



COVID-19 Safeguarding Policy

The aim of this document is to offer guidance to clinicians as we prepare our clinic to begin seeing patients during the COVID-19 pandemic. It includes guidance on the protective equipment and hygiene levels necessary to safeguard both patients and staff from infection, and the training advised by Public Health England to ensure the above.

Disclaimer: Evidence for COVID-19 is changing almost on a daily basis. It is essential to update this document as often as possible. Please highlight any evidence or points that may be subject to change.

Company name	Unity Osteopathy (Sarah Raynsford)
Model policy number	001
Model policy name	COVID-19 Safeguarding Policy
Responsible person	Sarah Raynsford
Date	18th May 2020

Background to the COVID-19 Pandemic

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

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

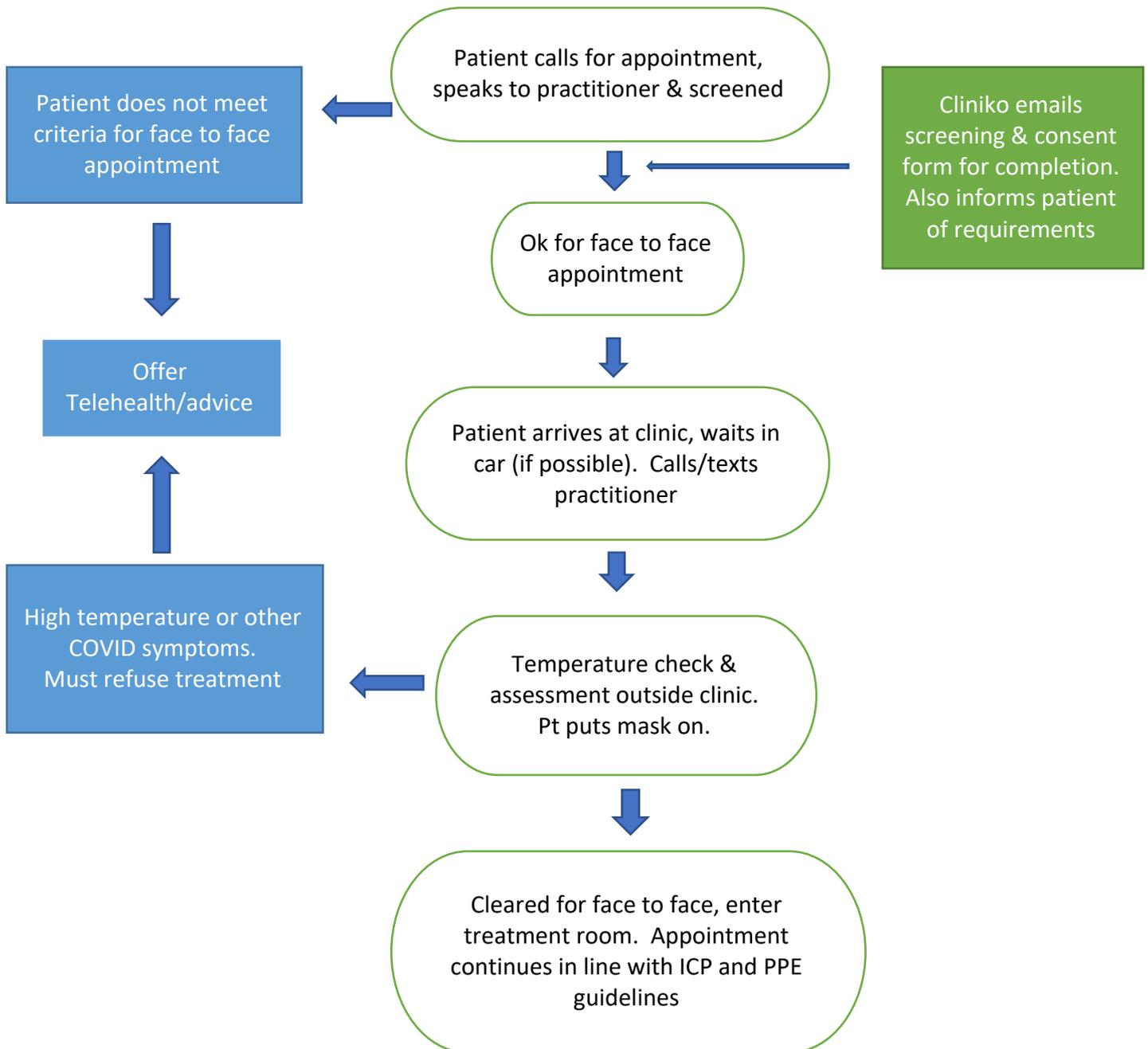
Patients that test positive for COVID-19 present with a variety of symptoms; the majority experience 'mild to moderate respiratory illness' (WHO, 2020). The most prevalent symptom is fever, present in 88.7% of hospitalised patients, followed by a cough (67.8% of patients) (Guan et al., 2020). Other reported symptoms include fatigue (38%), sputum production (34%), shortness of breath (19%), and a sore throat (14%) (Ellison III et al., 2020; WHO, 2020). One study showed that 1.2% of individuals presented as asymptomatic (Liu Xing Bing Xue Za Zhi et al., 2020). It has been stated that 81% of cases are mild (patients do not present with pneumonia or mild pneumonia), 15% are severe (with pulmonary infiltrates in over 50% of patients within 24-48 hours, and requiring oxygen), and 5% of cases are critical (showing respiratory failure with requirements for ventilation). Fatality rate has been estimated as 2.3%, with an increase to 14% in patients aged 80 or above, increasing further to 49% in critical patients and in patients with preexisting comorbid conditions (Wu and McGoogan, 2020; Chang et al., 2020).

Clinic Premises

Based at Studio 24, 24 Northfield Road, Church Crookham, Hampshire, GU52 6ED. There is one treatment room, a separate WC with wash basin. There is one door for entry and exit directly onto car park at rear of property. A short corridor from entry to treatment room, there is a waiting area directly outside treatment room.

The Patient Journey: Standard Operating Procedure (SOP)

The following is a suggested series of steps that may be taken to ensure correct social distancing, infection prevention and the maintenance of control during a patient's visit to the clinic.



Screening Guidelines for COVID-19 Patients

(CDC.gov recommendations; Greenhalgh et al., 2020)

The minimisation of the number of patients who may still be contagious is essential to ensure a prevention of spread.

The main symptoms of coronavirus

- a high temperature (>37.8°)
- a new, continuous cough
- a new loss of sense of taste or smell (anosmia)

Pre-Treatment COVID-19 Scening & Consent form

Will be e-mailed to patient along with booking confirmation from Cliniko as a form to complete.
(When patient calls main screening questions will be asked first:

- Do you have symptoms of COVID-19 (list according to current guidelines)?
- Have you been in contact with anyone who does?
- Are you shielding/extremely clinically vulnerable
- Is a face to face appointment necessary? (in discussion with practitioner)

Appointment Eligibility

Have you received a letter advising you to shield as you are extremely clinically vulnerable?

Yes - please contact the clinic

No

Has anyone in your household been advised to shield/is extremely clinically vulnerable?

Yes - please contact the clinic

No

Have you or anyone in your household been advised to self isolate?

Yes - please contact the clinic

No

Have you been in contact with anyone with confirmed COVID-19 in the last 14 days?

Yes-please contact the clinic

No

COVID-19 Screening

Have you tested positive for COVID-19 in the last 7 days?

Yes - please contact the clinic

No

Awaiting test result - please contact the clinic

Do you have a high temperature? (above 37.8 degrees C, or hot to the touch on the chest or back)

Yes - seek advice from NHS 111

No

Do you have a new, continuous cough?

Yes - seek advice from NHS 111

No

Have you experienced a new loss of sense of smell or taste?

Yes -seek advice from NHS 111

No

Consent

Unity Osteopathy is following guidelines from the government and osteopathic professional bodies regarding Coronavirus infection prevention. There is still a risk of infection with a face to face appointment. You may like to consider alternative options such as Telehealth appointments.

Have you read and understood that there is a risk of infection when attending the clinic?

Yes I understand and am aware of the risks and consent to treatment

I have considered alternative options and believe a face to face appointment is best

You will be asked to allow the practitioner to take your temperature before entering the building, is this ok?

Yes

No - please contact the clinic

Procedure for assessing health status of patient (for clinicians)

On arrival patient is met outside the clinic and temperature taken and overall wellbeing assessed visually (general demeanour, coughing, pallor etc)

Screening patients will minimize COVID-19 exposure and ensure safety to those who belong in the high-risk group. Patients can be split into 5 main groups:

- Group 1:** Patients presenting with mild respiratory dysfunction and/or MSK dysfunctions post-COVID-19 infection
- Group 2:** Patients currently symptomatic or positive with COVID-19, mild or severe.
- Group 3:** High risk patients, not symptomatic
- Group 4:** Patients not at risk and not symptomatic with need for emergency care
- Group 5:** Patient without need for emergency care

NB. High risk patients are those 65 years older, having undergone organ transplantation, certain treatments of cancer, certain respiratory and heart conditions, pregnant women with significant heart disease, immunocompromised, diabetes, chronic kidney and liver disease (This list is not exhaustive) (CDC, 2020).

The following table outlines the different pathways of care for each category of patient:

Symptoms, risk, and need for care assessment	Action required
Group 1: No fever and improvement of other COVID-19-related symptoms in the last >72 hours, COVID-19 symptoms development >7 days prior to contacting the clinic and/or 2 negative COVID-19 tests 24 hours apart NOT belonging to high-risk category AND with need for emergency care.	Educate and offer remote consultation if possible. Arrange face-to-face appointments and follow IPC and PPE protocol.
Group 2a: Mild fever, cough or shortness of breath AND/OR having been in contact with a suspected or confirmed COVID-19 case in the last 14 days.	Recommend to self-isolate. Educate but DO NOT offer thoracic mobility prehabilitation (rib/ diaphragm/ lung/ breathing exercises). Offer remote consultation and check on symptoms in 12-24 hours.
Group 2b: Severe and deteriorating cough, shortness of breath, fever AND/OR difficulty breathing, persistent chest pain, new confusion, central cyanosis, cold and mottled skin, difficult to rouse, decreased urinary output, neck stiffness, non-blanching rash. Crucial parameters if patients have equipment: temperature >38°, Respiratory rate >20 bpm, Heart rate >100 bpm, O2 saturation <94%.	Refer to emergency services. If this is impossible, arrange follow up by video for symptoms monitoring.
Group 3: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days BUT belonging to high-risk category.	Recommend to self-isolate. Educate and explain thoracic mobility prehabilitation (rib/ diaphragm/ lung/ breathing exercises). Offer remote consultation if possible.

<p>Group 4: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days, not belonging to high-risk category WITH need for emergency face to face consultation (i.e. ICU-AW, post-operative, urgent MSK problem or respiratory deficits also post COVID-19).</p>	<p>Arrange face-to-face appointments. Educate and offer telemedicine if possible. Required to follow IPC and PPE protocol.</p>
<p>Group 5: No current COVID-19-related symptoms, no contact with suspected or confirmed COVID-19 cases in the last 14 days, not belonging to high-risk category WITHOUT need for emergency face to face consultation.</p>	<p>Recommend to keep isolating. Educate and explain thoracic mobility prehabilitation. Offer remote consultation ideally, but can be seen face-to-face.</p>

Understanding Infection Prevention and Control (IPC) Measures

Practitioner to cover NHS IPC courses (via e-learning for health platform) to inform themselves of current best practice in the prevention and control of infection.

Introduction to IPC measures

These IPC measures are primarily based on the latest update of the ECDC Technical Report (ECDC, 2020), and WHO Interim Guidance (WHO, 2020). Both documents provide an evidence-based set of technical measures and resources aimed at limiting the spread of COVID-19 in healthcare settings.

Ensuring triage, early recognition, and source control

(WHO, 2020)

- Health Care Workers (HCW) should have a high level of clinical suspicion during phone and face-to-face triaging;
- Establishing a well-equipped triage station at the entrance to the facility, supported by trained staff;
- Using screening questionnaires according to the updated case definition.
- Posting signs in public areas reminding symptomatic patients to alert HCWs.

Hand hygiene and respiratory hygiene are essential preventive measures.

Applying standard precautions for all patients

(WHO, 2020)

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

- Ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing;
- Offer a medical mask to patients with suspected COVID-19 while they are in waiting/public areas or in cohorting rooms;
- Perform hand hygiene after contact with respiratory secretions.

Hand hygiene

HCWs should apply WHO's My 5 Moments for Hand Hygiene approach before (1) touching a patient, (2) before any clean or aseptic procedure is performed, (3) after exposure to body fluid, (4) after touching a patient, and (5) after touching a patient's surroundings.

- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water;
- Alcohol-based hand rubs are preferred if hands are not visibly soiled;
- Wash hands with soap and water when they are visibly soiled.

Implementing empiric additional precautions

Contact and droplet precautions

(WHO, 2020)

- HCWs should follow guidelines in the following section on PPE;
- Equipment should be either single-use disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient (e.g. by using ethyl alcohol 70%);
- HCWs should refrain from touching eyes, nose, or mouth with potentially contaminated gloves or bare hands;
- Where possible, a specific HCW should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission;

Airborne precautions for aerosol-generating procedures (AGPs)

(WHO, 2020)

Aerosol generating procedures (AGPs) create an airborne risk of transmission of COVID-19. The following AGPs are taken as example from physiotherapy guidelines and include:

- Cough generating procedures e.g. a cough during treatment, a huff;

- Positioning / gravity assisted drainage techniques and manual techniques (e.g. expiratory vibrations, percussion, manual assisted cough) that may trigger a cough and the expectoration of sputum;
- Manual hyperinflation (MHI);
- Inspiratory muscle training;
- Sputum inductions;
- Any mobilisation or therapy that may result in coughing and expectoration of mucus.

(N.B. It is not clear which osteopathic techniques are AGPs at this moment in time but likely examples would be; supine thoracic HVT, upper rib sternal thrusts, any exercise that gets the patient out of breath, deep breathing techniques.)

If it is deemed essential, and cannot be performed in another manner (ie. prone, from behind etc), ensure the following precautions are taken:

- Perform procedures in an adequately ventilated room – that is, natural ventilation with good air-flow;
- Use a particulate respirator at least as protective as a FFP2, or equivalent. When HCWs put on a disposable particulate respirator, they must always perform the seal check. Note that facial hair (e.g. a beard) may prevent a proper respirator fit;
- Use eye protection (i.e. goggles or a face shield);
- Wear a clean, non-sterile, long-sleeved gown and gloves. If gowns are not fluid-resistant, HCWs should use a waterproof apron for procedures expected to create high volumes of fluid that might penetrate the gown;
- Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.

Understanding Personal Protective Equipment (PPE)

Practitioner to refer to NHS PPE courses (e-lfh) to inform themselves of current best practice in the wearing of personal protective equipment.

PPE summary

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

All PPE should be:

- Located close to the point of use;
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- Single-use only
- Changed immediately after each patient and/or following completion of a procedure or task;
- Disposed of after use into the correct waste stream i.e. double bagged.

HCW less than 2 metres away but not involved with AGPs should wear the following:

- Fluid resistant surgical mask
- Gloves
- Disposable plastic aprons
- Risk assessment for eye protection

Any technique which induces a cough and/or increases respiratory rate is considered aerosol generating procedures (AGPs). Therefore, any HCW involved with patient rehabilitation should assume full AGP-required-PPE (within <2m) even if patient status is not confirmed as a COVID-19 case (Thomas et al., 2020):

- FFP3/N95 mask
- Fluid resistant gown
- Eye protection
- Gloves

Materials needed for PPE

Mask

Fluid resistant surgical masks are adequate for most osteopathic consultations. If every patient is wearing a mask then these can potentially be for sessional use (risk to be assessed on a case by case basis). Otherwise single use is suggested.

FFP3 or N95 masks are to be used when performing AGPs. All respirators should:

- Be well fitted, covering both nose and mouth;
- Not be allowed to dangle around the neck and to be reused;
- Not to be touched once put on;
- To be removed outside patient room;
- Fit tested for the relevant model to ensure adequate seal (All facial hair must be removed).

Apron/ gown

Disposable plastic or wipeable reusable aprons must be worn to protect staff uniforms or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.

Fluid-resistant gowns can be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure/task being performed and when there is a risk of extensive

splashing of blood and/or other body fluids e.g. during AGPs. If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.

Disposable aprons and gowns must be changed between patients and immediately after completion of a procedure/task.

Disposable gloves

Disposable gloves must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Gloves must be changed immediately following the care episode or the task undertaken.

Eye protection/ face visor

Eye/ face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or secretions. An individual risk assessment should be carried out prior to/at the time of providing care. Disposable, single-use, eye/face protection is recommended. Regular corrective spectacles are not considered adequate eye protection. Eye/ face protection can be achieved by the use of any one of the following:

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

Donning and doffing sequences

The order in which you put on (donning) or remove (doffing) your personal protective equipment is essential for protecting yourself and preventing the spread of any possible contaminants or fluids.

The following is the correct sequence for **donning** your PPE:

1. Gown or apron;
2. Mask or respirator;
3. Goggles or face shields;
4. Gloves.

Putting on personal protective equipment (PPE) in primary care

Pre-donning instructions

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1

Perform hand hygiene before putting on PPE.



2

Put on apron and tie at waist.



3

Put on facemask - position upper straps on the crown of your head, lower strap at nape of neck.



4

With both hands, mould the metal strap over the bridge of the nose.



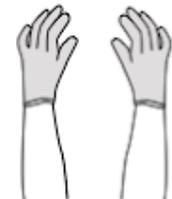
5

Don eye protection if required.



6

Put on gloves.



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

The following is the correct sequence for **doffing** your PPE:

1. Gloves;
2. Face shield or goggles;
3. Gown;

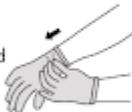
4. Mask or respirator.
5. Hand hygiene.

Taking off personal protective equipment (PPE) in primary care

Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area.

- 1**

Remove gloves. Grasp the outside of the glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



- 2**

Clean hands.



- 3**

Apron. Unfasten or break open apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself - do not touch the outside - this will be contaminated. Discard.



- 4**

Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5

Clean hands.



- 6**

Remove face mask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly.



- Discard. DO NOT reuse once removed.



7

Clean hands with soap and water.



The sequence for removing PPE is intended to limit opportunities for self-contamination. The gloves are considered the most contaminated pieces of PPE and are therefore removed first.

Cleaning (ECDC, 2020)

Introduction to cleaning

The clinic must be thoroughly cleaned before reopening, and again at frequent intervals once open.

- Regular cleaning is followed by disinfection, using disinfectants active against viruses.

Staff engaged in environmental cleaning and waste management should wear appropriate PPE. If there is an insufficient stock of respirators, then a surgical mask may be worn, as well as gloves, goggles and gown. In addition, the use of heavy-duty gloves and boots should be considered.

Cleaning schedule

Unity Osteopathy at Studio 24 Cleaning Schedule

Area/item	When/frequency	Method
Front door- handles, around locks Key pad	Before session Post session	Zoflora disinfectant solution as directed Paper towel
Switches to side of front door (interior)	Before session Post session	Zoflora disinfectant solution as directed Paper towel
Light switches in waiting area and treatment room	Before session Post session	Zoflora disinfectant solution as directed Paper towel
Treatment room door -handles -around key	Before session Between patients Post session	Zoflora disinfectant solution as directed Paper towel
Treatment Room -surfaces -sink & taps -pump bottle soap & hand sanitiser -wipeable pillows -wipeable plinth cover -patient chair -practitioner stool -Floor -equipment (patella hammer, pump bottle lotion) -bin	Before session Between patients Post session	Zoflora disinfectant solution as directed Paper towel *Floor with mop/disposable head
Floor between treatment room & front door	Before session Post session	Zoflora disinfectant solution as directed Mop with disposable head
WC -WC -Basin & taps -Door handles -Light switch	Before session *If used then post use by anyone and post session Often not used.	Zoflora disinfectant solution as directed Paper towel

-floor		*Floor with mop/disposable head

Handwashing protocol

(WHO, 2020)

Clean your hands regularly, for at least 20 seconds.

- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water;
- Alcohol-based hand rubs are preferred if hands are not visibly soiled;
- Wash hands with soap and water when they are visibly soiled.

Hand hygiene poster displayed.

Safe management of linen (laundry)

We have decided that the easiest and safest measure to take is to remove all laundry. We are not currently using plinth covers, pillow cases or towels. Please ask patients to bring their own towels if they wish to. Wipeable pillowcases have been purchased for use, which are waterproof and non-absorbent. These can be wiped down in the same way as the plinth and other hard surfaces between each patient.

Staff uniforms/ clothing

The appropriate use of PPE will protect staff uniforms from contamination in most circumstances. It is best practice for clinical staff to change into and out of uniforms at work, and not wear them when travelling. N.B. This is based on public perception, rather than evidence of an infection risk.

Theatre scrubs, or similar, should be considered for staff who do not usually wear a uniform but who are likely to come into close contact with patients.

Clinic uniforms should be transported home in a washable scrub bag.

Uniforms should be laundered:

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

Management of clinical and non-clinical waste

Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment. It is suggested that all clinical waste should be double bagged before being stored for a minimum of 3 days.

Educating Patients and Caregivers

Patients and their caregivers may be unsure of how to behave whilst directly affected by COVID-19. The following information may be recommended to patients and their caregivers when necessary.

Patient education

(CDC, 2020)

In case a patient is showing mild respiratory signs and symptoms, they should be recommended to stick to the following instructions during isolation:

- Stay at home;
- Stay in touch with their doctor and monitor their symptoms, making sure to get care in case of worsening of the symptoms or development of other respiratory symptoms (i.e. severe and deteriorating cough, shortness of breath, fever >38°, difficulty breathing, persistent chest pain, new confusion, central cyanosis, cold and mottled skin, difficult to rouse, decreased urinary output, neck stiffness, non-blanching rash, respiratory rate >20apm, heart rate >100bpm, O2 saturation <94%);
- Avoid public transport;
- Stay away from others (even using a personal “sick room” if possible, staying away from relatives and pets until symptoms resolution);
- Call ahead before visiting any healthcare facility;
- Wear a surgical mask or a cloth face covering;
- Cover their sneezes and coughs with their elbow or tissues (to be disposed immediately)
- Wash their hands for at least 20”, especially after:
blowing their nose, coughing, sneezing, going to the toilet, eating and preparing food;
- Use hand sanitizer with >60% alcohol if soap or water are not available;
- Avoid to touch the T-zone (eyes, nose and mouth);
- Avoid sharing personal household items, washing thoroughly after use;
- Clean and disinfect the “sick room” every day, letting a caregiver clean the rest of the house;
- Focus the cleaning on “high-touch surfaces” (i.e. phones, remote controls, door knobs, toilets, keyboards, bedside tables);

Isolation should be ceased when:

- Not experiencing fever for >72 hours AND other symptoms have improved AND at least 7 days have passed since the symptoms were developed (if not tested for COVID-19)
- Not experiencing fever for >72 hours AND other symptoms have improved AND they received 2 negative tests 24 hours apart (if tested for COVID-19)

Caregiver education

(CDC, 2020)

Caregivers should:

- Monitor the symptoms of the person cared for and know the emergency warning signs;
- Always have their healthcare provider contact on hand and contact them or 999 for medical emergencies;
- Isolate the symptomatic person to one room, if possible, using a separate bathroom and not using household items;
- Have them wearing a cloth face covering when other people (including the caregiver) are around;
- Wear a cloth face covering if the symptomatic person cannot do so;
- Wash their hands for at least 20 seconds, especially after interacting with the symptomatic person, using hand sanitizer if soap and water are not available;
- Avoid touching the T-zone;
- Clean “high touch surfaces” daily;
- Wash laundry thoroughly, wearing disposable gloves if the laundry is soiled, washing hands immediately after gloves removal;
- Avoid unnecessary visitors;
- Make sure the sick person drinks plenty of fluid;
- Providing recommended medicines;
- Follow the same home isolation-ending measures as the sick person.

References

1. BASW. 2020. *Professional Practice Guidance For Home Visits During Covid-19 Pandemic*. [online] Available at: <<https://www.basw.co.uk/professional-practice-guidance-home-visits-during-covid-19-pandemic>> [Accessed 8 April 2020].
2. Centers for Disease Control and Prevention. 2020. Coronavirus Disease 2019 (COVID-19). [online] Available at: <<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>> [Accessed 7 April 2020].
3. Centers for Disease Control and Prevention. 2020. Coronavirus Disease 2019 (COVID-19). [online] Available at: <<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>> [Accessed 7 April 2020].
4. Centers for Disease Control and Prevention. 2020. Coronavirus Disease 2019 (COVID-19). [online] Available at: <<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>> [Accessed 8 April 2020].
5. Centers for Disease Control and Prevention. 2020. Symptoms Of Coronavirus. [online] Available at: <<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>> [Accessed 6 April 2020].
6. Chang, D., Lin, M., Wei, L., Xie, L., Zhu, G., Dela Cruz, C. and Sharma, L., 2020. Epidemiologic and Clinical Characteristics of Novel Coronavirus Infections Involving 13 Patients Outside Wuhan, China. *JAMA*, [online] 323(11), p.1092. Available at: <<https://jamanetwork.com/journals/jama/fullarticle/2761043>> [Accessed 6 April 2020].
7. Ellison III, R., 2020. *NEJM Journal Watch: Summaries Of And Commentary On Original Medical And Scientific Articles From Key Medical Journals*. [online] Jwatch.org. Available at: <<https://www.jwatch.org/na51039/2020/03/04/update-clinical-characteristics-covid-19>> [Accessed 7 April 2020].
8. European Centre for Disease Prevention and Control. 2020. *Infection Prevention And Control And Preparedness For COVID-19 In Healthcare Settings - Second Update*. [online] Available at: <<https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-and-preparedness-covid-19-healthcare-settings#no-link>> [Accessed 7 April 2020].
9. FutureLearn. 2020. Managing COVID-19 In General Practice - Online Course - Futurelearn. [online] Available at: <<https://www.futurelearn.com/courses/managing-covid-19-in-primary-care>> [Accessed 5 May 2020].
10. Ghebreyesus, T., 2020. *WHO Director-General's Opening Remarks At The Media Briefing On COVID-19 - 11 March 2020*. [online] Who.int. Available at: <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>> [Accessed 7 April 2020].
11. GOV.UK. 2020. *COVID-19 Personal Protective Equipment (PPE)*. [online] Available at: <<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>> [Accessed 9 April 2020].
12. GOV.UK. 2020. *COVID-19: Infection Prevention And Control (IPC)*. [online] Available at: <<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>> [Accessed 7 April 2020].
13. Greenhalgh, T., Koh, G. and Car, J., 2020. Covid-19: a remote assessment in primary care. *BMJ*, [online] Available at: <<https://www.bmj.com/content/bmj/368/bmj.m1182.full.pdf>> [Accessed 6 April 2020].
14. Guan, W., Ni, Z., Hu, Y., et al., 2020. Clinical Characteristics of Coronavirus Disease 2019 in China. *New England Journal of Medicine*, [online] Available at: <<https://www.nejm.org/doi/10.1056/NEJMoa2002032>> [Accessed 7 April 2020].
15. Guo, Y., Cao, Q., Hong, Z., et al., 2020. The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak – an update on the status. *Military Medical Research*, [online] 7(1). Available at: <<https://mmrjournal.biomedcentral.com/articles/10.1186/s40779-020-00240-0>> [Accessed 7 April 2020].
16. Health Education England. 2020. *Allied Health Professions*. [online] Available at: <<https://www.hee.nhs.uk/our-work/allied-health-professions>> [Accessed 7 April 2020].

17. Kmietowicz, Z., 2020. Covid-19: Highest risk patients are asked to stay at home for 12 weeks. *BMJ*.
18. Lai, C., Shih, T., Ko, W., Tang, H. and Hsueh, P., 2020. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. *International Journal of Antimicrobial Agents*, [online] 55(3), p.105924. Available at: <<https://pubmed.ncbi.nlm.nih.gov/32081636/>> [Accessed 6 April 2020].
19. Liu xing bing xue za zhi, Z., 2020. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) in China. *Advance online publication.*, [online] 41,2, pp.145-151. Available at: <<http://rs.yiigle.com/yufabiao/1181998.htm>> [Accessed 7 April 2020].
20. Physiopedia. 2020. *Personal Protective Equipment (PPE)*. [online] Available at: <[https://physio-pedia.com/Personal_Protective_Equipment_\(PPE\)#ppm29849](https://physio-pedia.com/Personal_Protective_Equipment_(PPE)#ppm29849)> [Accessed 7 April 2020].
21. Physiopedia. 2020. *Role Of The Physiotherapist In COVID-19*. [online] Available at: <https://www.physio-pedia.com/Role_of_the_Physiotherapist_in_COVID-19#ppm30048> [Accessed 7 April 2020].
22. Physiopedia. 2020. *Role Of The Physiotherapist In COVID-19*. [online] Available at: <https://www.physio-pedia.com/Role_of_the_Physiotherapist_in_COVID-19#ppm30048> [Accessed 7 April 2020].
23. ReliefWeb. 2020. *Infection Prevention And Control And Preparedness For COVID-19 In Healthcare Settings*. [online] Available at: <<https://reliefweb.int/report/world/infection-prevention-and-control-and-preparedness-covid-19-healthcare-settings-third>> [Accessed 7 April 2020].
24. Sohrabi, C., Alsafi, Z., O'Neill, N., Khan, M., Kerwan, A., Al-Jabir, A., Iosifidis, C. and Agha, R., 2020. World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International Journal of Surgery*, [online] 76, pp.71-76. Available at: <<https://www.sciencedirect.com/science/article/pii/S1743919120301977?via%3Dihub>> [Accessed 7 April 2020].
25. Thomas, P., Baldwin, C., Bisset, B., et al., 2020. Physiotherapy Management for COVID-19 in the Acute Hospital Setting: Recommendations to guide clinical practice. *Journal-of-physiotherapy*, [online] Available at: <https://physiotherapy.ca/sites/default/files/final_physiotherapy_guideline_covid-19_v1_dated23march2020_endorsed730am.pdf?fbclid=IwAR32kMc_IKqWCHxekfzVe-i2e65xltZrEaBa4AIMHy3DIEeUPnH7JRVZygs> [Accessed 6 April 2020].
26. van Doremalen, N., Bushmaker, T., Morris, D., et alV., 2020. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. *New England Journal of Medicine*, [online] Available at: <<https://www.ncbi.nlm.nih.gov/pubmed/32182409>> [Accessed 6 April 2020].
27. Who.int. 2020. *Coronavirus Disease 2019 (COVID-19) Situation Report -76*. [online] Available at: <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200405-sitrep-76-covid-19.pdf?sfvrsn=6ecf0977_2> [Accessed 6 April 2020].
28. World Health Organization. 2020. *Infection Prevention And Control During Health Care When Novel Coronavirus (Ncov) Infection Is Suspected*. [online] Available at: <[https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)> [Accessed 7 April 2020].
29. World Health Organization. 2020. *Personal Protective Equipment*. [online] Available at: <https://www.who.int/medical_devices/meddev_ppe/en/> [Accessed 7 April 2020].
30. Wu, Z. and McGoogan, J., 2020. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China. *JAMA*, 323(13), p.1239.