

AFPA's COVID-19 Supplementary Guide



For
“Returning to Work Safely”



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Review Date:	Due to the evolving nature of the COVID 19 pandemic this document may be reviewed and changes made in line with government recommendations as required.	

Introduction

The Government introduced the Return to Work Safely Protocol, Covid-19 Specific National Protocol for Employers and Workers on the 09th May 2020.

<https://dbei.gov.ie/en/Publications/Publication-files/Return-to-Work-Safely-Protocol.pdf>

This document was prepared jointly by the Health Services Executive (HSE), the Health and Safety Authority (HSA), the Department of Health and the Department of Business, Enterprise and Innovation.

The protocol is designed to support workers to return to work while working to prevent the spread of Covid-19 in the workplace and community.

For members of the AFPA the measures identified are of particular significance due to the nature of our work. It is essential that we endeavour to adhere to these recommendations in order to protect our patients who wish to return for treatments. On review of the protocol the AFPA considered it important to provide a supplementary guide document which we hope will further clarify for our members, specific measures we need to consider for our clinical settings to return to work safely.

This supplementary guide cannot be considered as a stand-alone document. It has been developed to compliment/enhance the measures set out by the Government's 'Return to Work Safely Protocol'. The 'Return to Work Safely Protocol' is considered a "living document" as guidelines are subject to changes based on advice issued by the National Public Health Emergency Team (NPHE).

The AFPA wish to remind our members that the government require mandatory adherence to the 'Return to work Safely Protocol' and all businesses are eligible for inspection by the Health Services Authority (HSA) to ensure this.

Purpose of this document

As previously stated this is a supplementary guide for AFPA members with some specific advice to further support their safe return to work. All members however are expected to have read in detail the governments: Return to Work Safely Protocol Covid-19 Specific National Protocol for Employers and Workers published on the 09th May 2020.

<https://dbe.gov.ie/en/Publications/Publication-files/Return-to-Work-Safely-Protocol.pdf>

The AFPA supplementary guide document is not a replacement for the governments Return to Work Safely Protocol which is considered a national policy document.

This Guide provides advice in relation to Section E; Getting Back to Work-Steps for employers and Workers to Reduce Risk of Exposure to COVID-19 in the Workplace, pages 5–20 of the Return to Work Safely Document.

Getting Back to Work (Part E, page 5)

The Return to Work Safely Protocol (E; point 1, page 5) outlines the necessity of health and safety risk assessments and safety statements for your place of work. It is essential that all members have these in their workplace available for inspection if required. Additional information to developing these is available through the Health Safety Authority website, www.hsa.ie or www.besmart.ie, which provides a system for creating your safety statement.

The Return to Work Safety Protocol (E; part 2, page 6) identifies;

- ❖ The need to keep a log of contacts to facilitate contact tracing; The AFPA has developed a sample template which members are welcome to use or adapt for their clinics- (appendix 01). Keeping a log of contacts provides you with a quick reference point in an incidence of exposure to covid-19 for contact tracing purposes.
- ❖ The AFPA have created a Pre-treatment screening template for use with patients prior to their attendance at clinic (appendix 02(ii)). The AFPA recommend that patients will be required to review and validate the information with a signature on attendance at the clinic. In order to reduce risk to patients and the public, the AFPA advise that practitioners should not treat patients who answer 'Yes' to any of these questions.
- ❖ AFPA members are required to receive consent from their patients who attend at clinic to share their contact information for the purposes of contact tracing in line with public health requirements. This is included in the Pre-treatment screening template(appendix 02(ii))
- ❖ You are obliged to provide display posters with information on signs and symptoms of covid19 throughout the workplace. The relevant posters can be found here;
<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-symptoms-a4-poster.pdf>.

(AFPA members may be interested in more detailed information which is available here; <https://www2.hse.ie/conditions/coronavirus/symptoms.html> this link also includes some comparative information on hay-fever presentations which members may find helpful)

The Return to Work Safely Protocol(E; part 3, pages 6& 7) identifies; the responsibility of employers to keep employees abreast of all public health advise from the Health Services Executive. The AFPA further reminds all our members who are also employers of the necessity of this responsibility and

their continued attention to keep up to date and flexible with changing protocols.

These links will help keep you up to date and provides updated posters with public health information for display at your workplace.

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-stay-safe-poster-a3-portrait-.pdf>

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-prevention-a4-poster.pdf>

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-phase-3-main-poster.pdf>

Additional up to date information is also available through www.gov.ie.

As an employer special attention must be given to **E; point4, pages 7&8** on minimising risk to workers. Pre-return to work screening is an essential measure to ensuring the safe return to work of all acupuncturists and their employees. The AFPA have created a template(appendix 02(i)) using the questions laid out in the 'Return to Work Safely Protocol' for use by members. The AFPA advise that practitioners who are also employers should not clear employees to return to work if they answer 'Yes' to any of the questions. The AFPA suggest that each practitioner should also complete the Pre-Screening Check For Return to Work form (appendix 02(i)).

Suspected case of COVID-19;(E; part 4, pages 9&10)

The 'Return to Work Safely Protocol' gives detailed outlines of measures to be taken in the event of a suspected case of Covid19 in the workplace. These measures are relevant for acupuncturists, staff and patients.

The AFPA recognise that in many circumstances our members are working in a lone working environment and/or with minimum employees. In this situation, a separate isolation area may not be available. The AFPA therefore suggest the use of the clinic room as the most appropriate place for designated isolation purposes until the suspected infected person can appropriately and safely leave the premises.

Other AFPA members may also be working in larger multiple clinic settings where there is shared access to waiting rooms etc. In this regard we recommend that where possible members communicate with their colleagues to an agreed response for dealing with a suspected case of covid-19 in the workplace. A collated agreed response will therefore reduce risk and ensure consistency of approach. Ensuring the safety of patients and workers is the primary concern.

Hand Hygiene (E; part 4A, pages 10 & 11)

The World Health Organisation (WHO) advise that good hand hygiene practise is effective in the removal of covid-19 and improves resistance in contracting COVID-19. As an acupuncturist returning to work, it is therefore essential that appropriate hand washing facilities and alcohol based hand sanitising options are readily accessible in the clinical setting. The Return to Work Safely Protocol outlines measures to achieve this in the work place on pages 10 & 11. Further to these measures the AFPA also recommend the following;

- In advance of attending their appointment, patients should be made aware that they are required to sanitise their hands immediately upon entry.
- Hand sanitising should be available to patients on entry to the main building of your clinic. Where this is not possible, patients should be directed to the nearest hand washing facilities. Single use paper-towels are considered the most hygienic option for drying hands.(please avoid the use of reusable cloth handtowels in the clinical setting). Waste bins should be clearly positioned.
- Acupuncturists, their employees and patients should be encouraged to sanitise their hands frequently throughout the day/appointment
- 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.

The Return to Work Safely Protocol provides links for hand hygiene posters, which you are required to display at necessary locations.

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/hand-hygiene-poster-english.pdf>

The World Health Organisation also have posters available for download to display at necessary locations which encourage good handwashing and hand sanitising technique.

[https://www.who.int/gpsc/5may/How To HandWash Poster.pdf](https://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf)

[https://www.who.int/gpsc/5may/How To HandRub Poster.pdf?ua=1](https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?ua=1)

Additionally, AFPA members may find WHO's '**5 Moments for Hand Hygiene**' a useful guide when treating a patient;

1. **before touching a patient,**
2. **before clean/aseptic procedures,**
3. **after body fluid exposure/risk,**
4. **after touching a patient, and**
5. **after touching patient surroundings.**

<https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>

[https://www.who.int/gpsc/5may/Hand Hygiene When and How Leaflet.pdf?ua=1](https://www.who.int/gpsc/5may/Hand_Hygiene_When_and_How_Leaflet.pdf?ua=1)

Our members may also view hand hygiene video training material online with the European Centre for Disease Prevention and Control

<https://www.youtube.com/watch?v=CuEgxKShOZ0&feature=youtu.be>

Respiratory Hygiene (E; part 4B, pages 11 &12)

The Return to Work Safely Protocol outlines the importance of good respiratory etiquette. This link provides a poster reminder of good cough etiquette.

<https://www.hpsc.ie/az/respiratory/influenza/seasonalinfluenza/infectioncontroladvice/respiratoryhygieneposters/Secondary%20English.pdf>

<https://www.hpsc.ie/az/respiratory/influenza/seasonalinfluenza/infectioncontroladvice/respiratoryhygieneposters/Adult%20CoughSneeze%20-%20A3%20Poster%20Update%20FINAL.pdf>

<https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-3-app-3-8.pdf>

Physical Distancing (E; part 4C pages; 12-14)

The AFPA recognise that the most significant challenge to our members returning to work safely is managing physical distancing recommendations to reduce the spread of COVID-19 infection.

In line with the Return to Work Safely Protocol, the AFPA suggest that members;

- conduct telephone consultations with patients in advance of their attendance to the clinic for treatment. We suggest that this consultation takes place either the day before or same day as treatment. This is to reduce the time spent together in close proximity.
- Where it is not possible/ practical to consult with a patient remotely before treatment please ensure that a distance of a minimum of 2 metres is maintained from the patient during consultation.
- It is also an option to provide patients with an email confirming their appointment detailing; time, clinic information and address as some patients travelling to appointments may be stopped by the Gardaí.
- Staggering appointments is a requirement to;
 - Avoid/minimise interactions between patients and other members of the public in confined spaces such as entrances/exits, reception, waiting areas or corridors.
 - To provide enough time to ensure appropriate cleaning and sanitising of the clinic takes place.
 - To provide opportunity for room ventilation where possible to occur.
 - A minimum of 15 minutes is recommended between patients.
- Additional measures can be considered to further support social distancing guidelines, e.g. patients could be advised that they will be contacted via text message to confirm the clinic is clear for entry. This measure would further reduce risk; especially where there is a concern about potential contamination of the clinic space or, where a scheduled appointment is running late.
- The use of waiting rooms
 - should be avoided as far as possible and used minimally even where a distance of 2 metres is achievable

- if using shared waiting room in a multi clinic setting, extra care is needed to coordinate with other professionals to carefully stagger patients.

For pulse diagnosis and other palpatory diagnosis we recommend that our members sanitise their hands before and after.

<https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>

Where tongue diagnosis is considered an essential component of the treatment plan, the AFPA suggest asking patients to forward a picture of their tongue. As COVID-19 is a droplet contagion, we strongly discourage our members from completing tongue diagnosis in the clinical setting without the appropriate use of face shields or a clear plastic sneeze guards as a barrier system.

The AFPA suggests that as far as possible needling on the face should be avoided.

Cleaning (E; part 4C, pages 15&16)

The Return to Work Safely Protocol provides a link to the European Centre for Disease Prevention and Control (ECDC) which provides information on environmental persistence and cleaning options should your clinical setting be exposed to a suspected or confirmed case of COVID-19.(part 4C page 15). This is an important link and would be helpful to members to have printed and readily available to them in the event of clinic exposure.

The AFPA make the following additional suggestions to compliment the Return to Work Safely Protocol on cleaning (part 4C page 15 & 16)

- The clinical setting and communal areas should be thoroughly cleaned and high frequency contact areas disinfected regularly through-out the day.
- Shared contact/touch areas such as door handles, chairs, desks, treatment tables, should be cleaned daily and disinfected before each patient.
- All shared items that are potential risk factors for micro-organisms such as magazines, business cards, fabrics e.g. cushions should be removed.

- Washroom facilities that are communal should be cleaned regularly and shared contact/touch areas such as doors, taps, toilet seats etc should be disinfected between use.

Personal Protective Equipment- PPE (E; part 4C page 16 & 17)

The AFPA strongly recommend that priority is given to hygiene practices and respiratory etiquette as the primary defence against the spread of COVID-19. We recognise however, that given the nature of providing acupuncture treatments, our members will wish to practise as safely as possible and are seeking some clarity in this regard.

The AFPA are acutely aware of the international shortages of PPE and the restrictions of its availability to Irelands frontline staff. The AFPA would like to remind members that ‘Respiratory Masks’ are only required for health care workers who are in contact with a confirmed case or suspected case of COVID-19. These health care workers use ‘respiratory masks’ in combination with other essential PPE to avoid contracting and further spreading COVID-19.

Face Masks;

The AFPA are advising its members that ‘medical masks’ also known as ‘surgical masks’ can be used as a precautionary measure for the purpose of treatment where;

- There is interaction with a patient that is likely to last longer than 15minutes and physical distancing is within 1 metre.
- physical distancing measures of 2 metres cannot be achieved/ sustained
- a practitioner deems it appropriate measure for their clinic.

Cautionary note:

The use of a face-mask can unfortunately increase the likelihood of the practitioner touching their face, for example to fix the positioning of a mask. Touching the face is a known risk for contracting COVID -19. We are advising our members to become familiar with the appropriate etiquette for the use and disposal of facemasks. Increased focus on hand hygiene while using face masks is recommended

Facemasks should be disposed of carefully in appropriate medical waste bins followed by hand hygiene.

AFPA members are reminded to keep up to date with government guidelines on the use of facemasks. Information will be available at the Health Services Executive in the Health Protection Surveillance Centre- HPSC website; www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/

Gloves

The AFPA recommend the use of gloves as PPE for use in treatment where;

- a practitioner is likely to come into contact with bodily fluid i.e. during bleeding techniques
- a practitioner is disposing of something that is contaminated with bodily fluid or suspected COVID 19
- a practitioner is cleaning a surface that has been contaminated with bodily fluid or suspected/ confirmed COVID 19

Other than the above scenarios, gloves are not considered a requirement for infection prevention and are not a substitute for hand hygiene.

If a member chooses to wear gloves as part of their clinical practise; it is essential that gloves are removed carefully, placed in medical waste bin followed by appropriate hand hygiene practises. Gloves are single use and should be changed between patients.

Cautionary note:

There is no evidence of an effective measure to sanitise gloves appropriately for secondary use. Therefore gloves should be binned immediately after their direct use for the treatment.

Disposable Aprons

Disposable plastic aprons can be used by practitioners when cleaning and sanitising surfaces to protect their clothing from contamination.

Practitioners may wish to use plastic aprons while treating a patient. If you decide to use aprons as part of your clinical practise, please remember that plastic aprons are single use only; they need to be changed between patients, should be removed carefully and placed in medical waste followed by appropriate hand hygiene.

Members can refer to this link for guidance on safely donning and removing masks and gloves and aprons.

<https://openwho.org/courses/IPC-PPE-EN>

We are reminding members that facemasks, gloves and aprons are considered medical waste and need to be disposed of carefully. The AFPA have existing links with Initial Medical in Ireland where you can source medical waste disposal services. www.initial.ie/medical-services at a reduced cost. It is important to inform them that you are an AFPA member on contact.

Please remember that poorly discarded PPE poses a high risk for exposure to contamination.

Reporting Requirements (E; part 7A, page 19)

Note for practitioners

AFPA members are not included in the General Register of Medical Professionals in Ireland, therefore we are not required to report a suspected case or instance of disease to the HPSC. Our responsibility is to advise our patients to contact their General Practitioner (GP) and follow public health advice.



PRE-SCREENING CHECK FOR RETURN TO WORK (COVID-19)

(advanced pre-screening is now a public health requirement before returning to work. This measure is essential to ensuring the workplace remains clear of the risk of COVID-19. Employers and employees should be familiar with the 'Return to Work Safely Protocol' which is available on <https://dbe.gov.ie/en/Publications/Publication-files/Return-to-Work-Safely-Protocol.pdf>)

THIS FORM MUST BE COMPLETED WITHIN 3 DAYS OF RETURNING TO WORK and can be returned to:

DATE	
NAME	
CONTACT NUMBER	

RETURN TO WORK QUESTIONS;	YES	NO
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
Have you been in close contact with a confirmed or suspected case of COVID-19 in the last 14 days? (i.e. less than 2m for more than 15mins accumulative in 1 day)		
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
Have you been advised by a Doctor or the HSE to self-isolate at this time?		
Have you been advised by a Doctor or the HSE to cocoon at this time?		
Could you be classified as a person falling into the "at risk" group around whom additional HSE guidelines apply? (e.g. underlying health conditions which place you at increased risk)		

I understand that this information is required for the purposes of public health and will be kept on file for a 2 month period from the date of signing.

Signature _____ Date: ___/___/___



PRE-TREATMENT-SCREENING CHECK (COVID-19)

Pre-screening is now a public health recommendation for patients prior to attending for treatment. This measure is an effort to minimise the risk of the spread of COVID-19 within our communities. Pre-screening should be completed prior to a patient attending the clinic as a risk management protocol.

DATE		
NAME		
CONTACT NUMBER		
PRE-TREATMENT-SCREENING QUESTIONS;	YES	NO
1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
2. Have you been in close contact with a confirmed or suspected case of COVID-19 in the last 14 days? (i.e. less than 2m for more than 15mins accumulative in 1 day)		
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
Have you been advised by a Doctor or the HSE to self-isolate at this time?		
Have you been advised by a Doctor or the HSE to cocoon at this time?		
Could you be classified as a person falling into the "at risk" group around whom additional HSE guidelines apply? (e.g. underlying health conditions which place you at increased risk)		

I understand that this information is required for the purposes of public health and will be kept on file for a 2 month period from the date of signing. I confirm that the above information is true and accurate from the date of signing. I understand that my personal information including my name and contact details may be shared with the Health Service Executive (HSE) for the sole purpose of contact tracing in line with public health guidelines only if requested.

Signature _____ Date: ___/___/___

