

Covid-19 – Adaptive hygiene guidance for osteopathic practices

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Introduction

Following confinement measures due to covid-19, in many parts of the world, social distancing measures have been reduced and “Normal » clinical activity can be resumed for most health professions. Nevertheless, the risk of propagation of covid-19 remains a threat. To prevent returning to stricter confinement measures, hygienic standards in practices are set at a higher standard than usual.

This document aims to provide guidance and assistance in setting up adapted secure hygienic conditions at your practice. It provides lists of suggestions, reflections, and possible hygienic measures to pick from. This document therefore serves as a complement to official local and international guidelines and standards. By no way should this guide substitute these documents. It is up to you to verify local regulations and make sure measures taken are in line with the legal framework.

For an optimal use of this guide, it is important to first observe and analyse the usual situation at your practice. You can then evaluate risks, target priorities and use the guide to find adapted resolutions. Relevance and feasibility are key in successfully implementing solutions. Measures can be specific to working conditions, epidemic situation and patient profile. Our professionalism and professional ethical standards should help guide our decisions to priorities patient, personnel, and population safety.

Risk assessment

Measures taken should be proportional to underlying risks. Three fields of risks can be evaluated:

1. Individual risks related to persons
2. Organisational risks related to working conditions and hygiene measures
3. Epidemics and risks related to the local prevalence and contagiousness of covid-19

Individual risks

There are two types of individual risks with covid-19 : risks of developing complications once infected (vulnerability) and risks of contaminating others (propagation).

Vulnerability to complications

This risk is increased by pre-existing conditions and by lack of immunity. Particular measures can be taken for patients who are immune-deficient, have cardiovascular diseases, diabetes, or chronic lung disease. Infected or vaccinated patients with documented immune response are those least at risk of been infected.

Risk of propagation

Only those infected and with a viral load high enough to contaminate others are a threat, whether it is you or a patient. The difficulty is correctly identifying when we are contagious. Covid-19 is most contagious 2 days

before and two days after the onset of symptoms in adults of all age. The incubation period is of about 5 days but can be up to 14 days. Younger children become infected but do not have a sufficiently high viral load to be an important vector of the disease. Droplets and saliva are usually contagious for about 8 days after onset of symptoms but liquid from the lungs or stools can be contagious for up to 20 days.

Symptoms are a way of suspecting infection. However, they are not specific to covid-19. The most frequent symptoms are a dry cough and fever. Other symptoms are headaches, diarrhoea, loss of taste or smell, fatigue and shortness of breath. The triad fever, cough and shortness of breath are signs that should trigger investigations and have patients referred for testing.

Two types of test are available. The first one detects the infection by identifying ARN chains present in the SARS-CoV-2 virus. The second is an immune test that is sensitive to specific immune antibodies called IgG and IgM. Recent research has revealed that up to 20% of infected people, even those requiring emergency care, do not have an immunoglobulin type response. Therefore, we cannot rule out secondary infections in those already infected.

Identifiable people most at risk of propagating the disease are therefore those who have been in close contact (≥ 15 min less than 2m) with someone infected and those presenting symptoms of covid-19.

Organisational risks

Organisational risks are those for which we can have the most control over. They are related to measures put into place at the osteopathic practice to limit and prevent the propagation of the virus. These will be extensively discussed in this document and are specific to settings and working conditions within each office.

Epidemic related risks

The societal burden of covid-19 and its underlying risks are also dependent of the number of infected people within a community, the health capacity to take care of these people, the population density and cultural aspects that favour or disfavour social distancing.

This means that measures might need to become stricter if the disease becomes more prevalent. For example, decisions to have patients wear a mask or not could depend of local situations with elevated risks of having asymptomatic carriers. Vaccination coverage will also be determinant in reducing risks by providing herd immunity.

Possible measures to consider

The following sections provide examples of organisational measures that might fit your needs. Take the time to read through them and chose those that are most appropriate to your situation. The idea is to manage risks and provide a local solution adapted to your environment and patient profile. The document is organised in four sections. These are:

- A. Managing patients
- B. Managing the practice
- C. Self-hygiene
- D. Cleaning and disinfecting the practice

A. Managing patients

- **Social distancing** – Favour social distancing and avoid close contact between people as much as possible. This might require organising meetings, consultations, services and facilities differently. Some examples of possible measures are:
 - Put in place a procedure for patients to inform you, prior to their visit,
 - If they present symptoms that could be related to a covid-19 infection (e.g. Triad – fever, dry cough, difficulties breathing).
 - If they have been in close contact (≥ 15 minutes at less than 2m) within the last 14 days with a person who was diagnosed with covid-19 or presented symptoms related to covid-19.
 - If they are vulnerable to complications in case of infection. This includes immune-deficiencies, cardio-vascular diseases, diabetes, chronic lung diseases, kidney insufficiencies.
 - Consider differentiating procedures for seeing patients depending of their risk of developing complications (vulnerable patients). Some examples could be:
 - Set up possibilities for home care with adapted hygiene measures to protect yourself and patients.
 - Book specific ranges for vulnerable patients during which risks of contamination are lowest (e.g. early morning, after office has been disinfected, when no other patients are expected, etc.).
 - Set up distance consultation for follow-ups to prevent vulnerable patients from being exposed out of home.
 - Set up specific procedures for patients with higher risks of been infected (i.e. presenting symptoms of covid-19 or having had close contact with an infected person). These procedures should provide higher level of security for personnel and other patients attending the practice. In general it is advised to :
 - When possible, refer for testing all patients at risk of being infected before they attend the practice.
 - At the practice, avoid any contact closer to 2m with patients presenting triad symptoms of covid-19 infection (i.e. fever, dry cough, difficulties breathing) and refer for testing and appropriate care if needed.
 - Use face masks for patients presenting common covid-19 symptoms from other known diseases (e.g. cough of known cause, allergy to pollen).
 - Plan home visits for patients with suspected covid-19 only if adapted measures can be taken. This includes protective clothes, glasses, gloves, FFP2 mask for the practitioner and face mask for the patient. Avoid touching face during consultation and use a plastic bag to put protective clothes into before disinfecting hands. Discard masks and gloves after use in a separate plastic bag.
 - Set up procedures to avoid having close contact between people in the practice. This may include :
 - Spacing visits to avoid patients attending the office at the same time.
 - Unless required (i.e. children, people with cognitive disorders, use of intimate area therapeutical approaches) make sure patients attend the practice alone.
 - Plan the administrative part of the consultation after the patient has left the practice to avoid patients attending the practice at the same time.
 - When possible without having patients take risks outside, ask patients to only enter the practice at earliest 5 minutes before their planned meeting.
 - Avoid appointments at the same time for practitioners working in the same practice as not to have patients wait simultaneously in the waiting room.

- Information for patients** – Set up a system to clearly provide directives to patients on what is expected from them when attending the practice. This can be done by the osteopath or the secretary service. Information can be transmitted orally, by SMS or Email prior to consultations. Information that could be necessary are:
 - Inform patients on how to disinfect or wash their hands at their arrival and when using the toilets.
 - Inform them if you want them to bring the correct amount in cash for their fees or of possibilities for payments using phones, cards or billing.
 - Inform patients that reading material and toys are not made available and if needed to bring their own.
 - Set up written official information on social distancing and washing hands (eg. OFSP material [information poster](#)).
 - Provide information on how to clean hands using soap, how to use paper tissues to touch handles, doorknobs, soap distributor, and use disposable throwable paper to dry hands.
 - Welcome patients vulnerable to complications and assist them for opening doors and using facilities.
 - Clearly indicate where to throw away disposable material in a closed rubbish bin that does not require hands to open.
 - Ask patients not to touch anything and disinfect their hands after using their phones.

B. Managing the practice

- Disinfectant material** – Have disinfectant with at least 70% alcohol and liquid soap made available to patients.
- Access to the practice** – Facilitate access to the practice without touching doors, switches, buttons with bare hands. Some possible measures are :
 - Leave doors open to avoid touching them.
 - Make paper tissues available on front of the lift/entrance to be used to press buttons or open doors.
 - Have patients wait at the entrance to personally open and close doors before and after disinfecting your hands.
- Waiting room** – Adapt the environment to avoid contact and contamination with objects or smooth surfaces in the practice. The measures taken have to be adapted to the configuration of the practice and its waiting room.
 - Remove magazines, books, flyers, toys and any other handheld objects.
 - Separate seats by at least 2 meters.
 - Use chairs without any armrests.
 - For patients vulnerable to complications, disinfect chairs or provide a single use protection.
- Consultation** – Avoid contacts with any potentially infected object. Some possible measures are:
 - As usual, disinfect infect instruments after use (e.g. thermometer, stethoscope, reflex hammer).
 - As usual, turn gloves inside-out and throw them in a closed rubbish bin after use.
 - As usual, protect the practice table by either:
 - Disinfecting the surface with an antiseptic liquid between each patient.
 - Cover the table with a paper cloth and change after each patient.
 - Use sheets or towels placed in a plastic bag after each patient to be washed at 60°C or more.

- Reorganise the consultation room to assure usual functions whilst touching the least plastic, metal or glass objects as possible. Disinfect hands after each use before touching patients again (i.e. tablet, phone, folders, pens, touch screen, keyboard, drawers, etc.). Disinfect all objects at the end of the consultation.
- Maintain a distance of 2 meters with patients unless clinical assessment or treatment requires a shorter distance (i.e. clinical exams and manual treatment).
- Ask patients to set personal belongings and clothes on their chair. Especially for patients vulnerable to complications, disinfect or protect chairs at each consultation.
- Only hand back cash when disinfected.
- Provide a transparent throwable plastic protection to place on dials to be used for payment or disinfect before and after use. Disinfect hands after contact with phones, wallets, bank cards or cash.
- Dispose of throwable material in plastic closed bags or rubbish bins with a lid.

C. Self-hygiene

- Wash hands** – Wash hands and any body part (i.e. forearms, elbow, etc.) that could be in direct contact with patients. Use disinfectant or soap before and after contact.
 - Avoid using phones, touch screens, dials or any device during the consultation without disinfecting hands before and after contact.
 - Wash hands for at least 30 seconds as recommended. The additional 10 seconds are for washing forearms.
- Gloves** – If gloves are necessary for a specific technique, hands need to be disinfected before putting them on. Gloves induces sweating and creates a favourable environment for viruses. In environment without risks of direct infection, gloves are therefore not recommended to protect against covid-19 unless practitioners or patients have open wounds or sores.
- Face masks** – Face mask are to avoid contaminating others not to protect the wearer. If mask availability is limited, priority is for the practitioner to protect patients.
 - Manage stock in line with needs. Ideally a mask should be changed every 2 hours and at most every 4 hours. Avoid at all times touching the mask with your hands and do not place the mask in contact with any surface other than the container it will be disposed in.
 - If possible, provide a mask for patients at their arrival.
 - Wear a FFP2 mask if in contact with symptomatic patients or patients having been in contact with an infected person.
- Protective glasses** – When caring for patients with covid-19 symptoms or having been in close contact with an infected person, it is preferable to wear protective glasses.
- Hair** – For those having hair long enough to cover the face, consider tying them back to avoid them falling over your face and pushing them aside using your hands and touching your face while working.
- Limit physical contact** – Avoid direct skin to skin contact with other body parts (e.g. elbows, forearms) than the hands. If such contact take place, disinfect the skin.
- Surveillance** – If any covid-19 type symptoms were to appear, have yourself tested and/or stay at home. It is therefore recommended to :
 - Take your temperature daily to make sure you do not have fever.
 - Become familiar with the procedure for screening covid-19 (i.e. phone number, opening hours, location) in case you have symptoms.

- As a health professional, vaccinate yourself as soon as a vaccine is made available.
- Being informed** – Be informed by and inform patients if you or they develop symptoms within two days of the consultation and are positive to covid-19 testing.
 - Plan and communicate on the way you wish to be informed by patients.
 - Plan and communicate on how you intend to inform patients if you happen to be infected by covid-19.

D. Cleaning and disinfecting the office

- Surfaces that are frequently touched** – Disinfect between patients or at least every 2-3h surfaces that personnel and patients are likely to frequently touch, such as :
 - doorknobs,
 - switches,
 - taps,
 - liquid soap distributor,
 - toilet flush,
 - chairs and toilet seats,
 - eventually window handles, etc.
- Surfaces contaminated by droplets** – As usual, regularly wash with disinfectant surfaces close to patients (e.g. low table, desk, floor, etc.).
- Devices and instruments** – Disinfect instruments with alcohol or peracetic acid. Avoid using UV lights that do not disinfect surfaces that are not directly radiated by the light.
- Ventilation** – Unless they are alone, ventilate rooms in the absence of patients to avoid dispersing droplets in suspension.

Additional resources

- Guidelines
 - [Protection Plan FSO](#)
 - [UPO \(in French\)](#)
- Overview of the situation
 - [European Centre for Disease Prevention and Control](#)
 - [World Health Organisation](#)
 - [Coronavirus Resource Center, Johns Hopkins University & Medicine](#)
- Sources for updates
 - [Geneva Centre for education and research in humanitarian action](#)
 - [European Centre for Disease Prevention and Control](#)
- Reviews
 - [Acute care](#)
 - [Measures for control and prevention](#)
- Scientific journals
 - [Cochrane](#)
 - [Science](#)
 - [Springer Nature](#)
 - [Journal of the American Medical Association Network \(JAMA\)](#)
 - [New England Journal of Medicine \(NEJM\)](#)
 - [British Medical Journal \(BMJ\)](#)
 - [The Lancet](#)

Checklist for setting up appropriate covid-19 measures at the office

1. Managing patients

Criteria	Description	Check
1a	Set up measures know if patients are vulnerable to covid-19 complications (ex. cardiovascular diseases, diabetes, immunodeficiency, etc.).	<input type="checkbox"/>
1b	Set up measures to only see patients without covid-19 type symptoms (triad fever, dry cough, difficulty breathing).	<input type="checkbox"/>
1c	Set up measures to know if patients were in contact with someone who presented covid-19 type symptoms (triad fever, dry cough, difficulty breathing) or was tested positive for covid-19 during the past 14 days.	<input type="checkbox"/>
1d	Set up measures to have patients maintain at all times a distance of at least 2 meters to any person other than yourself.	<input type="checkbox"/>
1e	Set up measures to have patients disinfect their hand before touching anything in the office.	<input type="checkbox"/>
1f	Set up measures to warn patients to come alone unless exceptional assistance is required.	<input type="checkbox"/>
1g	Set up measures to avoid touching smartphone, wallet, credit card, or cash without disinfecting hands immediately afterward.	<input type="checkbox"/>

2. Managing the practice

Criteria	Description	Check
2a	Set up measures to clearly communicate recommendations for using facilities to all patients.	<input type="checkbox"/>
2b	Set up measures to make disinfectant available to patients.	<input type="checkbox"/>
2c	Set up measures to have patients enter the office without touching doors or switches with their bare hands.	<input type="checkbox"/>
2d	Set up measures to always maintain a distance of 2m with patients except during clinical exams and treatment.	<input type="checkbox"/>
2e	Removed all objects that patients could touch (eg. magazines, toys, etc.).	<input type="checkbox"/>
2f	Reorganized working environment to avoid touching glass, metal or plastic objects during the consultation (eg. computer, touch screen, phone, dial machine, pen, etc.).	<input type="checkbox"/>

3. Self-hygiene

Criteria	Description	Check
3a	Implement disinfecting/washing your hands at least twice during each consultation.	<input type="checkbox"/>
3b	Set up measures to wear a face mask covering nose and mouth during encounters.	<input type="checkbox"/>
3c	Define conditions and criteria for having patients wear a face mask.	<input type="checkbox"/>
3d	Set up procedure to verify daily your own state of health.	<input type="checkbox"/>
3e	Set up procedures to potentially trace back patients seen during the two prior days.	<input type="checkbox"/>
3f	Set up procedure to be able to change working clothes after receiving direct droplets from a patient (eg. cough, sneezing, saliva, etc.)	<input type="checkbox"/>

4. Cleaning the office

Criteria	Description	Check
4a	Set up procedures to disinfect door-handles, switches, taps, toilet flush, chairs between patients or at least every two hours.	<input type="checkbox"/>
4b	Set up procedures to disinfect metal, plastic and glass surfaces close to patients or practitioner daily.	<input type="checkbox"/>
4c	Set up procedures to disinfect instruments (ex. stethoscope) after each use.	<input type="checkbox"/>
4d	Set up procedures to disinfect or change surface coverage on the practice table after each patient.	<input type="checkbox"/>

Tracked changes between versions

Version 1.0 – 23 April 2020 (French and German)

- Changed the title.
- Added a section on traceability of changes.
- Changed the definition of at-risk groups.
- Social distancing - improvement in the suggestion to verify personal risks.
- Standardization of terminology for the concept of vulnerability.
- Washing temperature lowered from 90° to at least 60°.
- More precision on the type of objects to avoid touching during consultation (glass, plastic, metal, varnished wood, etc.).
- Wearing a mask -> suggest that patients be given a mask to wear (pre-symptomatic wearers).
- Clarification on the wearing of gloves. Add glove protection if there is a wound.
- Disinfection of the skin in contact with the patient.
- Removed the need for easy cancellation of appointments.
- Add a section in personal hygiene on the risk of being infected.

Version 1.1 – 24 April 2020 (French and German)

- Compatibilité du document avec le Plan de Protection rédigé par la FSO.
- Enlever l'option de traiter des patients avec des symptômes covid-19 au cabinet.
- Rajout du lien vers le Plan de Protection FSO.

Version 1.2 – 28 April 2020 (French and German)

- Précisions supplémentaires sur les symptômes évoquant le covid-19.
- Indication de déléguer pour investigation et mettre fin à la consultation en présence de symptômes covid-19.
- Indications sur les écrans, téléphones et appareils à touche durant la consultation.
- Indication sur la tenue des cheveux longs.

Version 1.3 – 28 April 2020 (French, German and English)

- Added support from COME.
- International perspective of documents.
- The introduction has been restructured to improve comprehension.
- Shifted communication section to information for patients.
- A checklist was added to the document for practical use.
- Added creative commons logo.

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