



General
Osteopathic
Council

Interim guidance on infection control in osteopathy during COVID-19 pandemic (25 September 2020)

This statement is subject to change so please keep checking for updates.
[See the version history for this document.](#)

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Introduction

The GOsC has issued this interim guidance on infection control in light of the COVID-19 pandemic. This guidance is subject to change as advice and the context changes across the four countries of the UK.

This guidance sets out principles, and aims to enable osteopaths to inform their professional judgement in relation to the particular situation at hand in discussion with their patient, by signposting links to relevant profession specific and other relevant guidance across the UK. Other sources of information to inform the exercise of professional judgement include the advice of colleagues and other health professionals.

Further guidance about how to apply that guidance in a specific clinical situation is available from the [Institute of Osteopathy \(the professional membership body for osteopaths\)](#).

What the Osteopathic Practice Standards says

The [Osteopathic Practice Standards](#) (OPS) provide as follows:

[Standard C5](#) states: 'You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.'

The associated guidance provides that:

1. Your practice premises must be clean, safe, hygienic, comfortable and appropriately equipped.
2. There are detailed requirements in law for health and safety in the workplace. Further details can be found on the website of the [UK Health and Safety Executive](#).
3. You must have adequate [public liability insurance](#).
4. You should ensure that you have appropriate procedures in place in the event of a medical emergency.
5. You should take all necessary steps to control the spread of communicable diseases.

[Standard D11](#) states: 'You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients.'

The associated guidance states:

1. If you know or suspect that your physical or mental health is impaired in a way that might affect the care you give to patients, you must:
 - 1.1 seek and follow appropriate medical advice on whether you should modify your practice and in what way
 - 1.2 if necessary, stop practising until your medical adviser considers you fit to practise again
 - 1.3 inform the GOsC.

2. If you are exposed to a serious communicable disease, and you believe that you may be a carrier, you should not practise until you have received appropriate medical advice, and you should follow any advice you are given about suspending or modifying your practice. You should take all necessary precautions to prevent transmission of the condition to patients.

Patient records

You should ensure that you document your consultation in accordance with the Osteopathic Practice Standards. [Standard C2](#) provides that: 'You must ensure that your patient records are comprehensive, accurate, legible and completed promptly.' [Standard A4](#) requires that you receive valid consent for all aspects of examination and treatment and record this as appropriate. This would include key elements of your discussion with the patient, information discussed and any particular concerns, expectations or requests for information and how you addressed these. These may well include COVID-19 related issues in terms of decision making.

Additional guidance: practising in the COVID-19 pandemic

Osteopaths may work in a range of roles including within the NHS. Osteopaths should follow the detailed infection control guidance in place in their setting.

This additional guidance has been issued about infection prevention and control for osteopaths working in osteopathic practice or similar independent settings during the COVID-19 pandemic.

Many osteopaths initially closed their own practices to reduce the transmission of COVID-19 and protect the public. A large proportion have now returned to their practices. In cases where patients seeking osteopathic treatment are unable to be seen, they should be directed to alternative sources of care, for example, the [NHS website](#).

Be aware of updated guidance

Osteopaths should consider carefully how they conduct an appropriate risk assessment of their practice, and ensure effective infection control measures. This might include undertaking pre-screening of patients, offering [remote consultations](#) first, and being clear about benefits and risks including the infection control measures to be undertaken in order to obtain informed consent.

In the current context of COVID-19, all osteopaths who are practising should ensure that they have read and implemented as appropriate, relevant and updated guidance to the country in which they are practising, including:

- [Staying alert and safe \(social distancing\)](#) (England) including protecting clinically vulnerable patients.
- [Staying safe and protecting others](#) (Scotland) and associated guidance.

- [Coronavirus regulations: frequently asked questions](#) (Wales) and other associated guidance
- [Coronavirus \(COVID-19\) Staying at home and self-isolation](#) (Northern Ireland) and other associated guidance including [Coronavirus \(COVID-19\)](#) regulations.
- [Guidance on Shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#). This guidance sets out changes to arrangements in relation to people who are clinically extremely vulnerable, including the pausing of the shielding scheme.
- Relevant clinical guidance for the local area in which you are practising including: [Guidance for Healthcare workers, carers and care settings](#) (England), [Guidance for Primary Care](#) (Scotland), [Guidance for Health and Social Care Staff, healthcare workers and providers](#) (Northern Ireland) and [Guidance for Health and Social Care professionals: coronavirus](#) (Wales).
- [Infection prevention and control guidance \(Public Health England\)](#).
- [Local lockdowns: In the event of a localised rise in infection rates some areas may be subject to local lockdowns. Osteopaths practising in areas subject to local lockdown should familiarise themselves with guidance published in relation to these.](#)

The above information is updated frequently, so please check the links regularly for updates.

[Returning to the UK: The government publishes guidance for travellers exempt from border rules in the UK](#) The exemption from the requirement to self-isolate for registered health or care professionals was removed on Friday 31 July 2020. This means that osteopaths who arrive in England on or after 31 July need to [self-isolate](#) if they visited or made a transit stop in a country or territory that is not on the [travel corridors list](#) in the 14 days before their arrival. Read the [rules about when you need to self-isolate and for how long](#).

Osteopaths should make sure:

- you and your staff are aware of the [updated guidance](#) about the symptoms of COVID-19
- you apply it to yourselves
- this is publicised to patients

Managing patients

Patients with coronavirus symptoms

Patients with coronavirus symptoms should not be attending osteopathic clinics.

Patients with symptoms of coronavirus should be advised to use the [111 online coronavirus service](#) if they have:

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

Patients without coronavirus symptoms

If offering face-to-face consultations with patients, you must follow infection control guidance. Infection control guidance applies across the UK and further detail applies below.

Additional Guidance: Infection control

1. Undertake an updated health and safety at work assessment taking into account risks to patients and the public and other staff.

Osteopaths should update and implement their health and safety at work assessment for practise in the current context of COVID-19. It is the responsibility of the self-employed person or the employer to ensure that activities do not expose risks to health and safety. (See for example, s3(2) Health and Safety at Work Act 1974 (as amended) and also s4(2) of the Personal Protective Equipment and at Work Regulations 1992 and also the Health and Safety at Work Order 1978 in Northern Ireland. Further information about health and safety is available from the [Health and Safety Executive](#) and also the [Health and Safety Executive for Northern Ireland](#). This risk assessment should take into account risks to patients and the public, the osteopath, staff and any others who come into contact with the practice. It should also ensure that appropriate professional indemnity and public liability insurance is in place. (See standards C5 and D1 of the [Osteopathic Practice Standards](#))

2. Understand when a face-to-face appointment may or may not be appropriate [Guidance on undertaking remote and video consultations](#) (2 April 2020) is available, as is [guidance](#) from the Institute of Osteopathy.

In explaining the benefits and risks of treatment options to patients prior to a face-to-face appointment, you should follow the guidance outlined in the Osteopathic Practice Standards. You must take account of the standards including:

- A1: You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.
- A2: You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.
- A3: You must give patients the information they want or need to know in a way they can understand.' And the associated guidance which provides that: 'You should discuss care options, encourage patients to ask questions, and deal with these clearly, fully and honestly. You should inform your patients of anticipated benefits as well as any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these. If proposing no treatment, you should explain any potential risks and benefits associated with this.
- A4: You must receive valid consent for all aspects of examination and treatment and record this as appropriate.' We strongly advise that your risk assessment of treatment options and the communications with your patient should be fully documented.
- A5: You must support patients in caring for themselves to improve and maintain their own health and wellbeing.
- A6: You must respect your patients' dignity and modesty.
- A7: You must make sure your beliefs and values do not prejudice your patients' care.

If you and your patient are satisfied that a face-to-face appointment is necessary and appropriate in accordance with this guidance, and the benefits and risks are fully explained, your risk assessment (including the potential burden that may be placed on other services in the health and care sector if untreated¹ as well as the potential for transmission of disease) and discussion with the patient should be fully documented.

You should ensure that you have fully implemented appropriate infection control procedures at this time.

Appropriate infection control procedures include:

- Triaging patients over the phone prior to attendance to ensure that they do not have relevant symptoms. (See above.)
- Ensuring that stringent infection control procedures are in place where you are practising and that there are policies in place to reduce the transmission of any diseases.

¹ See HCPC Advice for Registrants at: hcpc-uk.org/covid-19/advice/registrants as at 3 August 2020

- [Guidance](#) issued jointly by Public Health England, NHS, Public Health Scotland, Public Health Agency (NI), Public Health Wales and Health Protection Scotland (as at 20 August 2020) contains detailed advice on standard infection control precautions in a range of settings.

Relevant aspects include:

- Care pathways for high risk, medium risk and low risk cases (p11).
- Standard infection control precautions (p15).
- Appropriate personal protective equipment (PPE) (p15-18) Tables are shown for the various risk categories indicating PPE required for low risk (p22), medium risk (p27) and high risk (p32). Osteopathic care is most likely to be in the medium risk category.
- Management of equipment (p27).
- Environment (p28).

In relation to the change to PHE guidance the Institute of Osteopathy has published its own updated [guidance](#) on use of PPE and room aeration.

Patients you are not seeing face-to-face

If you have closed or restricted your practice, you must ensure that patients know where to access care if you are not available. You could consider offering [video or phone consultations](#) during this time to patients, acting within the limits of your competence and referring the patient on if necessary. The iO also publish [guidance](#) on remote consultations.

Vulnerable patients

Although there are no prohibitions on the provision of osteopathic care, you must be particularly aware of guidance related to clinically vulnerable and clinically extremely vulnerable people related to risk.

[Clinically vulnerable patients](#) are at 'higher risk of severe illness from coronavirus, and include those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition
- pregnant women²

You must be aware of guidance related to clinically extremely vulnerable patients included in the [Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#) which applies across the UK. 'Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place someone at greatest risk of severe illness from COVID-19...'

² See relevant guidance in [England](#), [Northern Ireland](#), [Scotland](#) and [Wales](#)

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in the group.

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - 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). People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
4. People on immunosuppression therapies sufficient to significantly increase risk of infection.
5. Women who are pregnant with significant heart disease, congenital or acquired.
6. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

The former shielding arrangements were paused on 13 August 2020. [Guidance for the extremely clinical vulnerable now includes:](#)

- you do not need to follow previous shielding advice
- you can go to work as long as the workplace is [COVID-secure](#), but should carry on working from home wherever possible
- clinically extremely vulnerable children should attend education settings in line with the wider [guidance on reopening of schools](#) and guidance for full opening: special schools and other specialist settings
- you can go outside as much as you like but you should still try to keep your overall social interactions low
- you can visit businesses, such as supermarkets, pubs and shops, while keeping 2 metres away from others wherever possible or [1 metre, plus other precautions](#).

General Osteopathic Council Interim Guidance

25 September 2020

Version history

Date	Changes made	Sign off
19 March 2020	Original version	Matthew Redford and Chair of Council
24 March 2020	Additional statement about osteopathic practice in the current context. Guidance updated to incorporate Guidance on Shielding	Matthew Redford
2 April 2020	Additional Guidance: Osteopathic Practice in the COVID-19 section updates Additional paragraphs about osteopathic practice in the current context highlighting telephone or video consultations or closure (with signposting to other health care resources for patients) as appropriate options in the current context.	Matthew Redford
	Additional Guidance: Infection control section updates Additional guidance highlighting health and safety obligations and links to further resources. Standard Infection Control Procedures updated in accordance with the updated version (27 March 2020) Guidance for infection prevention and control in healthcare settings Adapted from Pandemic Influenza: Guidance for Infection prevention and control in healthcare settings 2020 Issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England as official guidance.) Additional statement about practitioners who have had and recovered from COVID-19 still following infection control procedures including PPE.	Matthew Redford
8 April 2020	Additional Guidance: Infection control section updates Updated to take account of COVID-19: infection prevention and control (IPC) published by Public Health England working with NHS England and NHS Improvement, and the Devolved Administrations to review the UK's infection prevention and control recommendations for COVID-19 (7 April 2020)	Matthew Redford
8 May 2020	Additional guidance: practising in the COVID-19 pandemic Updated to take account of updated Government Guidance on Staying at Home and Shielding. Updated to include additional information from the Osteopathic Practice Standards.	Matthew Redford

12 May 2020	<p>Introduction</p> <p>Insertion of additional introduction section referring to the exercise of professional judgement.</p> <p>Additional guidance: practising in the COVID-19 pandemic</p> <p>Updated to take account of updated Government Guidance on Staying at Home across the four UK countries which is now diverging.</p> <p>Updated to take account of varying sources for clinically vulnerable patients across the four countries of the UK</p> <p>Additional Guidance: Infection control</p> <p>Inclusion of additional links to the Health and Safety Executive in Northern Ireland. Additional signposting to the importance of appropriate professional indemnity and public liability insurance.</p> <p>Updated guidance about COVID-19: infection prevention and control guidance from This guidance issued jointly by Public Health England, NHS, Public Health Scotland, Public Health Agency (NI), Public Health Wales and Health Protection Scotland (As at 27 April 2020)</p> <p>Additional signposting of the Osteopathic Practice Standards in relation to documenting consultations.</p>	Matthew Redford
24 June 2020	Review of references in the light of updated guidance, including guidance on shielding.	Matthew Redford
16 July 2020	Updated links and referenced local lockdown provisions.	Matthew Redford
5 August 2020	Updated links and references to the pausing of shielding arrangements.	Matthew Redford
20 August 2020	Updated links and guidance in light of updates to government advice on returning to the UK.	Matthew Redford
25 September 2020	Updated links, improved structure and added updates to PHE and iO advice.	Matthew Redford