

Infection Control: Covid-19 (Clinic Setting)

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Remit / Distribution:	Employees, Contractors, Parents, Clients.
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1. Terminology

Covid-19 = Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

Child = All children up to their 18th birthday.

Parent = parent or carer including foster carers, adoptive parents, adults with parental responsibility.

Therapist = Speech and Language Therapist working for, or on behalf of, Springboard Speech and Language Ltd, as either an employee or contractor.

Our / we / Springboard = Springboard Speech and Language Ltd and therapists working for or on behalf of Springboard.

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3. Scope of this Policy

This policy covers in-person appointments at our clinic (Trafalgar House). Separate guidance is in place for working in schools.

4. Background

Covid-19 is a novel coronavirus. Primary transmission routes are through respiratory droplets e.g. from sneezing, coughing, and also speech (heightened if forceful e.g. shouting / singing) and contact – in person or contaminated surfaces.

Current NHS guidance identifies the main symptoms of COVID-19 as a new, continuous cough, a high temperature, and a loss of, or change to, sense of smell (anosmia) or taste (ageusia). Other symptoms reported include shortness of breath, fatigue, muscle aches, headache and a sore throat. For many people symptoms are mild or they may be entirely asymptomatic. This is problematic from an infection control perspective as if people have no or only mild symptoms they may be unaware that they are carrying the virus.

Public Health England categorise high, medium and low risks of infection. Low risk applies only to those where Covid-19 status has been confirmed e.g. negative tests followed by isolation (for example prior to surgery). Medium risk applies where status is unknown but there are no additional risk factors (e.g. recent exposure or travel to a high-risk area). High risk is where an individual is symptomatic, and/or has tested positive for Covid-19 (or awaiting a test result), and/or has been in contact with someone with Covid-19 in the previous 14 days, and/or has returned from a high risk area.

If a child or anyone attending clinic falls into the high-risk category, then the session cannot proceed. This will need to be confirmed on the day. Equally, it is extremely unlikely that anyone attending (or the therapist) will fall into the low risk category. In practice therefore this document assumes a medium risk profile.

3. Guidance drawn on for this Policy

The following documents and guidance have been used as the basis of this policy:

Restoring services and keeping everyone safe: Framework to support decision making

Royal College of Speech and Language Therapists (RCSLT) 29/05/2020

Guidance on reducing risk of transmission, use of personal protective equipment (PPE) in the context of COVID-19

RCSLT 12/06/2020 Updated 11/09/2020

COVID-19: Guidance for the remobilisation of services within health and care settings: Infection prevention and control recommendations

Public Health England (PHE) 20/08/2020

COVID-19: infection prevention and control guidance

Public Health England (PHE) 24/04/2020, update referred to dated 18/06/2020.

COVID-19: additional considerations, in addition to standard infection prevention and control precautions

PHE 09/04/2020

COVID-19: cleaning in non-healthcare settings

PHE 15/05/2020

In addition, this policy has been informed by participation in a network of Speech and Language Therapists in Independent Practice looking at risk assessment in the context of Covid-19, and from direct correspondence with RCSLT (the Royal College of Speech and Language Therapists).

4. Decision Making

When considering whether to attend clinic for therapy input the initial decision making will be 'needs-based' i.e. is there a need for the session to happen in-person or can it be delivered in another way such as online or through coaching those in daily contact with the child. If therapy input is already happening successfully using a remote model, and there is no clinical need to change that, then input should remain remote for the time being. This enables us to minimize in-person contact in line with guidance from our Royal College.

However, it is accepted that there are instances where in-person therapy would be preferable. For example:

- For initial assessments to help build rapport.
- For speech sound assessments where there is a need to hear a child's speech very clearly and potentially complete an oral exam.
- Where online sessions have not been, or would be unlikely to be, successful e.g. due to lack of reliable internet access, or a child struggling to engage with online input.

Where in-person sessions are preferable a 'risk-based' decision should then be made considering the potential risk of Covid-19 to the child, their family, and the therapist. This will be made on an individual basis recognising that for most children without underlying health conditions Covid-19 seems to cause a mild illness – but at the same time those children could potentially transmit Covid-19 to someone else who has greater risk factors. Additionally, if the child or a family member has underlying health conditions, including if they have been classed as vulnerable or shielding, they should follow

government guidance and any advice specific to them.

We will ask families to lead on this decision, recognising that whilst we will reduce the risk as far as we can following the procedures outlined below, it is not possible to eliminate the risk altogether. Consequently, if a family feels that they or their child is at high risk of attending a clinic session, alternative ways of providing care should be considered. Additionally, therapists reserve the right to not offer in-person sessions if in their opinion the potential risk from Covid-19 infection, to either them or the family / child, outweighs the benefit of attending therapy.

5. Reducing the risk – general therapist protocols

Therapists have a professional duty to work safely and to take measures to reduce the possibility of harm to those we work with. In the context of Covid-19 therapists working for, or on behalf of, Springboard Speech and Language will:

- Follow general Government / local health guidance e.g. in relation to the use of face coverings and isolating if having been in contact with a person who has coronavirus.
- Not offer in-person sessions if the therapist is classed as vulnerable or shielding.
- Travel wherever possible using their own car. If use of public transport / shared transport is unavoidable then the appropriate guidance, e.g. wearing a face mask, must be followed.
- Self-test for Covid, even if asymptomatic, frequently (e.g. twice a week if working full time) using a lateral flow test.
- Isolate immediately if testing positive and inform all recent contacts and the NHS of the positive test result.
- Avoid any in-person sessions if unwell or experiencing symptoms of Covid-19.

6. Reducing the risk – pre-session

Prior to the session Springboard Speech and Language Ltd. will check that the child attending is able to follow guidance relating to social distancing, use tissues (catch it – bin it – kill it), and maintain hand hygiene. If this is not the case, but an in-person session continues to be required and indicated, the therapist will need to wear PPE (see below).

Less than 24 hours prior to the appointment any attending adults or Secondary age pupils will need to complete a lateral flow test and only attend the clinic session if they have tested negative. All parents of children at nursery, school or college are eligible to collect free lateral flow tests. Local collection centres can be found by following this link:

<https://find-covid-19-rapid-test-sites.maps.test-and-trace.nhs.uk/>

Please note that children should not attend clinic appointments under any circumstances if they, or the person they are attending with, has any symptoms of Covid-19, are isolating, or have been in close contact with anyone diagnosed with (or suspected of having) Covid-19.

On the day of the appointment we will also ask parents to respond to a Covid-19 triage as is shown below.

If No to all questions proceed with treatment/testing and follow low risk pathway.

	YES	NO
1. Do you or any member of your household/ family have a confirmed diagnosis of COVID-19? If yes, wait for the agreed period of time depending on date of onset (10-14 days) before treatment or if urgent care is required, follow the High/Medium pathway.		
2. Are you or any member of your household/family waiting for a COVID-19 test result? If yes, ascertain if treatment can be delayed until results are known. If urgent care is required, follow the High/Medium risk pathway.		
3. Have you travelled internationally in the last 14 days? If yes, confirm where and if this is a country that has been agreed as safe for travel by the government. If this is not on the list then 14 days quarantine will apply. If urgent care is required, follow the High/Medium risk pathway.		
4. Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days? If yes, wait for the agreed period of time depending on what date of the isolation period the patients is at (ideally, 14 days) before treatment or if urgent care is required, follow High/Medium risk pathway.		
5. Do you have any of the following symptoms? <ul style="list-style-type: none"> • high temperature or fever • new, continuous cough • a loss or alteration to taste or smell If yes, provide advice on who to contact (GP/NHS111) or, if admission required, follow High/Medium risk pathway		

7. Reducing the risk – in clinic

(a) Equipment

Where possible therapists will ask parents to bring their own resources to the session e.g. the child's own toys, paper and colouring pens. This may include emailing resources to families for them to print at home and bring along to the session if they have the facilities to do this.

Where resources will be provided for use in the session these should be plastic (or laminated if paper based) so that they can be cleaned afterwards. Resources for the session will be placed in a tray for that child to have access to.

If a particular item is needed that can not be easily cleaned after a session, e.g. a soft toy puppet that is particularly important to a child, then this item should be reserved for use only by that child and / or 'quarantined' after use for a minimum of a week.

Where possible resources will be digitised. Within the clinic a touch screen monitor will be used to display resources and activities digitally to the child. The monitor will also (as will table-tops, chairs and other surfaces) be cleaned following the session using 70% or greater alcohol spray or wipes.

(b) Clinic Environment

The therapist will be responsible for escorting children and their families in and out of the building taking care to minimise any time in communal areas. Where possible the therapist will open and close doors and they will sanitise their hands after doing so – as can the child and / or parent if needed as hand sanitiser will be available in the clinic. **To assist with this, parents need to call / text their therapist on arrival at Trafalgar House (but before entering the building) so that the therapist can greet and escort the family.**

A record of attendees to the session will be maintained as part of the clinical record for each child. However, Trafalgar House is also part of the Track and Trace system and parents are encouraged to 'check-in' using the NHS app when they arrive. The QR code for Trafalgar House is shown on the door and is also displayed at Reception.

To help minimise time in communal areas it is strongly advised that parents ask their child to go to the toilet before setting out for the session. If a child does need to use the toilet during a session, they should be escorted by parents who should also supervise hand washing.

Separate tables and chairs will be used by the therapist and the child / their parent during the session to maintain a two-metre distance. There will also be a clear Perspex 'sneeze guard' between the therapist and child. Furniture will be arranged to naturally enforce social distancing therefore avoiding a reliance on signage for compliance.

If a two-metre distance can not be maintained for all, or part, of the session then the therapist will wear PPE (see below) and where possible will sit side-by-side with the child and their parent,, rather than face-to-face.

On the child's table hand sanitiser and tissues will be available along with a bag to put any tissues or other waste from the session into for disposal after the session.

There should be no eating during the clinic session unless this is required e.g. for a feeding observation.

Ventilation will be maintained by having the window open.

The child should ideally attend their session with their parent (one parent) only. If this is not possible parents should inform their therapist of this ahead of time so that arrangements can be made.

(c) Clothing and PPE (Personal Protective Equipment)

If a Covid-19 secure environment can be maintained then no additional PPE will be usually be required. A Covid-19 environment requires a minimum of a two-metre distance, natural ventilation, surface and hand hygiene, and respiratory hygiene (use of tissues).

If a Covid-19 secure environment can not be maintained then the therapist will need to wear PPE consisting of single use face and nose mask (FRSM Type IIR) and optionally single use apron and gloves if contact / contamination is anticipated (e.g. if the child is likely to sneeze, if an oral exam needs to be carried out). Therapists will be expected to follow guidance re. the correct use and disposal of PPE.

To aid hand washing a 'bare below the elbows' policy is in force for therapists. Clothes should be changed and cleaned as described below in Section 8.

(d) Stopping the session

During the course of a session, if it becomes clear that the child, their parent, or the therapist is unwell – in particular with any symptom of Covid-19, then the session will be ended immediately. All present in the session should then isolate and seek medical advice.

8. Reducing the risk – after the session

Surfaces should be disinfected. This includes touchscreens, styluses, tables, chairs, equipment and door handles.

Therapists should change their clothes daily. Additionally, therapists should have a spare set of clothes that they can change into in case of contamination e.g. if coughed or sneezed on. In this event therapists should change clothes at the earliest opportunity with the contaminated clothes securely bagged and kept separate from other items e.g. the therapist's bags. The clothes should then be washed, separately from non-contaminated items, on the hottest wash they can tolerate

Any waste from the session, e.g. used tissues or wipes, should be bagged and disposed of in the communal bins at the end of each day.

If, following the session (for up to 14 days after the session date) the child, parent or therapist subsequently becomes unwell with symptoms of Covid-19, or is diagnosed with Covid-19, they must inform all others present in the session of this as soon as possible. Additionally, if the child or parent is asked to self-isolate under the NHS Test and Trace protocol within 14 days of a session we would also ask that the therapist is informed of this (if the contact with a person with Covid-19 had happened before the session).

9. Consent

Parents will be provided with a copy of this guidance prior to clinic sessions. Parents will be asked to confirm, via email or text, that they have read the guidance and agree with it in advance of the session. Therapists to document this in the child's clinical record. They will also (see Part 6 above) be asked to complete a lateral flow test and confirm that they, their child, or anyone they live with / have been in close contact with, do not have symptoms of Covid-19.

Attendance at the clinic session will be considered consent for that session to go ahead and acceptance by the family that, whilst we will take measures to prevent transmission of Covid-19 we are unable to eliminate all risk, and are unable to assert Trafalgar House as a 'Covid-free' environment.

10. Appendix – Summary of decisions and actions

Is a clinic / in-person session the preferred clinical option?

(Joint decision between therapist and family)

No? – explore other options e.g. remote input / Yes? – consider risks e.g. underlying health conditions, child’s ability to follow guidance.

Decide whether to proceed with clinic session

(Joint decision between therapist and family)

No? – explore other options e.g. remote input / Yes? (to proceed with clinic session).

- a. Springboard to send parents this policy document (if not sent already).
- b. Parents to confirm receipt and agreement of this policy.
- c. Therapist to document that in the child’s clinical record.
- d. Therapist to ask / provide resources to the family to be brought to the appointment.
- e. Parent/s and any children of Secondary School age or older to complete a lateral flow test less than 24 hours prior to the session.
- f. The child’s family to confirm Covid-19 status on the day of the session.
- g. Therapist to inform the family of the number to call / text on arrival at Trafalgar House.
- h. Prior to the session therapist or family to cancel if symptoms / risk of Covid-19 becomes apparent. No charges will be levied for cancelled appointments in these circumstances.
- i. Prior to the session the therapist will prepare the clinic environment – seating, screening, equipment, PPE, hand sanitiser, tissues, IT equipment, bin bags, ventilation, clothing (bare below the elbows) etc. following Infection Control Covid-19 policy.
- j. Prior to setting out for the session parents to ensure that their child has been to the toilet.
- k. Parents to call / text therapist on arrival at Trafalgar House.
- l. Therapist to greet family and escort them to the clinic room.
- m. Session takes place following Infection Control Covid-19 policy. Session cancelled if at any point Covid-19 symptoms apparent from any person in the session.
- n. When the session has finished the therapist will disinfect surfaces in the clinic room.
- o. Waste to be handled and disposed of following Infection Control Covid-19 policy.
- p. If required, therapist to change clothes before leaving the clinic, bag clothes, and wash them following Infection Control Covid-19 policy.
- q. Therapist and family to inform each other if any person present in the session becomes unwell with symptoms of Covid-19 (whether or not formally diagnosed at that point) within 14 days of the session date.
- r. Parents to inform therapist if they or their child is asked to self-isolate following NHS Test and Trace protocol within 14 days of the session date.