="list-style-type: none"> <li>• 'Catch it, bin it, kill it' posters</li> <li>• disposable, single-use tissues and lined and foot-operated waste bins</li> <li>• hand hygiene facilities for all</li> </ul>		
<p><b>Cleaning rota/regimes:</b></p> <ul style="list-style-type: none"> <li>• cleaning rota and record sheet in all areas: when, where, who</li> <li>• increase frequency of cleaning: for common areas depending on use</li> <li>• frequent inspection of toilets and hand washing rooms</li> </ul>		
<p><b>PPE requirements for your practice:</b></p> <ul style="list-style-type: none"> <li>• reception staff: fluid resistant face masks (FRSM) for direct contact with patients, etc</li> <li>• patients: fluid-resistant face mask if patient has respiratory symptoms: hay fever, asthma, etc</li> <li>• face masks in clinical and waiting areas</li> </ul>		



Requirements for your Covid-19 secure risk assessment	Notes	Done/date
Replacement and disposal of PPE, cleaning wipes, tissues and cloths: <ul style="list-style-type: none"> <li>• when damaged, damp, difficult to breathe through, or potentially contaminated</li> <li>• at the end of every treatment session</li> </ul>		

## Appendix 7: COVID-19 risk assessment – home visits

You can use this form to make a record for your acupuncture clinic during the current COVID-19 situation. This checklist is intended as a prompt for use alongside the BAcC COVID-19 Secure Guidelines and reflects the level of detail we recommend: it may not cover every situation and you should also include anything unique to the set-up in your clinic and devolved nation.

Client:

Requirements for your COVID-19 secure risk assessment	Notes	Done/date
<p><b>REQUIREMENTS FOR CLIENTS PRE-TREATMENT</b></p> <p><b>Documents and information</b></p> <ul style="list-style-type: none"> <li>• Health information COVID-19 consent form</li> <li>• Cleaning – appointment of allocated spaces for seating, kit, clean field and hand-washing so that spaces can be cleaned afterwards for protection and contamination risk mitigation</li> <li>• Risk assessment – share the assessment for transparency</li> <li>• Respiratory and cough hygiene – share ‘Catch it, bin it, kill it’ poster or equivalent with clients along with pre-treatment screening information</li> </ul> <p><b>Contact/assess patient before agreeing to treat:</b></p> <ul style="list-style-type: none"> <li>• Suitability for treatment</li> <li>• Treatment criteria: urgent care, high need, etc</li> <li>• Consider taking an initial case history by phone or video link to decide on face-to-face or telemedicine consultation including tongue diagnosis</li> </ul> <p><b>Screen patient before home visit:</b></p> <ul style="list-style-type: none"> <li>• Any symptoms of COVID-19: high temperature, new persistent cough in the last 7 days, etc</li> <li>• Extremely clinically vulnerable patients</li> <li>• Additional respiratory symptoms or conditions: hay fever, asthma, etc</li> </ul>		

Requirements for your COVID-19 secure risk assessment	Notes	Done/date
<ul style="list-style-type: none"> <li>• Other member of household with symptoms of COVID-19 or in a high-risk category.</li> <li>• Any contact in last 10 days with anyone with suspected/confirmed COVID-19</li> </ul> <p>Consider and/or explain to patient:</p> <ul style="list-style-type: none"> <li>• Options for telemedicine</li> <li>• Risk of face-to-face consultation v requirement for treatment: obtain signed COVID-19 consent form – can be verbal consent over the phone and signed at first appointment</li> <li>• Any instructions and/or procedures for visiting their home</li> <li>• Any changes to your practice</li> <li>• Need for chaperone and social distancing in your clinic room</li> <li>• Timing to allow for cleaning between patients and to avoid any overlap</li> <li>• Let you know immediately of any change between appointments</li> <li>• Contactless payment if possible with card machine or payment link, if cash is used ensure that hand washing protocol for handling money or paperwork is carried out</li> <li>• Allocated area for kit bag, seating and clean field before treatment</li> </ul> <p>Cleaning request for client's pre-visit:</p> <ul style="list-style-type: none"> <li>• Cleaning for toilet and hand washing facilities and area to be used (acupuncturist to take towelling or paper towel to sit on and use to create a clean field)</li> <li>• Guidance for stringent hand washing practice</li> <li>• Hand washing facilities with soap and water</li> <li>• Drying of hands with disposable paper towels</li> <li>• Alcohol sanitisers in any area where washing facilities are not available</li> </ul> <p>Record all pre-screening information in each patient's notes</p>		
<p><b>TRAVEL TO / BETWEEN CLIENTS</b></p> <ul style="list-style-type: none"> <li>• Ensure use of hand sanitiser on public transport and be mindful of where bags are placed / which items of clothing will be in contact with communal seating / handrails</li> </ul>		

Requirements for your COVID-19 secure risk assessment	Notes	Done/date
<p><b>WHILST IN THE CLIENT'S PROPERTY</b></p> <p><b>Entry:</b></p> <ul style="list-style-type: none"> <li>• Use of hand sanitiser followed by putting on face mask prior to entering the client's property</li> <li>• Placing bag onto an pre-agreed area within the client's property where it can remain during treatment (to ensure safe cleaning for them afterwards)</li> <li>• Hand washing as soon as possible upon entry after placement of bag</li> <li>• Placement of towel / paper or plastic covering over allocated seating area</li> </ul> <p><b>Consultation and treatment:</b></p> <ul style="list-style-type: none"> <li>• To create a clean field, cover the allocated area with material or disposable covering and create clean field as standard</li> <li>• Social/physical distancing measures – when not carrying out acupuncture treatment, acupuncturist to sit at least 2m away or preferably in a different room</li> <li>• Aeration of rooms during treatment where possible / appropriate</li> <li>• Two-metre distance between you and your patient whenever possible</li> <li>• Need for face covering for patient to wear during treatment</li> <li>• Need for chaperone and social distancing in your clinic room</li> <li>• Need for chaperone consent form</li> </ul>		
<p><b>Cleaning:</b></p> <ul style="list-style-type: none"> <li>• Inspection of areas to be used / interacted with by the practitioner to ensure safety</li> <li>• Creation of clean field as standard – see 'Consultation and treatment' section above</li> <li>• Respiratory and cough hygiene: disposable, single-use tissues in kit brought to client's property</li> </ul>		
<p><b>PPE requirements for your practice:</b></p> <ul style="list-style-type: none"> <li>• Patients: fluid-resistant face mask if patient has respiratory symptoms: hay fever, asthma, etc</li> <li>• Face masks to be worn at all times within client property</li> <li>• Change of clothes between home visits</li> </ul>		
<p><b>Replacement and disposal of PPE, cleaning wipes, tissues and cloths:</b></p> <ul style="list-style-type: none"> <li>• When damaged, damp, difficult to breathe through, or potentially contaminated</li> <li>• At the end of every treatment session</li> <li>• PPE placed in normal waste for collection by your local authority</li> </ul>		

## Appendix 8: Personal protective equipment (PPE)

Please refer to the main body of these guidelines as well as the links to your nation's guidance for information on what PPE to wear in which context. This section gives some background information and definitions on PPE.

Detailed information on the legal and regulatory uses and functions of different kinds of PPE can be found at this link from the [Medicines and Healthcare products Regulatory Agency \(MHRA\)](#).

### Face Protection

**1 Face coverings suitable for the general public:** The definition of face coverings that the public must wear and the settings that they must wear them in can be found in the following links to your nation's government guidance. They are not officially considered to be classed as PPE and are largely intended to protect others.

[England](#)

[Northern Ireland](#)

[Scotland](#)

[Wales](#)

**2 Surgical Masks:**

Even if the surgical mask is not one of the following types, if constructed to standard, it may provide marginally greater protection than homemade cloth masks because they are specifically designed to fit around the face.

The difference between Type I and Type II masks is predominantly the 'Bacterial Filtration Efficiency' (BFE) with Type II being the higher standard. The letter 'R' designates that the mask is breathing, splash and fluid resistant. The splash resistant layer protects against blood and other bodily fluids.

All of these masks are tested in the direction of exhalation (inside to outside) and hence are predominantly designed to protect others rather than the wearer.

They are disposable and suitable for single use or single sessional use. The government defines single session by giving the example of a ward round. In clinical contexts relevant to this document, this could be interpreted as a morning or afternoon session length.

To match NHS level recommendations, practitioners are advised to wear a Type IIR Fluid Resistant Surgical Mask (FRSM).

These differences can be summarised in the table below:

Mask Type	Type I	Type IR	Type II	Type IIR
Bacterial Filtration Efficiency	Around 95%	Around 95%	Around 98%	Around 98%
Fluid Resistant?	No	Yes	No	Yes
Number of Layers			3 ply	3 or 4 ply
Protect others?	Yes	Yes	Yes	Yes
Protect the wearer?	No	No	No	No
Disposable?	Yes	Yes	Yes	Yes

- 3 **Masks fitted with respirators (FFP2, FFP3, N99, N95):** these masks are used by NHS staff predominantly when performing 'high risk Aerosol Generating Procedures'. Some varieties are designed to create a facial seal and provide **two-way protection**, ie it filters inflow and outflow of air. In clinical contexts relevant to this document, practitioners will not need to use this type of mask, the supply of which should be left for frontline NHS staff.
- 4 **Eye or face protection:** this provides protection against contamination to the eyes from respiratory droplets, aerosols arising from aerosol generating procedures and from splashing of secretions, blood, body fluids or excretions. Examples of eye and face protection are goggles, visors and face shields. It is now official government guidance in all countries that practitioners must wear **either** a visor **or** a face mask **in addition** to a type II FRSM face mask in all encounters with a client where a social distance of two metres cannot be maintained.

### Disposable gloves and aprons

Gloves are recommended to be worn by close contact service providers in all four nations except where not wearing them may be crucial for the treatment. As many practitioners judge that sensitivity may be impaired by the wearing of gloves for the practice of palpation and treatment of acupuncture and adjunctive therapies, the decision to wear gloves is left to the practitioner.

Disposable plastic aprons are optional for practitioners. However, in Wales, at any stage where the patient is not wearing a face covering and/or when treating the 'high risk zone', disposable gloves and aprons are mandated.

It must be underlined that wearing gloves are **not** a substitute for regular hand washing and hand hygiene.

The official NHS guidance on infection prevention control recommends that vinyl medical gloves should not be worn if there is a potential for exposure to blood or body fluids. Hence, nitrile or latex gloves are recommended for this purpose.

### Instructions for putting on and taking off PPE

Guidance on the putting on and taking off of PPE can be found in Appendices 12 and 13.

## Appendix 9: Respiratory and cough hygiene poster



### Respiratory and cough hygiene



- Cough or sneeze into a clean tissue, not into your hands.



- Dispose of the tissue immediately into the nearest waste bin.



- If you do not have a tissue, cough or sneeze into your upper sleeve.



- Always clean your hands after coughing or sneezing, either using soap and warm running water, alcohol handrub or hand wipes.

**These steps will help prevent the spread of colds, flu and other respiratory infections**

Community Infection Prevention and Control  
[www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk) June 2019



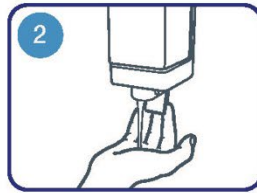
## Appendix 10: How to hand wash poster

# Best practice: how to hand wash

## With soap and water Steps 3-8 should take at least 15 seconds



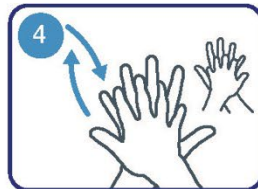
1 Wet hands with water



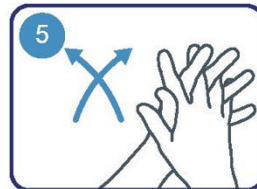
2 Apply enough soap to cover all hand surfaces



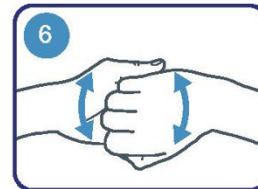
3 Rub hands palm to palm



4 Rub back of each hand with the palm of the other hand with fingers interlaced



5 Rub palm to palm with fingers interlaced



6 Rub with backs of fingers to opposing palms with fingers interlaced



7 Rub each thumb clasped in opposite hand using rotational movement

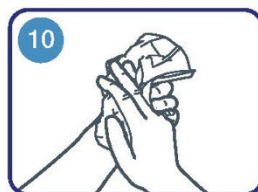


8 Rub tips of fingers in opposite palm in a circular motion

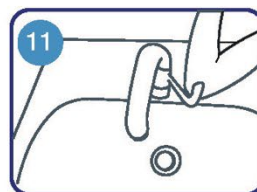


9 Rinse hands with water

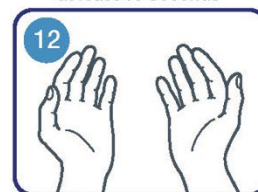
Steps 3-8 should take at least 15 seconds



10 Dry roughly with a single-use towel



11 Use elbow to turn off tap



12 Your hands are now safe



## Appendix 11: How to hand rub poster

# Best practice: how to hand rub

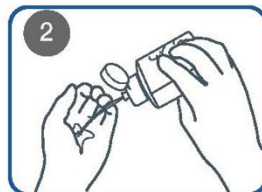
## With alcoholic hand rub

Duration of process: 20-30 seconds

(containing at least 60% alcohol)



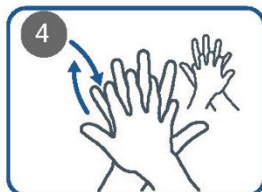
Apply a small amount of the product (about 3ml) into a cupped hand



Apply enough to cover all hand surfaces



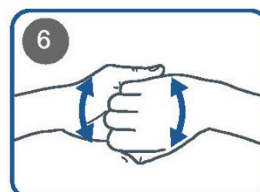
Rub hands palm to palm



Rub back of each hand with the palm of the other hand with fingers interlaced



Rub palm to palm with fingers interlaced



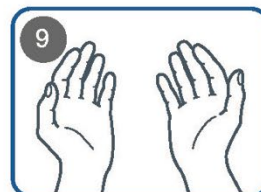
Rub with backs of fingers to opposing palms with fingers interlaced



Rub each thumb clasped in opposite hand using rotational movement



Rub tips of fingers in opposite palm in a circular motion



When dry, your hands are now safe

## Appendix 12: Putting on PPE poster



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](https://youtu.be/-GncQ_ed-9w)

### Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- 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.



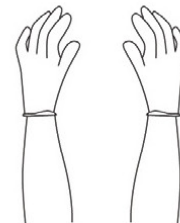
- 4** With both hands, mould the metal strap over the bridge of your nose.



- 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](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)

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## Appendix 13: Taking off PPE poster



Public Health  
England

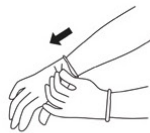
# Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: [https://youtu.be/-GncQ\\_ed-9w](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.

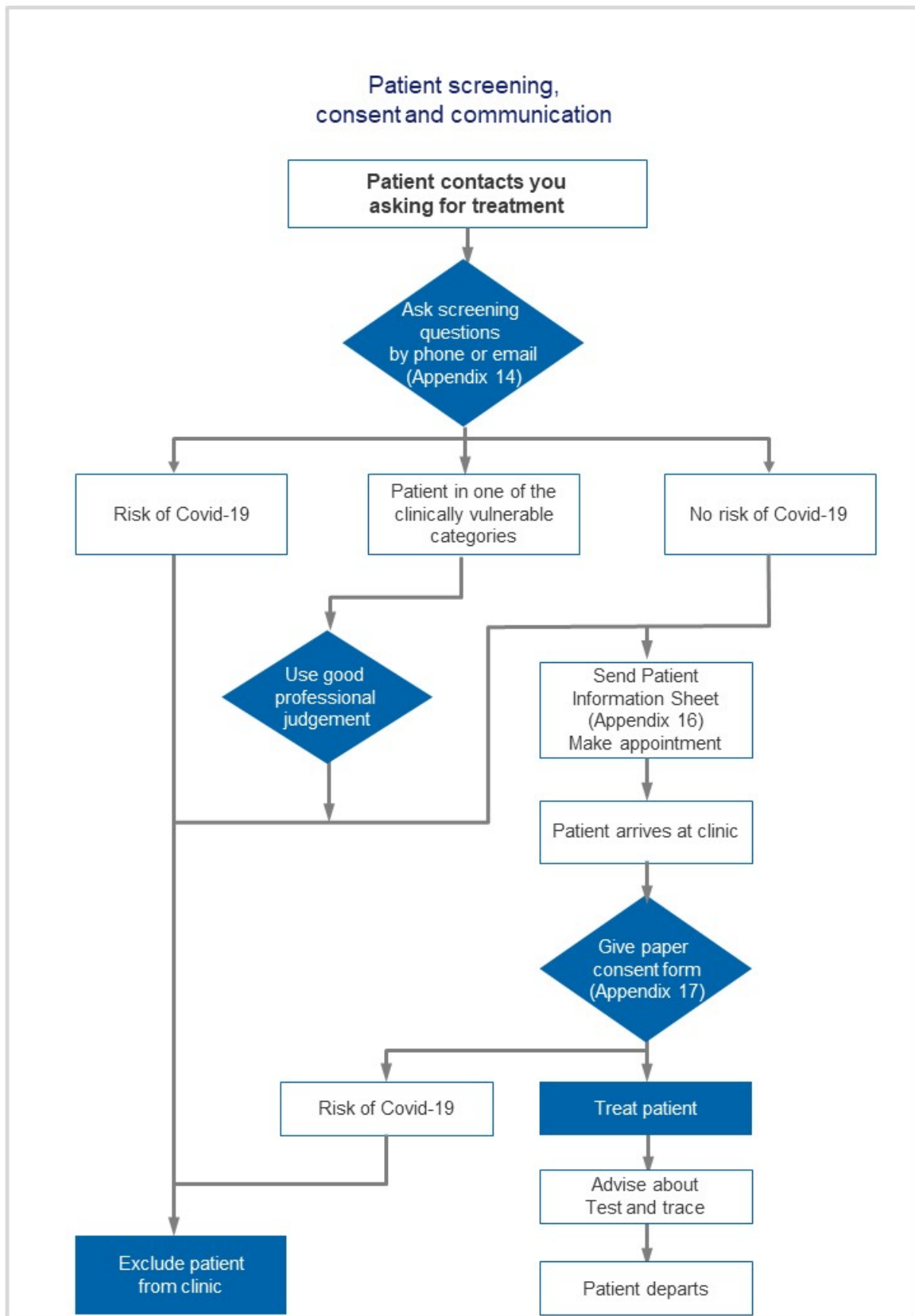


\*For the PPE guide for AGPs please see:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)

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## Appendix 14: Patient screening, consent and communication flowchart



## Appendix 15: Pre-appointment email or phone screening and consent questions

These questions can be copied and put into the body of an email or they can be read out over the phone. If the patient answers yes to questions 7 or 8, you must consider excluding this patient from your practice due to the enhanced risk to them or those that they live with. You must discuss this risk with the patient and use your good professional judgement whether your duty of care and patient need outweighs this risk. All reasoning must be recorded in your clinic notes.

Our clinic has instituted some new procedures to minimise risk of transmission of COVID-19. I would appreciate it if you could answer the following questions:

### In the last ten days:

- 1 Have you had a high temperature? (this can mean feeling hot to touch on your chest and back - you do not need to measure your temperature)
- 2 Have you had a new continuous cough? (this means coughing a lot for more than an hour or three or more coughing episodes in 24 hours - if you usually have a cough, it may be worse than usual)
- 3 Have you lost sensations of taste or smell?
- 4 Have you had close contact (under two metres) with anyone with a confirmed COVID-19 diagnosis or someone exhibiting the above symptoms in the last 10 days
- 5 Have you recently travelled abroad and/or been instructed by the government to quarantine?
- 6 Have you been contacted by the government or NHS and told to self-isolate for any reason?
- 7 Are you in a category which indicates higher risk of contracting COVID-19 or suffering complications of it (**see Appendix 2 for links to your nation's guidance**)?
- 8 Do you live with someone who is in a category which indicates higher risk of contracting COVID-19 or suffering complications of it (**see Appendix 2 for links to your nation's guidance**)?
- 9 In the eventuality that I (the practitioner) get symptoms of COVID-19 within 48 hours of having close contact with you during the appointment and then later test positive, I am obligated under law to provide your name, phone number or email and the date and time of your visit to the contact tracing service. Please confirm your consent for this to take place.
- 10 I have taken the necessary government mandated steps of conducting a risk assessment and instituting new social distancing, hygiene, hand-washing and PPE procedures in my practice to minimise the risk of COVID-19 transmission. In the course of the consultation I will have to have non-socially distanced contact with you to perform the treatment, hence while I will meet very high standards of infection prevention control, it is impossible to completely eliminate risk. Please let me know that you understand this and are happy to proceed with the treatment.



## Appendix 16: Sample patient information sheet

This is a sample patient information sheet. Every practitioner's clinic set up and rules will be different, but this can give you an idea of what procedures you might think of including. You will need to decide which clauses you will need and adapt them to fit your clinic rules.

### Details of new procedures to protect against transmission of COVID-19

Dear patient,

As you will be aware all public places have created new rules for visitors to follow for their safety and the safety of others. Please read through before attending the clinic. If you have any further questions, please let me know.

#### **Social distancing**

We ask all visitors to the clinic to maintain a two metre distance from all other people in the clinic at all times. The only exception to this is with your practitioner who will let you know when it is appropriate to approach under two metre and for how long.

For social distancing reasons, unless you require assistance for specific support and care needs, we ask you to come alone for the appointment where possible unless a chaperone, parent or carer is required. Please leave accessory items (bags and coats) in the car, or travel with as little as possible.

#### **Before arrival**

If you or someone you live with develops symptoms of COVID-19 by the time of the appointment, please contact me before attending the clinic.

#### **Entering the clinic**

We have spaced out patient arrivals and departures so that all visitors to the clinic can remain socially distanced.

*<<sample patient arrival process – choose the one applicable to your procedures and delete as appropriate>>*

- You will receive a specific time for arrival. We would be grateful if you could enter the clinic at exactly that time.
- When you arrive, please wait for a text from the practitioner before entering
- When you arrive, please take a seat in the waiting room but make sure you keep two metre distance from all other clinic visitors at all times.

#### **Handwashing**

Please wash your hands immediately upon entering the clinic. You will be directed to the appropriate facilities. There will be a poster nearby to demonstrate handwashing techniques recommended by the NHS. Please also wash your hands before leaving the clinic.

[This video on hand washing](#) from the Department of Health and Social Care is a useful tool.

#### **Face mask and respiratory hygiene**

We are recommending that patients wear ordinary surgical masks to the clinic. You may bring your own or ask your practitioner to provide one for you upon entering the clinic.

If you need to sneeze or cough while in the clinic, please do so into a disposable tissue and throw it away immediately. Please wash your hands immediately after doing so.

We are also encouraging cashless payment where possible.

## Appendix 17: Paper consent form

### Health information: COVID-19 consent form

Name  
(please print)

Date

#### Covid-19 screening information

- |                                                                                                                                                                                         | Y                     | N                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1 Have you had a fever in the last 10 days?<br>(feeling hot to touch on your chest and back)                                                                                            | <input type="radio"/> | <input type="radio"/> |
| 2 Do you now, or have you recently had, a persistent dry cough?<br>(coughing a lot for more than an hour, 3 or more coughing episodes in 24 hours or worsening of a pre-existing cough) | <input type="radio"/> | <input type="radio"/> |
| 3 Have you lost sensations of taste and smell?                                                                                                                                          | <input type="radio"/> | <input type="radio"/> |
| 4 Have you been in contact with anyone in the last 10 days who has been diagnosed with Covid-19 or has coronavirus-type symptoms?                                                       | <input type="radio"/> | <input type="radio"/> |
| 5 Have you been told to stay home, self-isolate or self-quarantine?                                                                                                                     | <input type="radio"/> | <input type="radio"/> |
| 6 Do you or anyone that you live with fall into the 'clinically extremely vulnerable' category as defined below?                                                                        | <input type="radio"/> | <input type="radio"/> |

#### Consent for treatment

I understand that, because my treatment may involve touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including Covid-19.

I give my consent to receive treatment from this practitioner.

I am the	<b>Patient</b> <input type="radio"/>	<b>*Parent/Guardian/Carer</b> <input type="radio"/>	<b>Practitioner</b>
Name	<input type="text"/>		
Signed	<input type="text"/>		
Date	<input type="text"/>		

**\*If you are signing on behalf of the patient, or if the patient is a minor, please state your relationship with the patient below:**

I am the patient's

Clinically extremely vulnerable people (Please check your own devolved nations guidance here and complete a list for which an example is given below)

**England:** [Close contact guidance – Sections 3 and 7](#)

**Northern Ireland:** [Close contact guidance – Sections 3 and 7](#)

**Scotland:** [Workforce planning and support](#)

**Wales:** [Close contact guidance – Section 2](#)

## Clinically extremely vulnerable people

You're considered clinically extremely vulnerable if:

- your doctor or GP has classed you as clinically extremely vulnerable because they think you're at high risk of getting seriously ill
- you've been identified as possibly being at high risk through the [COVID-19 Population Risk Assessment](#)
- you've had an organ transplant
- you're having chemotherapy or antibody treatment for cancer, including immunotherapy
- you're having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- you're having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- you have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- you've had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- you've been told by a doctor you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- you have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell)
- you're taking medicine that makes you much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- you have a serious heart condition and are pregnant
- you have a problem with your spleen or your spleen has been removed (splenectomy)
- you're an adult with Down's syndrome
- you're an adult who is having dialysis or has severe (stage 5) long-term kidney disease



## Recording your details and how your information is used

To support [NHS Test and Trace](#) (part of the Department for Health and Social Care) in England, I have been mandated by law to collect and keep a limited record of patients and visitors who come onto the premises, for the purpose of contact tracing. By doing this, and by sharing these records with NHS Test and Trace where requested, I can help to identify people who may have been exposed to the coronavirus.

As a patient/visitor of [\[insert name of business\]](#) you will be asked to provide the following basic information:

- your name
- contact phone number
- date of visit, and your arrival and departure times

As the data controller for the collection of your personal data, I will be responsible for compliance with data protection legislation for as long as I hold your information. When that information is requested by the NHS Test and Trace service, at that point they would be responsible for compliance with data protection legislation for that period of time.

The NHS Test and Trace service, as part of safeguarding your personal data, has in place technical, organisational and administrative security measures to protect your personal information that it receives from us/me, that it holds from loss, misuse, and unauthorised access, disclosure, alteration and destruction.

In addition, if you only interact with me during your visit, my name will be recorded alongside your information.

NHS Test and Trace have asked me to retain this information for 21 days from the date of your visit, to enable contact tracing to be carried out by NHS Test and Trace during that period. I will only share information with NHS Test and Trace if it is specifically requested by them.

For example, if another patient at the clinic reported symptoms and subsequently tested positive, NHS Test and Trace can request the log of patient/visitor details for a particular time period (for example, over a particular treatment slot, day, two-day period).

I will require you to prebook appointments for visits or to complete a form on arrival.

Under government guidance, the information I collect may include information which I would not ordinarily collect from you and which I therefore collect only for the purpose of contact tracing. Information of this type will not be used for other purposes, and NHS Test and Trace will not disclose this information to any third party unless required to do so by law (for example, as a result of receiving a court order). In addition, where the information is only collected for the purpose of contact tracing, it will be destroyed by me 21 days after the date of your visit.

However, the government guidance may also cover information that I would usually collect and hold onto as part of ordinary dealings with you (for example, your name, date of birth and phone number). Where this is the case, this information only will continue to be held after 21 days and I will use it as I usually would, unless and until you tell me not to.

Your information will always be stored and used in compliance with the relevant data protection legislation.

The use of your information is covered by the [General Data Protection Regulations Article 6 \(1\) \(c\)](#) – a legal obligation which this clinic is subject to. The legal obligation to which I am subject, means that I am mandated by law, by a set of new regulations from the government, to co-operate with the NHS Test and Trace service, in order to help maintain a safe operating environment and to help fight any local outbreak of coronavirus.

By law, you have a number of rights as a data subject, such as the right to be informed, the right to access information held about you and the right to rectification of any inaccurate data that I hold about you.

You have the right to request that I erase personal data about you that I hold (although this is not an absolute right).

You have the right to request that I restrict processing of personal data about you that I hold in certain circumstances.

You have the right to object to processing of personal data about you on grounds relating to your particular situation (also again this right is not absolute).

If you are unhappy or wish to complain about how your information is used, you should contact me in the first instance to resolve your issue.

*[Please insert your details as the person in charge of data protection duties.]*

If you are still not satisfied, you can complain to the Information Commissioner's Office. Their website address is [www.ico.org.uk](http://www.ico.org.uk).

I keep my privacy notice under regular review, and I will make new versions available on my privacy notice page on [\[your venue/establishment website\]](#).

## Appendix 18: BAaC treatment phases

