



POLICY AND STANDARD OPERATING PROCEDURE

Operating Muscular Dystrophy Support Centre (MDSC) during the COVID-19 pandemic

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1. Statement of Purpose

The aim of this document is to offer guidance to Muscular Dystrophy Support Centre (MDSC) staff and contractors, Hereward College, satellite sites (including Acorns Children’s Hospice, Rainbows Hospice for Children and Young People) and Commissioning Groups on the procedures required for the safe operation of MDSC therapy activity in the context of COVID-19.

This document includes guidance on the protective equipment and hygiene levels necessary to safeguard both Service Users (SU) and staff/ volunteers/ contractors (collectively “workers”) from infection, and training resources to ensure the above. It outlines the assessment procedure for SUs wishing to attend an MDSC onsite location for therapy.

It is important to note, that the physical environment of, and the services provided by, MDSC will be different in the context of COVID-19. Until such time as government and healthcare professional guidance changes, only those SUs with an identified clinical need will be seen at an onsite MDSC location, and only following a stringent clinical risk assessment is carried out for that SU.

N.B. The evidence base on COVID-19 is rapidly evolving. Further updates will be made to this guidance as new detail or evidence emerges. If you have any concerns or queries regarding this policy or the outlined procedures, please contact the Acting Clinical Manager on Kelly.wooldridge@mdsupportcentre.org.

2. Record of Revision

Date	Version	Revision	Initial
21/7/20	V1	Appendix numbers amended.	CJ
10/8/20	V2	Amendments to pgs 3 & 4 “When arriving at Centre”	SAM

3. Introduction

The newly identified severe acute respiratory syndrome, coronavirus 2 (SARS-CoV-2), caused by the novel coronavirus 2019 disease (COVID-19), is of precedence due to the declaration of a pandemic by the World Health Organisation on 11th March 2020 (Lai et al., 2020; Ghebreyesus, 2020).

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

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It is currently understood that SARS-CoV-2 spreads mainly through the respiratory tract in the form of droplets (Guo et al., 2020; Sohrabi et al., 2020). Though most commonly spread through human-to-human contact, the virus has also been detected on surfaces for up to 72 hours after administration, particularly on plastic and stainless steel. In addition, SARS-CoV-2 showed an aerosol durability of at least three hours (van Doremalen et al., 2020). Both factors increase transmission. An individual may become infected by touching an object that contains SARS-CoV-2, then coming into contact with their respiratory tract (touching mouth, nose or eyes), or through the inhalation of SARS-CoV-2 particles in the air (Thomas et al., 2020).

Currently, there are no specific vaccines for COVID-19. Research suggest that dexamethasone can reduce mortality rate for those with the virus considered to be in a critical condition requiring mechanical ventilation (WHO, June 2016), however significant caution is still required. There continues to be many more ongoing clinical trials evaluating potential treatments, although reduced human contact is the most effective measure to reduce the spread of COVID-19. Whilst this is the case Muscular Dystrophy Support Centre have developed measure to limit the spread of COVID-19 at our centres outlined in this document.

4. Measures for Social Distancing and Movement of Service Users throughout the Centres

MDSC operates from a central Hub at Hereward College with most SU accessing this treatment centre on a regular basis.

Other Clinical Centres include:

- Rainbows Hospice for Children and Young People (Loughborough)
- Acorns Children's Hospice (Birmingham)

Arriving at Hereward College the following measures will be implemented:

1. Virtual Clinical assessment and informed consent obtained to agree a Face-to Face appointment (see Appendix 1 & 2) to be undertaken prior to arriving at the Centre. Face-to-face appointments will only be carried out if the SU wishes to attend and there is a clinical need. This will be subject to a thorough risk assessment carried out by MDSC therapists (Appendix 4).
2. When booking an appointment the SU to be sent the document "A Guide to Attending Clinic" information sheet (see Appendix 3) via email or post explaining their patient journey and the Centre's operating procedures in light of the COVID-19 pandemic.
3. Administrative staff to call SU 24 hours prior to their appointment to screen for COVID-19 symptoms and complete the Symptom Checker on Practice Pal. Any concerns arising from the call will be escalated to the therapists to contact the patient directly and triage appropriately or directed to contact NHS 111.
4. Each face-to-face appointment is 60 minutes with 30 minutes between each session to allow for sufficient cleaning of equipment, donning and doffing of appropriate PPE and ventilation of the room.
5. Where possible, windows and outside doors will remain open in the treatment area to allow for sufficient ventilation.
6. There will be markers to indicate a 2 meter distance from the reception desk that SU should not pass (see Appendix 3).
7. Available handwashing facilities will be highlighted to the SU by the receptionist, or hand sanitiser will be made available.
8. No cash donations will be accepted from SUs, any donations to MDSC should be via contactless measures.

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9. Reception staff will escort SUs to their treatment at safe distance. When in the reception area, Receptionists will be expected to remain behind a Perspex screen.
10. All SUs will be subject to a temperature check before entering the site and will not be allowed to enter the site if they are displaying signs of fever.
11. All SUs will be given a clean disposable face mask to put on before entering the site.

At MDSC locations where no MDSC receptionist is present (i.e. Acorns, Rainbows) the above measures will apply, but therapists will receive and escort SU to the treatment room.

Symptom Checker

Ensuring that SUs who may be contagious are prevented from attending MDSC is essential to ensure a prevention of spread. Therefore 24 hours prior to a SUs appointment a member of the administration team will phone an individual to confirm that they do not have any of the following symptoms. (WHO. int, Global surveillance for human infection with COVID-19):

- A high temperature (greater than 37.8°)
- A new, continuous cough
- New aches and pains, weakness
- Shortness of breath / dizziness
- Sore throat
- Diarrhoea
- loss of smell (anosmia)
- Metallic taste in mouth/Sudden loss of taste

Should anyone report these symptoms their appointment will be cancelled and the SU must **not** attend the centre. They will be advised to self-isolate and contact NHS 111 for test advise.

Service Users Journey at the Centre (see Appendix 3)

When arriving at the Centre

- SUs are to remain in their car initially and 'phone MDSC Reception to inform the Reception staff of their arrival.
- When ready to receive the SU, Reception staff will 'phone the SU and invite them to enter the building (this is to ensure that there is only one service user in the reception area at any point).
- Reception staff will ask SU to wear a face covering. MDSC will provide a face mask and bring this to the entrance of the building.
- Face masks are to be worn when moving through the Hereward College building or other MDSC satellite locations.
- If a SU is accompanied in their vehicle, their companion will be asked during this difficult time to remain outside of the building due to social distancing measures (NB. A companion/ carer can only enter the site to assist an SU if MDSC has been informed in advance and the companion/ carer has completed the "Symptom Checker" process outlined above).
- Should an SU require support getting in and out of their car, and they do not have a companion to assist them to the front entrance of the building, they will need to inform a member of staff in advance (when arranging an appointment) and their therapist will then be able to provide this support.



When entering the reception area

- SU (and if applicable their companion/ carer) will have their temperature taken via a remote thermometer.
 - If they show signs of a fever their appointment will **not** go ahead and they will be advised to go home and isolate for 7 days, and contact NHS111 or call 111 to arrange a test.
 - If there are no concerns their appointment will continue.
- SU (and if applicable their companion/ carer) will be asked to wash their hands with soap and water or with the alcohol gel provided.

Accessing the treatment room and receiving treatment

- SU will be escorted to the treatment room by the Receptionist (or for locations with no Receptionist onsite, the Therapist will meet SU in the reception area and escort them to the treatment room).
- Therapist will be wearing personal protective equipment (PPE). This will consist of a surgical face mask, visor/goggles, gloves, and apron.
- MDSC will **not** provide use of the scooter, exercise bike, or cross trainer at this time due to infection protocols.
- Should SU require use of the hoist they will be required to bring their own sling.

After each treatment session

- (Hereward) Receptionist will escort SU back to the reception area to:
 - wash their hands
 - make any follow up appointments
 - make any donation (contactless payment only)
- (Other locations) Therapist will escort SU to handwashing facilities and then from the building
- SUs are to leave the building promptly (if it is safe to do so), in particular:
 - MDSC will not be providing any tea or refreshments.
 - SUs to bring their own drink should they require one.

Expectations of therapists

MDSC clinics will run in 4-hour sessions with 3 appointments available during this time. There will be only one therapist providing treatment at an MDSC location during any given session.

Therapists will:

- Arrive by car on their own.
- Arrive in their own clothes.
- Wash their hands-on arrival.
- Change into Scrubs in the office treatment room (placing their own clothes into a separate bag) and then don appropriate PPE (see Appendix 6).
- Greet and escort SU to treatment room.
- Ensure windows are open (if not already open).
- Provide treatment.

Once treatment is complete, therapists will:

- Doff gloves and apron (see Appendix 6).
- Wash hands and apply new PPE.

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- Clean any equipment used during the session with detergent and wipes.
- Remove all PPE will need to be removed (following the correct procedure - Doffing form).
- Disposed of PPE in the yellow clinical waste bin with a closed lid provided.

Expectations of Reception Staff

Reception staff will:

- If possible, arrive at clinic via their own car.
- Wash their hands-on arrival.
- Sit at the reception desk, positioned behind the Perspex screen.
- Wear a face mask whenever they are required to move from behind the Perspex screen or if are unable to maintain 2 metres for social distancing.
- It is not anticipated that reception staff will be aiding in any cleaning of the clinical area – this should be avoided. Should an incident/ emergency situation where a receptionist was required to assist a therapist in the treatment room (with cleaning or with an SU), they must don full PPE to do so.
- Reception staff will clean their desk and desk equipment at the end of each working day with the detergent and wipes provided.

N.B. All workers:

- **will be subject to a work-based risk assessment to ensure their safety.**
- **Should complete the mandatory Infection Control and Prevention training module on Educare.**

What to do in cases of suspected COVID-19

If an SU develops COVID-19 symptoms following their appointment, they should:

- Self-isolate.
- Ensure that their household also isolates.
- Contact NHS 111 online or call 111 to arrange a test.
- Contact MDSC ASAP and inform a member of our team with their results, so that we can arrange for the therapist to self-isolate.

Should the SU test positive:

- SU will be required to isolate for 7 days or until symptom free after day 8
- The treating therapist will be required to continue isolating for 14 days:
 - Provided they remain symptom free on day 15, they can return to work.
 - Should they develop symptoms the therapist will need to arrange a COVID-19 test
 - If the test is positive:
 - They are required to continue to isolate for a further 7 days from symptom onset.
 - The Therapist's household will be required to isolate.
 - Reception/ administrative staff will need to notify any SU that has had contact with the affected therapist and advise them to isolate for 14 days and seek a test if they develop symptoms.
 - They can return to work on day 8 provided they are symptom free or when they become symptom free.
 - If the test is negative, the Therapist can return to work as soon as they feel they are able to do so and their household can stop isolating.



If any other MDSC worker develops COVID-19 symptoms, they should:

- Self-isolate.
- Ensure that their household also isolates.
- Contact NHS 111 online or call 111 to arrange a test.
- If the test is positive, notify their line manager as soon as possible.
- Reception/ administrative staff must call all SUs seen by that individual in the last 14 days and advise the SUs that they must self-isolate for 14 days, should they then develop symptoms they should arrange for a test, and their household should self-isolate too.

5. Infection and Prevention Control of COVID-19

This guidance outlines additional infection prevention and control advice for those working at MDSC involved in receiving, assessing, and caring for Service Users at either Hereward College or a Satellite Clinic during the COVID-19 Pandemic. This infection prevention and control advice is considered good practice and is based on the current advice from Public Health England focusing on the infection prevention and control aspects of this disease.

Ensuring Triage, Early Recognition, and Source Control

In accordance with World Health Organization (WHO) guidance:

- Workers should be able to recognise symptoms and risks of COVID-19 during phone, virtual and face-to-face triaging.
- Remote temperature checking should be carried out.
- Advance Screening questionnaires should be used according to the updated case definition.
- Signs should be posted in public areas reminding symptomatic SU to alert staff.
- Hand hygiene and respiratory hygiene are essential preventive measures.

Applying Standard Precautions for all Patients (WHO, 2020)

Standard precautions include hand and respiratory hygiene, the use of appropriate PPE according to a risk assessment, safe waste management, proper linens, environmental cleaning, and sterilization of patient-care equipment:

- Ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing.
- Use of a face covering by SU to prevent the spread of COVID-19 while they are in the building.
- Perform hand hygiene after any contact.

Workers should apply WHO's "My 5 Moments for Hand Hygiene approach" before:

- 1: touching a patient,
 - 2: before any clean or aseptic procedure is performed,
 - 3: after exposure to body fluid,
 - 4: after touching a patient, and
 - 5: after touching a patient's surroundings.
- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water:



- Wash hands with soap and water.
- If there is no soap and water available, then alcohol gel can be used it must comprise of 60% alcohol or greater to be effective (GOV.UK).

Handwash techniques can be found in Appendix 5.

Additional Precautions

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. The predominant modes of transmission are assumed to be droplet and contact. This is consistent with a recent review of modes of transmission of COVID-19 by the World Health Organization (WHO).

Contact precautions

Used to prevent and control infection transmission via direct contact or indirectly from the immediate care environment (including care equipment). This is the most common route of infection transmission.

Droplet precautions

Used to prevent and control infection transmission over short distances via droplets ($>5\mu\text{m}$) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level. The maximum distance for cross transmission from droplets has not been definitively determined, although approximately 2 metres (6 feet) around the infected individual has frequently been reported in the medical literature as the area of risk.

Airborne precautions

Used to prevent and control infection transmission without necessarily having close contact via aerosols ($\leq 5\mu\text{m}$) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level. Interrupting transmission of COVID-19 requires both droplet and contact precautions; if an aerosol generating procedure (AGP) is being undertaken then airborne precautions are required in addition to contact precautions.

AGP are as follows (Public Health England COVID-19 Personal Protective Equipment June 2020):

- respiratory tract suctioning.
- bronchoscopy.
- manual ventilation.
- tracheal intubation and extubation.
- tracheotomy or tracheostomy procedures (insertion or removal).
- upper ENT airway procedures that involve suctioning.
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract.
- high speed cutting in surgery/post-mortem procedures if this involves the respiratory tract or paranasal sinuses.

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- dental procedures using high speed devices such as ultrasonic scalers and high-speed drills.
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP).
- High Frequency Oscillatory Ventilation (HFOV).
- induction of sputum using nebulised saline.
- high flow nasal oxygen (HFNO).

NB. MDSC workers will not be carrying out any of the above AGP's. MDSC procedures are based on implementing *droplet* PPE procedure.

The below measures will be put in place:

- MDSC therapy appointments will be performed in an adequately ventilated room – that is, natural ventilation with good air-flow.
- Appropriate PPE will be used.
- Persons present in the treatment room will be limited to the absolute minimum required for the SU treatment. Any carers or additional visitors will be required to wait in vehicles outside unless there is an absolute necessity that they need to be with the SU during treatment.
- All therapists must be familiar with best practice donning and doffing procedures for PPE. A useful video resource can be accessed at https://www.youtube.com/watch?v=-GncQ_ed-9w. Guidance posters will be displayed in MDSC reception and clinical areas (see Appendix 6).

Use of PPE

Summary

Before undertaking any procedure, therapists will need to assess any likely exposure, and ensure PPE is worn. This must provide adequate protection against the risks associated with the procedure or task being undertaken. All staff will be trained in the proper use of all PPE that they may be required to wear.

All PPE should be:

- Located close to the point of use.
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to).
- Where applicable single-use/sessional use only.
- Where applicable changed immediately after each patient and/or following completion of a procedure or task.
- Disposed of after use into the correct waste stream i.e. healthcare/clinical waste (this may require disposal via orange or yellow bag waste; local guidance will be provided depending on the impact of the disease).

PPE for Droplet Procedure at MDSC (Therapists)

Face masks



Fluid-resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose. FRSMs should be well fitted.

FRSMs are for single use or single session use and then must be discarded.

The protective effect of masks against severe acute respiratory syndrome (SARS) and other respiratory viral infections has been well established. There is no evidence that respirators add value over FRSMs for droplet protection when both are used with recommended wider PPE measures in clinical care, except in the context of AGPs.

Eye Protection

Eye and face protection provide protection against contamination to the eyes from respiratory droplets, aerosols arising from AGPs and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.

Eye and face protection can be achieved using any one of the following:

- surgical mask with integrated visor.
- full face shield or visor.
- polycarbonate safety spectacles or equivalent.

NB. Regular corrective spectacles are not considered adequate eye protection.

Aprons

Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination. Disposable aprons are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact as per Standard Infection Control Protocols (SICPS). Hand hygiene should be practiced as per SICPs and extended to exposed forearms. Disposable fluid repellent coveralls or long-sleeved gowns are for single use or for single session use in certain circumstances but should be discarded at the end of a session or earlier if damaged or soiled.

Disposable Gloves

Disposable gloves must be worn when providing direct SU treatment and during equipment and environmental decontamination. Disposable gloves are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact, as per SICPs, followed by hand hygiene. Double gloving is not necessary.

The use of gloves is recommended as part of standard precautions to reduce the risk of contamination of healthcare workers' hands with blood and other body fluids including contact with non-intact skin and mucous membranes. (*European Centre for Disease Prevention and Control July 2020*)

(*Public Health England COVID-19 Personal Protective Equipment, June 2020*)

PPE Equipment List For MDSC

- Fluid Repellent Level II Surgical Face Masks (FRSFM)
 - Sessional use up to 4 hours
- Non-sterile disposable clinical apron
 - Single use
- Non-sterile latex free disposable gloves

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- Single use
- Eye protection (Visor/goggles)
 - Sessional use

Donning and Doffing PPE

The order in which one puts on (donning) or removes (doffing) PPE is essential for protecting the individual clinician and preventing the spread of any possible contaminants or fluids.

It is extremely important to take great care when removing and disposing of used PPE to avoid exposure to infection. It is important to practice before using these techniques in a clinical setting, ideally with a colleague to provide guidance and feedback.

The correct sequence is described in Appendix 6. This guidance will be displayed in MDSC clinical areas.

It is extremely important to take great care when removing and disposing of used PPE to avoid exposure to infection. It is important to practice before using these techniques in a clinical setting, ideally with a colleague to provide guidance and feedback.

6. Cleaning

Summary

The therapy rooms must be thoroughly cleaned between each SU and at the end of every clinical day as follows:

- Regular cleaning is followed by disinfection, using disinfectants active against viruses. Hard surfaces and the surface of the couch should be cleaned with hard surface cleaner., such as “Safe Zone Plus” (a powerful virucidal disinfectant). All therapists should read and observe the the safety warnings listed on any cleaning product before using.
- If there is a shortage of virucidal disinfectant, decontamination may be performed with 0.1% sodium hypochlorite (dilution 1:50, if household bleach at an initial concentration of 5% is used) after cleaning with a neutral detergent.
- Surfaces that may become damaged by sodium hypochlorite may be cleaned with a neutral detergent, followed by a 70% concentration of ethanol (99.9% Isopropanol).

Workers engaged in environmental cleaning and waste management should wear appropriate PPE. A standard surgical mask may be worn, as well as gloves, goggles, and a plastic disposable apron. Staff must follow good hand hygiene before and after commencing cleaning.

Staff are responsible for the cleaning and disinfecting of their own PPE.

Cleaning Protocol

Between each SU:

- Couch cover will be cleaned down and fresh bed roll applied for the next SU.
- All hard surfaces must be cleaned and sanitised using appropriate virucidal cleaner and disposable bed roll as must anything not listed that the patient has touched:
 - All door handles (internal and external).



- Light switches.
- Sanitary fittings.
- Furniture (arms particularly).
- Reusable equipment.
- Wipeable treatment couch cover, wipeable pillowcases & bolsters.
- Ultrasound head and handle.
- Filing cabinet handles and touch points.
- Single use items, cleaning waste and PPE must be disposed of in dedicated clinical waste bin.

At the end of each clinical day:

- The above routine must be performed by all workers for their equipment i.e. computer keyboard, mouse, and desk draw handles.

Safe Management of Linen (laundry)

As we are dealing with SU who may be infectious when asymptomatic, linen is categorised as 'used' or 'infectious'. All linen used in the direct care of SU should be managed as 'infectious' linen. Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment:

- Disposable gloves and an apron should be worn when handling infectious linen.

Where possible MDSC will limit the use of linen with the use of disposable pillowcases / wipeable pillows. Should a case arrive when this is not possible the following procedure should be followed:

- All linen should be handled inside the therapy room. A lidded laundry receptacle lined with a plastic water-soluble plastic strip bag is available for linen deposit in the treatment room.
- When handling linen, **do not**:
 - Rinse, shake or sort linen.
 - Place used/infectious linen on the floor or any other surfaces e.g. a locker/table top.
 - Re-handle used/infectious linen once bagged.
 - Overfill laundry receptacles.
 - Place inappropriate items in the laundry receptacle e.g. used equipment/needles.
- When managing infectious linen, **do**:
 - Place directly into the plastic strip soluble bag in the laundry receptacle.
 - Wear gloves and then seal the plastic strip soluble bag before removing from the laundry receptacle and then place directly into the washing machine to wash at 60°C.

Staff Uniforms / Clothing

- MDSC Therapy staff will be required to wear scrub suits. Scrubs to be worn for one session only.



- The appropriate use of PPE will protect staff uniforms from contamination in most circumstances.
- Uniforms should not be worn to work and Therapists should change into them at work.
- Uniforms should be transported home in a disposable plastic bag. Uniforms preferably laundered at 60°C and this bag should be disposed of into the household waste stream.

Uniforms should be laundered:

- Separately from other household linen.
- In a load not more than half the machine capacity.
- At the maximum temperature the fabric can tolerate, then ironed or tumble-dried.

Management of Clinical and Non-Clinical Waste

It is suggested that all clinical waste should be double bagged before being stored for a minimum of 3 days before entering the normal waste management to minimise risk.

At the beginning of each day, therapists will be responsible for:

- 1: Inserting a double bag into the clinical waste bin in the Treatment room.
- 2: Inserting a single plastic water-soluble linen strip bag into the linen basket.

Lockdown

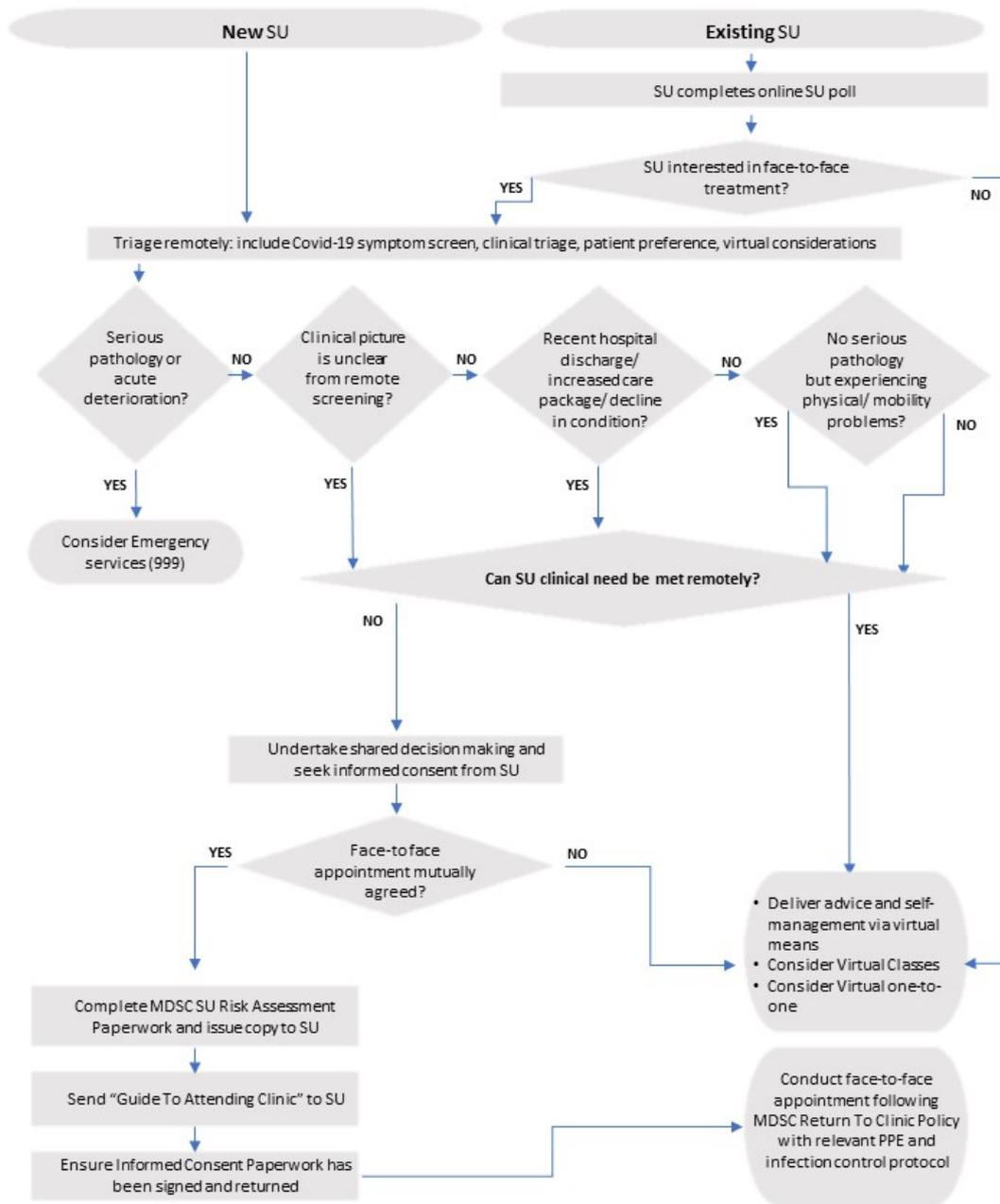
In case of any additional national COVID-19 lockdown (or geographically relevant local lockdown) MDSC will shut affected clinics with immediate effect, any appointments will be cancelled, and all treatment will revert to virtual means. Clinics will remain closed until further national or local government guidance is issued.

If a local lockdown is enforced in an area that a SU resides in, their appointment will be cancelled and the SU is **not** to attend the clinic - a virtual appointment will be arranged. Once the local lockdown is lifted the SU can return to face-to face appointments where appropriate.



Appendix 1 – Decision flowchart for face-to-face appointment scheduling during COVID 19

IS A FACE-TO-FACE CONSULTATION APPROPRIATE FOR THE SERVICE USER (SU)?





Appendix 2 – SU communication and consent form

Dear.....

Following your virtual consultation, you and your therapist have agreed to an initial face-to-face appointment. After this appointment, further face-to-face sessions will only be arranged if the therapists feel that it is clinically appropriate and if you remain comfortable with attending in person. There is no obligation for you to have a face-to-face appointment if you do not wish to do so, we will endeavour to support you online. However, should you wish to attend clinic, we ask that you read the following guidance and complete the consent form provided at the bottom of this letter.

Unfortunately, due to COVID-19 we have had to make significant changes to how we operate our services, including the way in which you would enter the Hereward College building. We ask that you adhere to the guidance detailed in this letter to ensure the safety of yourself and others.

Before your visit

- Should you have any of the following symptoms it is vital that you remain at home and do not come into clinic:
 - a fever (temperature greater than 37.8 degrees)
 - new, persistent cough
 - new and unusual level of tiredness
 - new/ increased aches and pains
 - sore throat
 - diarrhoea
 - conjunctivitis
 - headache
 - loss of taste or smell
 - a rash on skin, or discolouration of fingers or toes
 - difficulty breathing or shortness of breath
 - chest pain or pressure
 - loss of speech or movement
- If you are experiencing symptoms, you will need to access NHS 111 online or call 119 to arrange a test for COVID-19
 - If you receive a COVID-19 test and it is negative, you can arrange a new appointment once you feel better
 - Should you receive a positive COVID-19 test, a follow up appointment will **not** be possible until you are on day 8 and are symptom free.
- Should a member of your household have symptoms of COVID-19 you should remain at home awaiting their test results. Should they test positive for COVID-19 you will **not** be able to attend clinic for a further 14 days, this is provided you do not develop symptoms.

When you arrive at the Clinic

- Please remain in your car.
- Reception staff will phone you and invite you to enter the building (this is to ensure that there is only one service user in the reception area at any point).

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- Reception staff will ask you if you to wear a face mask. MDSC will provide a face mask and bring this to the entrance of the building for you.
- Please wear your face mask when moving around the MDSC site.
- If anyone has come to your appointment with you, we ask during this difficult time that they remain in the car, due to social distancing measures. If you need a companion/ carer to assist you during your appointment, please inform us in advance as they will need to be subject to additional pre-screening checks 24-48 hours ahead of your appointment.
- If you know that you require support getting in and out of your car, and you do not have a companion who can assist you to the entrance of the building, we ask that you inform a member of staff in advance (when arranging your appointment) and our therapists will then be able to provide this support.

When you enter the reception area

- You will see markings on the floor placed 2 metres from the reception desk - please do not cross this line.
- Your temperature will be taken via a remote thermometer.
 - If you show signs of a fever your appointment will **not** go ahead and you will be advised to go home and isolate for 7 days, and contact NHS111 or call 119.
 - If there are no concerns your appointment will continue.
- You will be asked to wash your hands with soap and water or with the alcohol gel provided.

Accessing your treatment room and receiving your treatment

- Either a receptionist or your therapist will meet you in the reception area and escort you to your treatment room.
- Your therapist will be wearing personal protective equipment (PPE). This will consist of a surgical face mask, visor/goggles, gloves, and apron.
- Unfortunately, we are currently unable to provide use of the scooter, exercise bike, or cross trainer at this time due to infection protocols. Should you require use of the hoist we ask that you bring your own sling.

After your session

- You will be escorted from your appointment to an appropriate area for you to wash your hands, make any additional appointments, and make any donation (contactless payments only).
- We ask that you leave the location promptly:
 - Unfortunately, at this time we will not be providing any tea or refreshments.
 - We ask that you bring your own drink should you require one.
- If you develop COVID-19 symptoms following your appointment, you should:
 - Contact NHS 111 online or call 119 to arrange a test.
 - Contact MDSC ASAP and inform a member of our team with your results, so that we can arrange for your therapist to self-isolate if necessary.

Donations

We sincerely appreciate any donation that you feel able to make to support the costs of the treatment that we provide. However, unfortunately we will not be able to receive cash donations at the time of your appointment. If you would like to make a donation, we would be happy to receive your contribution via contactless card at the time of your appointment, or separately over the telephone.



Further information

If you require any further information regarding our infection control protocols, please contact a member of our team.

Consent Form

I consent to attending a face-to-face appointment and hereby confirm my acceptance of, and agreement with, the following statements:

- My therapist has discussed with me and I understand both the risks associated with attending a face to face appointment during the Covid-19 pandemic the benefits of treatment.
- I have received a copy of the paperwork outlining these risks that I have discussed these with my therapist.
- I understand that there is a potential risk of transmission of COVID-19 because of attending the clinic and/or receiving treatment.
- I accept the potential risk of transmission and still wish to attend the face to face appointment in clinic.
- I give consent for my temperature to be taken upon arrival at the Clinic.
- If, in advance of my appointment, I begin experience or develop any of the symptoms outlined in this letter, I will not attend my appointment and will advise MDSC as to why I am unable to attend.
- If, after my appointment, I begin experience or develop any of the symptoms outlined in this letter, I will advise MDSC immediately.
- I consent for staff to contact me should anyone that I may have been in contact with during my visit develop COVID- 19 symptoms.
- I have read the guidance in this letter.
- I will follow all the procedures outlined in this letter.

Name:

Signature:

Date:



Appendix 3 - Patient Risk Assessment

VIRTUAL TRIAGE - SERVICE USER COVID-19 CLINICAL RISK ASSESSMENT

Introduction

During initial triage of service users (SUs) throughout the COVID-19 pandemic, Muscular Dystrophy Support Centre (MDSC) will perform a risk assessment and record the results in this form. The aim of this exercise is to evidence the determination of whether a service user is in a high risk COVID-19 group, and the measurement of COVID-19 risk factors against their current clinical need, in order to establish the most appropriate method of treatment for the service user in the context of the COVID-19 pandemic.

To complete the risk assessment, through discussion with the SU, the clinician completing the assessment will:

Step 1

Ascertain and document the SUs rationale for requesting a face-to-face therapy appointment.

Step 2

Ask questions and document the answers to measure the SU against COVID-19 risk factors.

Step 3

Conclude and document the proposed method to treat the SU based on the understanding obtained in Steps 1 and 2 of their current clinical need and COVID-19 risk level.

Step 1 - What is the SUs rationale for requesting a face-to-face therapy appointment (i.e. including their assessment of their current pain levels, any discomfort/ deterioration in their condition since their last face-to-face appointment)?

Step 2 - Assess potential COVID-19 risk level:

Q1 - Does the SU have any of the following risk factors associated with extreme clinical vulnerability i.e. suggesting that they might be **very high risk? YES/ NO (and tick all that apply)**

- Solid organ transplant recipient
- Cancer patient:
 - undergoing active chemotherapy
 - undergoing radical radiotherapy
 - cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who (any stage of treatment)
 - having immunotherapy or other continuing antibody treatments for cancer



- having other targeted cancer treatments that can affect the immune system (e.g. protein kinase inhibitors or PARP inhibitors).
- has had bone marrow or stem cell transplants in the last 6 months, still taking immunosuppression drugs.
- Severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
- Rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- On immunosuppression therapies sufficient to significantly increase risk of infection.
- Pregnant with significant heart disease, congenital or acquired.
- Diagnosed or undiagnosed neuromuscular conditions and received shielding letter from GP/consultant.

Q2 Does the SU have any of the following **high risk** factors? YES/ NO (and tick all that apply)

- Multiple co-morbidities/ chronic conditions present (tick all that apply):
 - lung condition (such as asthma, COPD, emphysema or bronchitis).
 - heart disease (such as heart failure).
 - Diabetes.
 - chronic kidney disease.
 - liver disease (such as hepatitis).
 - condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy).
 - condition that means they have a high risk of getting infections.
 - taking medicine that can affect the immune system (such as low doses of steroids).
- Co-morbidities/ chronic conditions that may not be fully managed/ controlled (tick all that apply):
 - Multiple hospital admissions due to identified condition/s in the last 12 months.
 - Taking steroids/ immunosuppressants/ antibiotics/ prophylactic medication.
 - Recent changes in dosage/ frequency of medication.
 - SU has suppressed respiratory drive.
- Socio economic factors present (tick all that apply):
 - Aged over 70.
 - Male.
 - Living in an area of economic deprivation.
 - Ethnicity Black, Asian or Minority Ethnic (BAME).
 - Born outside of the UK or Ireland.
 - Living in a care home.
 - BMI of 40 or above.
 - Occupational risk e.g. nurse, taxi driver, security guard.
- MD specific risk factors present (tick all that apply):
 - Respiratory concerns (frequent chest infections/requires mechanical support).
 - No or reduced cough.
 - Limited/ no mobility.
 - Swallowing difficulties.



- Cardiovascular compromise.

Q3 If risk factors have been identified in Q1 or Q2, are there indicators that would suggest that the SU is only **moderate risk** (consider the following and tick all that apply): YES/ NO (and tick all that apply)

- Co-morbidities/ chronic conditions exist but are controlled.
- SU believes themselves to be medically well.
- No or very few hospital admissions in the past 12 months.
- Only socio-economic risk factors identified.
- SU has some respiratory concerns but not requiring any mechanical ventilation support.

Q4 Could the SU reasonably be assessed as **low risk**? (Consider the following and tick all that apply): YES/ NO (and tick all that apply)

- No high risk factors identified in Q1 or Q2.
- SU has some identified high risk factors but some or all of the following apply, indicating risk is lower than moderate.
 - SU is mobile.
 - SU has no respiratory compromise.
 - SU has an effective cough.
 - SU has no cardiovascular compromise.

Q5 Has the SU previously had a *confirmed* case of COVID-19? YES/ NO

Step 3 - Overall Conclusion

What is the SU’s COVID risk level based on the assessment in Step 2? Very high/ High/ Moderate/ Low

Is the patient suitable for face-to-face treatment? YES/NO

If applicable, has the SU provided verbal consent for face-to-face treatment? YES/NO

Document rationale for this conclusion:

Confirmation

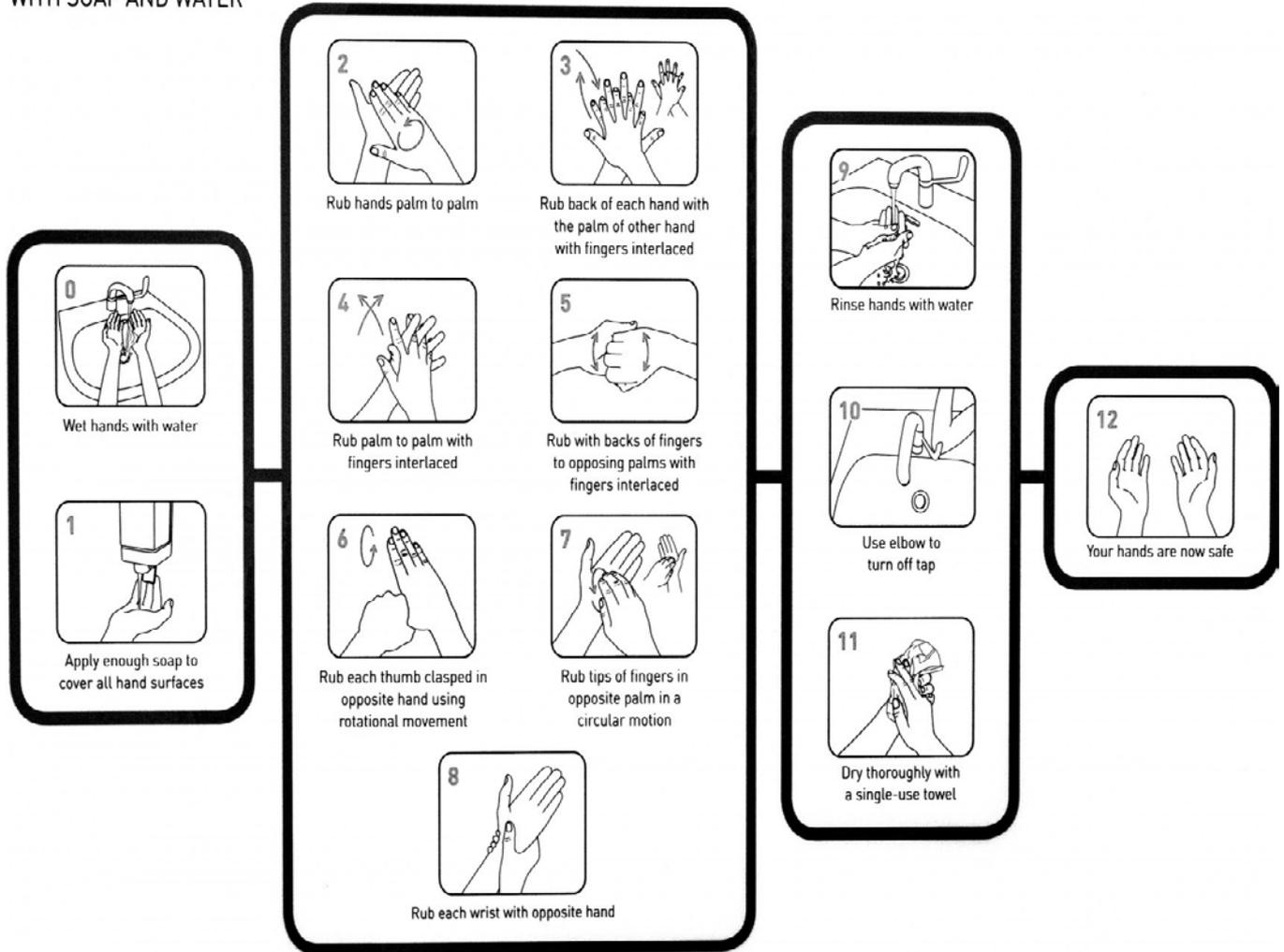
Therapist undertaking the risk assessment (signature).....

Therapist undertaking concurring review (signature)

Appendix 4 - Hand Washing Technique

How to handwash?

WITH SOAP AND WATER





Appendix 5 - Donning and Doffing PPE

The following is the correct sequence for donning PPE:

- a. Apron / Gown (Ah.....)
- b. Mask or respirator (My.....)
- c. Goggles or face shields (God.....)
- d. Gloves (Gloves!)

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 the nose.



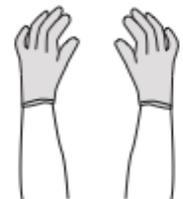
5

Don eye protection if required.



6

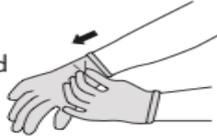
Put on gloves.



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 the 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 open 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 face mask 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.

