



Novel Coronavirus Covid-19

Guidelines for returning to work

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Introduction

These Guidelines for returning to work have been produced for members of the BAaC and the RCHM to support you and set out the steps you need to take when you resume your practice.

On 10 May 2020, the prime minister laid out [a phased plan](#) for relaxation of lockdown measures in England. The following day [detailed guidance](#) was released announcing a new standard for businesses in England to meet before they can reopen. This standard is referred to as 'Covid-19 secure'.

In the absence of direct governmental instruction, it is the position of BAaC and RCHM that members come under the exemptions to closure relating to 'medical or health services'

Government guidance has been issued both for businesses and for 'clinical settings' in England. These guidelines recognise that members' practices fall under both categories in different contexts. Accordingly, recommendations have been given based on government guidance relating to both areas. These guidelines will be updated to reflect guidance from Northern Ireland, Scotland and Wales as the relevant announcements are made from the respective devolved governments.

You will find that some of the links to guidance go to the government advice for 'shops and branches' issued on 11 May. Detailed study of the guidelines, in the context of all relevant government announcements and related documents, has led us to the conclusion that this is the relevant section for guidance for the business aspect of our practices. This does not change our position that our members provide 'medical or health services'.

These Guidelines are in three sections:

- Section 1** How to get your clinic practice ready to reopen
- Section 2** Contacting patients and deciding who you can treat safely
- Section 3** What to do if you think your clinic has been exposed to Covid-19

This guidance should be viewed as additional to the BAaC Code of Safe Practice and the RCHM Dispensary Codes of Practice. The 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.

In Appendix 1 we have listed links to the most essential government and NHS guidance. We recommend that you read through their essential guidance for yourself, as well as studying what is contained in this document.

Additionally, we have created summary explanations of the most crucial components you need to understand for Infection Protection Control (IPC) in your practice. These explanations contain links direct to the government and NHS guidance so that you can see where the information has come from.

Our summary explanations include:

- categories of risk for different people (Appendix 2)
- social distancing (Appendix 3)
- hand and respiratory hygiene (Appendix 4)
- surface cleaning and decontamination (Appendix 5)
- personal protective equipment (PPE) (Appendix 6)

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

On 10 May 2020, the prime minister laid out [a phased plan](#) for relaxation of lockdown measures. The following day [detailed guidance](#) was released announcing a new standard for businesses to meet before they can reopen. This standard is referred to as 'Covid-19 secure'.

This section is designed to help you understand what steps are necessary to attain 'Covid-19 secure' status, together with some considerations for professional return to practice. The government has released a '[Covid-19 secure](#)' poster which can be displayed in your clinic premises once you have taken the necessary steps and are satisfied that your place of work meets this standard.

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

- 1 Carry out a Covid-19 risk assessment and shared 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.

We will go through each of these in turn with practical considerations for the clinic.

1 Conducting a Covid-19 risk assessment

The government has given specific guidance as to what constitutes an adequate risk assessment. Where the government mentions 'employers' it is made clear that this also refers to the self-employed.

'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. A risk assessment is not about creating huge amounts of paperwork, but rather about identifying 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.'

While the government does not require a written risk assessment, it is recommended. BAAC members are urged to use the [Online Risk Assessment Form](#). The Health and Safety Executive has a useful [interactive tool](#) to guide you through the process of a risk assessment.

This risk assessment must pay particular attention to:

- increasing the frequency of hand washing and surface cleaning
- exploring how staff you employ may work from home where possible
- how to ensure social distancing in all situations possible
- what mitigating actions to take where social distancing cannot take place
- whether the practitioners, staff or patients in your clinic are especially vulnerable to Covid-19

If after assessing risk you determine that any of these criteria cannot be met, you will not be 'Covid-19 secure' and should consider not opening for practice. This also applies if the owner of the premises you work in is unable or unwilling to meet these criteria.

2 Cleaning, hand washing and hygiene

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; where practicable rooms should be ventilated with outside air.

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

The treatment room and all communal areas of the building should be cleaned thoroughly and high frequency contact areas should be disinfected regularly throughout the day.

Shared contact areas such as external and internal door handles, chairs, desks, treatment tables, surfaces in the toilet and payment terminals should be cleaned daily and disinfected before each patient.

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

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

Single-use disposable items are preferred and if they come into contact with the patient should be disposed of in clinical waste bags. This also applies to any item of **personal protective equipment (PPE)** to be disposed of.

Waste disposal

Single-use disposable items are preferred and if they come into contact with patient body fluids should be disposed of in clinical waste bags. This also applies to any item of **personal protective equipment (PPE)** to be disposed of.

Any item that has not come into direct contact with patient body fluids, for example couch roll if the patient has been lying face up, can be bagged securely and disposed of with regular waste.

Waste bins used in your clinic, where practicably possible, should be 'no touch bins' such as pedal bins. You may be generating a greater amount of clinical waste for collection and should contact your individual clinical waste contractor to organise appropriate collection and disposal.

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, that can be washed, such as face hole coverings, towels, etc must be washed on a 60°C washing machine cycle. These items should be washed daily or in accordance with the items washing instructions. Hanging cloth room dividers and curtains should be cleaned in accordance with the manufacturer label for frequency of washing.

Cleaning materials

For the majority of situations, household disinfectant with thorough cleaning is sufficient to disinfect required areas. For areas where extra care needs to be applied, the practitioner can consider cleaning materials containing 70 per cent or above alcohol.

Handwashing and hygiene

Frequent handwashing by everyone who comes to your clinic is essential for infection protection control (IPC).

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.

Hand cleaning facilities can include a hand sanitising station with an alcohol-based gel 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 8 and 9.

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.

In many shops cash is not accepted at the moment, because notes and coins are passed frequently from hand to hand. You should 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

People in the clinic should cover any coughs or sneezes with a tissue, then dispose of the tissue in a bin and immediately wash their hands.

3 Helping staff work from home

If you employ staff to work in your practice, you must check the government guidance for helping them to work from home. 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 have varying degrees of risk and vulnerability (summarised in Appendix 2) and your staff member's level of risk should be considered if they are coming back to work.

Staff who fall into either the **clinically vulnerable individuals** or **clinically extremely vulnerable individuals** categories have been advised not to work outside the home. Staff who have suspected and confirmed cases of Covid-19 or who are under quarantine should not come 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 maintain social distancing in the clinic wherever possible. Social distancing applies to all parts of a business, not just the place where people spend most of their time, but also entrances and exits, kitchens, staff rooms and similar settings. You will need to define the number of people that can reasonably follow two metres 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 such that patients can sit and move about without undue risk of coming within two metres of each other. Appropriate signage must be placed to advise patients of social distancing requirements. 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 people cannot be two metres apart

Tongue and pulse diagnosis and acupuncture treatment will involve being close to patients and having physical contact. The government advice in this instance is to 'take all the mitigating actions possible to reduce the risk of transmission'.

This means careful attention to hand washing and surface cleaning, keeping the activity time involved as short as possible and wearing appropriate personal protective equipment (PPE).

Personal protective equipment (PPE)

Detailed information on the different types of PPE and their use can be found in Appendix 6.

Face coverings

You can recommend face coverings to your patients in line with recent government advice. These can come in the form of [homemade cloth face coverings](#) or surgical masks which they can bring themselves. If a patient arrives without a face mask and requests one, you should make one available to them.

When you are less than two metres from your patient, it is recommended that you use type IIR fluid resistant surgical masks (FRSM). These masks are intended for single use or [single session use](#).

Please be aware that 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 be careful.

Gloves

The use of disposable gloves can be appropriate where you might come into contact with bodily fluid from the patient. This can be during treatment, disposing of something or cleaning a surface contaminated with bodily fluid. It should be underlined that gloves are not a substitute for frequent hand washing which is the first and most important requirement in hand hygiene.

Clothing and aprons

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, and at the end of each clinic session. 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.

Disposable aprons can be considered when treating or when cleaning and disinfecting surfaces to protect transmission from clothing.

All disposable PPE must be safely disposed of in clinical waste bins.

Patient and practitioner should be informed of the proper procedure of putting on and taking off PPE. This can be found in Appendices 10 and 11.

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.

Where possible and if the treatment room allows, the verbal consultation can be conducted at a distance of two metres.

For pulse and other palpatory diagnosis, practitioners should wash their hands before and afterwards. Gloves can also be considered where they do not interfere with diagnostic sensitivity.

As Covid-19 is spread through droplet contagion, close examination of the tongue represents a significant increase in risk. Hence making a tongue diagnosis by means of patient self-photo emailed before the appointment or by webcam should be considered. If tongue diagnosis is done in person, a plastic visor and goggles may be considered in addition to a face mask.

Treatment

There are already stringent requirements in member codes of practice for hygiene and clean field and safe needle technique. Please consult the Guide to Safe Practice for Acupuncture (2018) and make sure you are fully aware of and compliant with the latest guidance.

Treatment that entails contact with the face and head is considered a higher risk for transmission to and from the patient due to proximity to the orifices. Hence, where at all possible, procedures that involve contact with the face and head should be minimised and enhanced attention given to hand washing and use of PPE.

6 Considerations for other working contexts

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 protection 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.

Multibed clinics

Treatment couches must be spaced apart according to social distancing, currently two metres. A portable screen divider, that ensures patients' privacy and prevents droplet spread such as coughing must be used between treatment couches/chairs. Screening between couches could be either full body or head only.

Multiroom practice

If you usually work from multiple rooms, consider using just one room at the current time. 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 home

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 that you live with falls into either the 'clinically vulnerable individuals' or 'clinically extremely vulnerable individuals' 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.

Making home visits

The government has issued [guidance](#) for those working in other people's homes which you should read in full before planning a home visit.

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. Appropriate PPE must be worn at all times.

7 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, you are eligible to display the 'Covid-19 secure' poster in your practice premises.

It is highly recommended that you do this and that you place the poster in a prominent position, to reassure patients, law enforcement and local authorities that the proper measures have been taken. It is also advisable to keep a hard copy of these guidelines, and for herbalists your SOP, on the premises so that they can be shown to the authorities if necessary.

Section 2: Contacting patients and deciding who you can safely treat

Once you and your clinic are 'Covid-19 secure' you are ready to contact patients. Letting patients know about your new hygiene and safety procedures will provide reassurance and give them confidence to come for treatment. Good ongoing communication with your patients is an essential component of keeping your practice 'Covid-19 secure'.

Before making any appointments, you need to screen your patients to assess for:

- risk they might have the Covid-19 infection
- risk of them being 'clinically vulnerable' or 'extremely clinically vulnerable'

Appendix 2 details the criteria to use to assess the patients **you cannot treat because they are infected** and **vulnerable patients** for whom you will make a professional judgement on the risk of treating them in your clinic.

Communication with 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.

Before the appointment

Patient screening questions can be asked by phone or email or as part of a consent form, an example of which is provided in Appendix 12.

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:

[Stay at home: guidance for households with possible coronavirus \(Covid-19\) infection](#)

[Guidance on shielding and protecting people who are clinically extremely vulnerable from Covid-19](#)

You must provide a consent form for the patient to fill in and return to you before practice. Where at all possible, this should be done by digital communication. This can include the relevant screening questions and a declaration that the patient has read, understood and will follow new practice guidelines. Consent must be obtained for approaching the patient at distances of under two metres and for all instances where the patient will be touched. Patients should be informed that this entails an elevated risk of Covid-19 disease transmission.

You can also consider sending them pdfs and links of government information, for example cough and hand hygiene posters, hand washing instructions, etc.

[This video on hand washing](#) from the Department of Health and Social Care can be sent to patients in advance.

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

Making your practice 'Covid-19 secure' minimises but does not eliminate risk to patients. This is because people infected with the virus are asymptomatic for a period. This means that the decision of whether to treat a patient face to face must balance the risk that treatment exposes them to against the level of their healthcare need. It must also be done in the context of the level of general risk in the UK at any time.

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.

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.

After the appointment

The patient should be asked to inform you if they develop Covid-19 symptoms or have a confirmed diagnosis of Covid-19 within 14 days of leaving your practice. If you receive this information, please refer to section 3 below.

Section 3: What to do if there is reasonable suspicion that your clinic has been exposed to Covid-19

If a person who has visited your clinic is diagnosed with Covid-19 within 14 days from your last contact with them you must take the following steps and precautions.

If you or a staff member at any time had a proximity to this person under two metres or were exposed to a cough or sneeze, you should strongly consider staying home for seven days from your last contact with them and only return to work if neither of the three cardinal symptoms of Covid-19 have not appeared (as defined in Appendix 2).

If you or a staff member is diagnosed with Covid-19 under 14 days or less after non-socially distanced contact with a patient you later discover has also been diagnosed with Covid-19 in the same period, you must follow the [HSE guidance regarding Covid-19 and RIDDOR](#) (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

The relevant guidance is as follows:

'You must only make a report under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) when:

- an unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence
- a worker has been diagnosed as having Covid-19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease
- a worker dies as a result of occupational exposure to coronavirus.'

If you have reasonable suspicion that the practice premises have been exposed to a person with a case of Covid-19, all access to the building must be suspended until a deep clean can take place.

Further [advice](#) from government provides greater detail on cleaning areas suspected of having been exposed to Covid-19:

- 'cleaning an area with normal household disinfectant after someone with suspected coronavirus (Covid-19) has left will reduce the risk of passing the infection on to other people
- wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (Covid-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning'

Appendices

Appendix 1: Key resources to read before returning to practice

Getting 'Covid-19 secure' status

The main guidance for businesses to fulfil the requirements in order to be able to display the ['Covid-19 secure' poster](#) and reopen their business can be found [here](#).

General information

General information on measures the entire population should take is available on the [GOV.UK website](#). Further guidance is available including information about [Covid-19 and how to prevent spread](#), and [what to do if people have symptoms](#). Government guidance on when to stay at home and for how long can be found [here](#).

Health and Safety Executive

The Health and Safety Executive have collated a [page](#) dedicated to safe working and business practices in relation to coronavirus (Covid-19).

NHS 111

NHS 111 has an [online coronavirus service](#), running alongside its standard online service, which can provide advice to patients with an urgent health concern. Patients with possible Covid-19 are directed to NHS 111 online for health advice in the first instance. The NHS 111 telephone service should be used only when online access is not possible.

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 [until seven days after their high temperature has subsided](#).

According to current NHS advice, this is defined as:

- **high temperature**: this means you feel hot to touch on your chest or back – you do not need to measure your temperature – and
- **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
- **anosmia**: lack of taste or smell (updated 18 May 2020)

NHS 111 has a [symptom checking service for Covid-19](#)

- 2 Any person who has had confirmed [non-socially distanced contact](#) with any person with a confirmed Covid-19 diagnosis or someone exhibiting any of the cardinal symptoms must also be physically excluded from your practice. This includes those that cohabit with symptomatic persons.

Persons that live with others and are the first in the household to have symptoms of Covid-19 must stay at home for seven days. All other household members who remain well must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. This [explanatory diagram](#) explains this process.

- 3 Persons who have recently travelled from abroad and are still in their designated quarantine period must be excluded from your practice.

People who are advised to self-isolate at home should follow the government [stay at home guidance](#).

Recent research from the [Covid Symptom Study](#) has identified further symptoms which are predictive of a positive test for Covid-19. The most predictive symptoms, with most important first, 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.

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

The UK government has identified the [following groups of patients](#) as having increased risk, and as such, you should exercise enhanced professional attention.

You must make a decision on behalf of your patients, using your professional judgement as to whether to exclude them from your practice based on their risk and vulnerability.

You must make sure that patients are aware of their increased risk status so that any decision they make to attend is based on informed consent. You must exclude any patient in this category who you assess as incapable of making this informed consent, if there is no legal guardian who can provide consent on their behalf.

Clinically vulnerable people

- 1 Anyone aged 70 and older
- 2 Anyone under 70 with an underlying health condition – that is, anyone instructed to get a flu jab as an adult each year on medical grounds – such as:
 - chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
 - diabetes
 - weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets
 - being seriously overweight (a body mass index (BMI) of 40 or above)

Clinically extremely vulnerable people

The government issued [this further advice](#) detailing specific medical conditions that place someone at **greatest risk** of severe illness from Covid-19. People who fall into this group will have been informed that they are clinically extremely vulnerable, and have been advised to exercise 'shielding'.

Shielding means that they have been told to:

- not leave their house
- not attend any gatherings: including gatherings of friends and families in private spaces, for example, family homes, weddings and religious services
- strictly avoid contact with someone who is displaying symptoms of coronavirus Covid-19: these symptoms include high temperature and/or new and continuous cough

People in this category of risk are:

- 1 Solid organ transplant recipients.
- 2 People with specific cancers:
 - a people with cancer who are undergoing active chemotherapy
 - b people with lung cancer who are undergoing radical radiotherapy
 - c people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - d people having immunotherapy or other continuing antibody treatments for cancer
 - e people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - f people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
- 3 People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
- 4 People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).

- 5 People on immunosuppression therapies sufficient to significantly increase risk of infection.
- 6 Women who are pregnant with significant heart disease, congenital or acquired.

Government guidance on **when to stay at home and for how long** can be found [here](#).

Government guidance for employers on **'Who should go to work'** can be found [here](#)

Appendix 3: Social distancing

The government issued the following advice on social distancing in the workplace on 7 April 2020

'Social distancing involves reducing day-to-day contact with other people as much as possible, in order to reduce the spread of coronavirus (Covid-19). Businesses and workplaces should encourage their employees to work at home, wherever possible. If you cannot work from home then you can still travel to work. This is consistent with the Chief Medical Officer for England's advice.

'The advice on social distancing measures applies to everyone and should be followed wherever possible. Workplaces need to avoid crowding and minimise opportunities for the virus to spread by maintaining a distance of at least 2 metres (3 steps) between individuals wherever possible. This advice applies both to inside the workplace, and to where staff may need to interact with customers.'

Updated and more detailed guidance for employers was issued on 11 May 2020:

'Objective: To maintain two metres social distancing wherever possible, including while arriving at and departing from work, while in work and when travelling between sites.

'You must maintain social distancing in the workplace wherever possible.

'Where the social distancing guidelines cannot be followed in full in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff.

'Mitigating actions include:

- further increasing the frequency of hand washing and surface cleaning
- keeping the activity time involved as short as possible
- using screens or barriers to separate people from each other
- using back-to-back or side-to-side working (rather than face-to-face) whenever possible
- reducing the number of people each person has contact with by using "fixed teams or partnering" (so each person works with only a few others)

'Social distancing applies to all parts of a business, not just the place where people spend most of their time, but also entrances and exits, break rooms, canteens and similar settings. These are often the most challenging areas to maintain social distancing.'

The government published detailed advice on safe travel in regard to Coronavirus (Covid-19) on 12 May 2020.

Appendix 4: Hand and respiratory hygiene

Hand hygiene

The World Health Organization (WHO) [states](#):

'The Covid-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.'

'Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.'

The [government issued advice](#) for businesses as regards hand hygiene is as follows:

'Staff should be reminded to wash their hands regularly using soap and water for 20 seconds and particularly after blowing their nose, sneezing or coughing. Where facilities to wash hands are not available, hand sanitiser should be used.'

In addition, the government recommends that businesses:

- 'make regular announcements to remind staff and/or customers to follow social distancing advice and wash their hands regularly'
- 'provide additional pop-up handwashing stations or facilities if possible, providing soap, water, hand sanitiser and tissues and encourage staff to use them'

[Government issued advice to employers](#) gave the following advice:

'Hygiene: handwashing, sanitation facilities and toilets

Steps that will usually be needed:

- 1 Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into a tissue which is binned safely or into your arm if a tissue is not available.
- 2 Providing regular reminders and signage to maintain hygiene standards.
- 3 Providing hand sanitiser in multiple locations in addition to washrooms.
- 4 Setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible.
- 5 Enhancing cleaning for busy areas.
- 6 Providing more waste facilities and more frequent rubbish collection.
- 7 Where possible, providing paper towels as an alternative to hand dryers in handwashing facilities.'

'Handling goods, merchandise and other materials

Objective: To reduce transmission through contact with objects that come into the store.

Steps that will usually be needed:

- 1 Encouraging increased handwashing and introducing more handwashing facilities for workers and customers or providing hand sanitiser where this is not practical.
- 2 Limiting customer handling of merchandise, for example, through different display methods, new signage or rotation of high-touch stock.
- 3 Putting in place picking-up and dropping-off collection points where possible, rather than passing goods hand-to-hand.
- 4 Enforcing staggered collection times for customers collecting items, with a queuing system in place to ensure a safe distance of two metres.

- 5 Setting up 'no contact' return procedures where customers take return goods to a designated area.
- 6 Encouraging contactless refunds.
- 7 Keeping returns separate from displayed merchandise / stock to reduce the likelihood of transmission through touch.
- 8 Providing guidance to how workers can safely assist customers with handling large item purchases.'

Respiratory hygiene

The government issued the following [advice](#) in relation to respiratory hygiene:

'Workers should cover any coughs or sneezes with a tissue, then dispose of the tissue in a bin and immediately wash their hands.'

Appendix 5: Surface cleaning and disinfection

The government has issued the following [advice](#) in regard to cleaning:

'Covid-19 is mainly passed on by person-to-person spread between people who are in close contact with one another and by droplets produced when an infected person coughs or sneezes.

'It can also spread through contact with a surface or object that has the virus on it. Cleaning helps minimise the spread of coronavirus (Covid-19).

'Fortunately, normal cleaning methods do kill this virus. Cleaners, caretakers and concierges play an important role in keeping people in their buildings protected, and are on the frontline in the battle against coronavirus (Covid-19) to keep staff, customers, and particularly the most vulnerable safe.'

The government gave this [guidance](#) for employers on 11 May 2020:

Before reopening

Objective: To make sure that any site or location that has been closed or partially operated is clean and ready to restart, including:

- an assessment for all sites, or parts of sites, that have been closed, before restarting work
- cleaning procedures and providing hand sanitiser, before restarting work

Steps that will usually be needed:

- 1 Checking whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.
- 2 Most air conditioning systems do not need adjustment, however where systems serve multiple buildings, or you are unsure, advice should be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers.

Keeping the workplace clean

Objective: To keep the workplace clean and prevent transmission by touching contaminated surfaces.

Steps that will usually be needed:

- 3 Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.
- 4 Frequent cleaning objects and surfaces that are touched regularly such as self-checkouts, trolleys, coffee machines, or staff handheld devices, and making sure there are adequate disposal arrangements.
- 5 Clearing workspaces and removing waste and belongings from the work area at the end of a shift.
- 6 If you are cleaning after a known or suspected case of Covid-19 then refer to the [specific guidance](#).'

Appendix 6: Personal protective equipment (PPE)

[Advice](#) has been clear from the government that the first line of defence against coronavirus (Covid-19) transmission are the methods of social distancing, hand and respiratory hygiene and cleaning. If these methods are employed correctly, additional PPE is deemed unnecessary in ordinary workplace settings.

‘At the start of this document we described the steps you need to take to manage Covid-19 risk in the workplace. This includes working from home and staying two metres away from each other in the workplace if at all possible. When managing the risk of Covid-19, additional PPE beyond what you usually wear is not beneficial. This is because Covid-19 is a different type of risk to the risks you normally face in a workplace, and needs to be managed through social distancing, hygiene and fixed teams or partnering, not through the use of PPE.’

However, the [advice](#) makes this exception:

‘The exception is clinical settings, like a hospital, or a small handful of other roles for which Public Health England advises use of PPE, for example, first responders and immigration enforcement officers.’

The practices of members of the relevant professional associations could be seen to fall into either of the above categories in different contexts. Hence, members should use their professional judgement as to what kinds of PPE to employ and when to use them based on a risk assessment of all possible encounters during practice.

‘Unless you are in a situation where the risk of Covid-19 transmission is very high, your risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited. However, if your risk assessment does show that PPE is required, then you must provide this PPE free of charge to workers who need it. Any PPE provided must fit properly.’

Up-to-date UK government guidelines on PPE are available [here](#):

The following items of PPE need to be considered in relation to face-to-face practice:

Face coverings

Face coverings fall into the following categories:

- 1 **Washable cloth face covering:** on May 11 the government made a [formal recommendation](#) for the public ‘to consider wearing face coverings in enclosed public spaces where [they] may be more likely to come into contact with people [they] do not normally meet... After careful consideration of the latest scientific evidence from the Scientific Advisory Group for Emergencies (SAGE), the government confirmed face coverings can help reduce the risk of transmission in some circumstances.’
- 2 As such you can consider recommending that patients bring their own clean cloth face covering to wear on visiting the clinic – instructions on how to wear and make a cloth face covering from the government can be found [here](#)
- 3 **Non-fluid resistant surgical mask:** this should be considered comparable to a cloth face covering.
- 4 **Type IIR or Level 2 fluid resistant surgical mask FRSM:** this is the type of mask [recommended by the NHS](#) to be used when within two metres of a [possible or confirmed case of Coronavirus \(Covid-19\)](#) – this kind predominantly has **one-way protection**, ie [when properly fitted](#) it captures bodily fluid, eg coughs and sneezes leaving the wearer of the mask – they are for single use or [single session use](#) and then must be discarded

safely. This kind of mask can be considered by the practitioner in situations where they are under two metres from the patient.

- 5 **Masks fitted with respirators (FFP2, FFP3, N99, N95):** these masks are used by NHS staff predominantly when performing '[Aerosol Generating Procedures](#)' or at risk from splashing of secretions, blood, body fluids or excretions – this kind is designed to create a facial seal and provides **two-way protection**, ie it filters inflow and outflow of air. In the normal course of practice, members of the relevant professional associations will not need to use this type of mask.
- 6 **Eye and 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.

The government has issued a recommendation that where possible, workers should not use mask types which constitute essential PPE to frontline NHS staff. Hence, judicious use of IIR and FRSM masks should be employed by practitioners and where possible sourced from supply chains that do not compete with NHS procurement.

Advice for employers as regards PPE for employees and procedures can be found [here](#).

Where the mask is 'donned and doffed' between patients you **must**:

- wash your hands before putting the mask on
- not touch the interior of the mask
- check the mask has no defects and is clean and dry
- wash your hands before taking the mask off
- place the mask in a clean paper bag
- wash your hands before re-donning the mask

Disposable gloves

The government offers [this advice](#) on disposable gloves: 'Disposable gloves must be worn when providing direct patient care and when exposure to blood and or other body fluids is anticipated or likely, including 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.'

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

Clothing/disposable gowns/aprons

You should consider the clothing you are wearing for each treatment session in your practice. You **must** change this if it becomes contaminated with aerosol contaminants such as being coughed on, and at the end of each session. Consider having a change of clinic apparel to hand if this occurs.

You **must** wash your clinic apparel in accordance with the cleaning instructions of the garment. You should launder/wash your clinic apparel daily. Consider wearing clinic apparel that can be washed in a 60°C washing machine cycle.

Disposable gowns/aprons are used to protect healthcare providers when working with patients in isolation, when delivering aerosol-generating procedures, and when delivering high-contact patient care activities like dressing, bathing, or transferring patients. They are not generally required in clinic.

Instructions for putting on and taking off PPE

Guidance on the putting on and taking off of PPE can be found in Appendices 10 and 11.

Appendix 7: 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, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk June 2019
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Appendix 8: How to hand wash poster

Best practice: how to hand wash

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



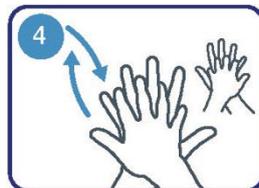
Wet hands with water



Apply enough soap to cover all hand surfaces



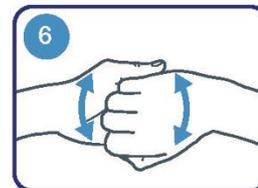
Rub hands palm to palm



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

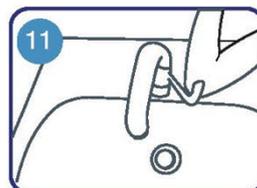


Rinse hands with water

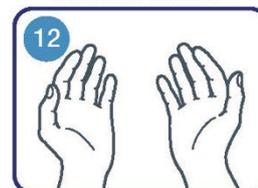
Steps 3-8 should take at least 15 seconds



Dry roughly with a single-use towel



Use elbow to turn off tap



Your hands are now safe

Appendix 9: How to hand rub poster

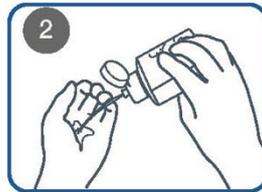
Best practice: how to hand rub

With alcoholic hand rub Duration of process: 20-30 seconds

(containing at least 60% alcohol)



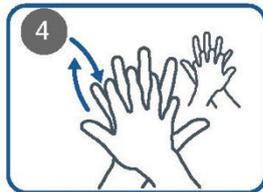
Apply a small amount of the product (about 3ml) into a cupped hand



Apply enough to cover all hand surfaces



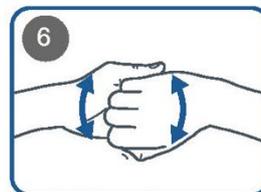
Rub hands palm to palm



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



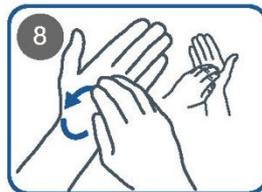
Rub palm to palm with fingers interlaced



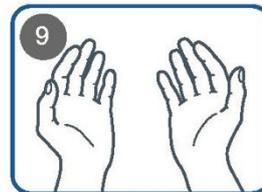
Rub with backs of fingers to opposing palms with fingers interlaced



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 10: 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

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.



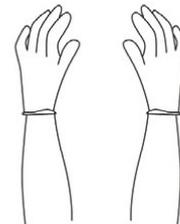
- 4** With both hands, mould the metal strap over the bridge of your nose.



- 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

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Public Health
England

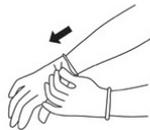
Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• 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

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Appendix 12: Sample screening and consent form

Health information: Covid-19 consent form

Please note: This form is an example only – an official version will be available soon

Name
(please print)

Date

Covid-19 screening information

- | | | |
|--|-----------------------|-----------------------|
| 1 Have you had a fever in the last 7 days?
(feeling hot to touch on your chest and back) | Y | N |
| | <input type="radio"/> | <input type="radio"/> |
| 2 Do you now, or have you recently had, a persistent dry cough?
(coughing a lot for more than an hour, 3 or more coughing episodes in 24 hours or worsening of a pre-existing cough) | Y | N |
| | <input type="radio"/> | <input type="radio"/> |
| 3 Have you been in contact with anyone in the last 14 days who has been diagnosed with Covid-19 or has coronavirus-type symptoms? | Y | N |
| | <input type="radio"/> | <input type="radio"/> |
| 4 Have you been told to stay home, self-isolate or self-quarantine? | Y | N |
| | <input type="radio"/> | <input type="radio"/> |
| 5 Do you have any other symptoms that may mean you have a Covid-19 infection? (loss of taste and smell, unusual fatigue or shortness of breath) | Y | N |
| | <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	Patient <input type="radio"/>	*Parent/Guardian/Carer <input type="radio"/>	Practitioner
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

Appendix 13: Frequently asked questions

What are these guidelines based on?

Where possible these guidelines relate directly to government and NHS issued advice, so that as UK practitioners we can show that we are taking all necessary steps required of us to minimise risk in our practices.

Our practices can be viewed from two perspectives.

Firstly, they are businesses that operate in physical premises. From this perspective, the government [guidelines](#) issued for businesses on May 11 are relevant to us.

Secondly, elements of our practices can be considered 'clinical settings'. From this perspective, NHS and government advice on considerations for different types of clinical settings is relevant to us.

Hence, this document draws from both types of sources.

Finally, because the government is unlikely to issue advice specific to acupuncturists, herbalists and tuina massage practitioners, we have developed more specific recommendations based on the BAcC and RCHM codes of practice.

Why do some of the links go to a page with guidance relating to 'Shops and Branches'?

As explained above, from one perspective our practices can be viewed as businesses. For this reason we must consult the relevant government guidance for getting businesses ready and safe to open during this higher-risk period.

The government listed eight types of business in its [guidelines](#) issued on 11 May, including 'Shops and Branches', which is the category most closely related to our practices. The guidance makes clear that this category refers to 'types of retail that are currently closed'. In the government's earlier [instructions to close](#), 'medical or health services' were listed as an exemption to closure in the **retail category**. For this reason, for the purposes of health and safety guidelines, the government appears to be indicating that guidelines relating to retail – here in the section entitled 'Shops and Branches' – apply to our practices.

I'm not an employer, does this relate to me?

In government [guidance](#) to businesses issued on 11 May, it was clarified that this advice applies to employers, employees and the self-employed: 'This document is to help employers, employees and the self-employed in the UK understand how to work safely during the coronavirus (COVID-19) pandemic.'

Where the government refers to the employer responsibility for conducting a risk assessment this also relates to the self-employed. Most BAcC and RCHM members are self-employed with a small minority who are employees. Many members are also employers of staff in their clinics, for example reception and dispensary staff.

What should I do if I disagree with one of the recommendations or there is an element of my practice that has not been addressed?

We plan to revise these guidelines in response to member feedback, so if you think that something should be adjusted, changed or added, please let us know and we will consider it for a future edition of the document.