

			<b>Published 22<sup>nd</sup> May 2020</b>
220501	<p>I practise from a room in my home so I need to know where I stand with this with regards to legal implications and insurance cover.</p> <p>I did my risk assessment yesterday and because its only myself and I have no staff, waiting room etc. my risk assessment was low. I will obviously do all the necessary safety measures, including triage, PPE, staggering patients, dispose of waste separately to my household waste and using the company you have recommended etc.</p> <p>I have a clinic in my home and was hoping for clarity on being able to open. The patient enters the front door and turns immediately into my lounge area. Washroom opposite. This can be screened from the rest of the property but IS a shared home space.</p> <p>My clinic is situated at the front of my home; all access will be restricted during opening hours, Hands will be sanitized/washed prior to entering the clinic and on returning from the clinic. There will be no interaction or meeting of patients by people living in the house and the back entrance will be used during clinic hours. The door handles and the floor will be cleaned before the clinic opening if having been in use. As the owners are working at the clinic premises, the hygiene and sanitation will be strict and following general clinic cleaning</p>	Practising in the home environment	<p>If you already work from your home address, carry out thorough risk assessment and take action to address activities and processes required by your risk assessment. This will include appropriate PPE and cleaning activities of all areas of clinical and patient use.</p> <p><b>If you do this, along with adhering to current GCC guidance on practice in the current situation, then the insurer will provide cover for your work.</b></p> <p>If you have spaces that are shared with the household, we suggest an extremely rigorous cleaning regimen to ensure the safety of your patients and your household. If you cannot keep these areas solely for patient use during clinic times, we would suggest this situation may not necessarily be suitable but would be subject to your risk assessment. Try to keep patients away from these shared areas if possible.</p> <p>For any member who did not normally work from home, the same conditions would apply but, additionally, you would also need to check whether you have the following covered off (these are things we assume those already working from home would have checked):</p> <ul style="list-style-type: none"> <li>• Any planning implications of having a clinic practice in your home (check with your local council to see if a change of use would be required).</li> <li>• Inform your home insurer as carrying out work from home can have implications to the validity of a domestic insurance policy. As a minimum, home</li> </ul>

	<p>guidelines and footfall will not be increased.</p>		<p>insurers usually require notification of business being carried on premises, even if you have separate clinic insurance.</p> <ul style="list-style-type: none"> <li>You would need to ensure you had insurance in place to cover for public liability and for any clinic contents; a clinic insurance policy would be required. Check any policy you take out covers for a home clinic. The Lloyd &amp; Whyte Clinic Insurance policy does but please do check this aspect with whoever you decide to use. If you would like to talk to BCA Insurance Services to discuss additional requirements, such as Clinic Insurance, call 01823 250788).</li> </ul>
220502	<p>I am an employer and wondered if you could you clarify something for me please? In a previous FAQ, you said:</p> <p><i>'An employer has a strict duty under Health &amp; Safety legislation to provide a safe working environment and this includes safe provision for all staff (employees, <b>self-employed contractors or associates</b>) and visitors i.e. patients. An employer is required to demonstrate that s/he has met all the statutory requirements of the Health &amp; Safety at Work Act (1974) and other associated Health and Safety legislation, and to continue to do so at all times.'</i></p> <p>a) What is the definition of "self-employed contractors and associates"? My accountant who has expressed concern that if this includes self-employed chiropractors</p>	<p>Responsibility for providing PPE</p>	<p>We have consulted with a Health and Safety advisor at MAKE UK, our Health &amp; Safety consultants.</p> <p><b>They have confirmed that anyone whom you invite to conduct work at the clinic would fall under your responsibilities for a duty of care under the <i>Health &amp; Safety at Work Act</i>.</b></p> <p>If your risk assessment identifies that someone will require PPE to treat the patients safely, then it is your responsibility to provide this PPE. It is not a matter of PPE being deemed as part of uniform; it is a matter of your duty of care.</p> <p><b>If a self-employed person works solely for you then it is your responsibility to provide the PPE and pay for the disposal.</b></p> <p><b>If the self-employed person works elsewhere as well in a self-employed (or other) capacity, then we</b></p>

	<p>working in the clinic it starts to take us into a territory where they can be seen as full-time employees and the clinic owner as the employer which could cause potential conflict with HMRC (IR35 in particular).</p> <p>b) Why wouldn't self-employed chiros working in someone's clinic have the responsibility to protect themselves and others by purchasing appropriate PPE? Would this not be part of their uniform which they buy themselves?</p> <p>c) Can you clarify the Covid-19 related requirements in the Health &amp; Safety at Work Act/associated Health &amp; Safety Legislation?</p> <p>Who is responsible for the disposal of the PPE, is it the Clinic owner or the chiropractor and, therefore, who would incur any cost for bags and bins?</p>		<p><b>advise that you clarify that specific position with MAKE UK's employers HR helpline.</b> MAKE UK EMPLOYER Helpline is:</p> <ul style="list-style-type: none"> <li>• <b>0333 202 2221 Monday-Friday 9am – 5.30pm</b></li> <li>• Quote <b>British Chiropractic Association</b> (not your clinic name) and subscription number, <b>9000013410</b></li> </ul> <p><b>We suggest that, at this unprecedented time, if you want your patients and members of staff to be safe whilst in your clinic, you should take responsibility and control the situation by providing PPE for all those working for you, in line with your risk assessment.</b> Where you are providing PPE to a worker as your legal responsibility, you may not charge the person for this PPE.</p> <p>If anyone being asked to carry out work at your premises felt that the risk assessment or the level or standard of PPE you provided was not sufficient, they could report this potential breach under the <i>Health &amp; Safety at Work Act</i></p> <p>Regarding tax matters, we suggest you discuss this with your tax advisor or speak to ARAG, who can provide advice on tax matters: <b>0344 571 7978</b> Quote policy number <b>500016</b> 9am to 5pm weekdays.</p>
220503	My employer is advising me that, because I am self-employed, that I must provide my own PPE. Is this correct?	Responsibility for providing PPE	Please see the answer above in <b>220502</b> . We have consulted with a Health and Safety advisor at MAKE UK, our Health & Safety consultants.

			<p><b>They have confirmed that anyone invited to conduct work at the clinic would fall under the employer’s responsibilities for a duty of care under the <i>Health &amp; Safety at Work Act</i>.</b></p> <p>If you only work for this one employer in a self-employed capacity then our understanding is that they are responsible for providing you with the PPE necessary to carry out your work in a risk-assessed, safe way.</p> <p>If you work on a self-employed basis for more than one business, then we suggest that, at this unprecedented time, if the clinic owner wants patients and members of staff to be safe whilst in the clinic, they should take responsibility and control of the situation by providing PPE for all those working for them, in line with their risk assessment. We would advise that you contact Quinn HR for further advice: Call <b>07732 556315</b> or email <a href="mailto:charlotte@quinnhr.co.uk">charlotte@quinnhr.co.uk</a> <b>Monday-Friday 9am – 5pm.</b></p>
220504	<p>I'm a chiropractor who is also responsible for cleaning the room between my patients. When is the optimal timing for donning and doffing my PPE? After I've treated and accompanied the patient out of building, do I need to use a fresh apron and gloves for cleaning?</p> <p>I also make appointments and take payments-should I have doffed before doing this? Is it</p>	PPE	<p>According to Public Health England:        ”Single use’ refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs)”        Ideally, each patient interaction (appointment) will only require one set of disposable PPE.</p>

	<p>correct that I would need two sets of PPE per patient/post patient clean?</p>		<p>PPE is only required for when you are working within 2m of the patient, so if you are able to maintain a 2m distance when making appointments, taking payments or writing notes, then it would be advisable to 'doff' prior to these tasks.</p> <p>When you are using PPE items for tasks exposing you to bodily fluid such as intra oral work, those gloves should be removed and disposed of immediately, in the usual way.</p> <p>It is reasonable to interpret 'completion of a procedure' to include both the patient interaction and the immediate cleaning of the surfaces.</p> <p><a href="https://chiropractic-uk.co.uk/wp-content/uploads/2020/05/phe_1-recommended-ppe-for-healthcare-workers-by-secondary-care-clinical-context_04.pdf">https://chiropractic-uk.co.uk/wp-content/uploads/2020/05/phe_1-recommended-ppe-for-healthcare-workers-by-secondary-care-clinical-context_04.pdf</a></p>
220505	<p>I understand that my PPE needs to be disposed of through offensive waste. But I have therapists from other associations working in my clinic and they are being told to dispose of it in general waste after double bagging for 72 hours.</p> <p>As it is going into dustbins I am paying to be emptied can I allow them to do this or do I need to dispose of it as offensive waste as well even though it is not as advised by their associations?</p>	PPE	<p>It is important to understand that our advice regarding the disposal is not BCA guidance, it is highlighting the regulations put in place by the Environment Agency. All chiropractors and other regulated healthcare professionals, regardless of their association are subject to the same regulations regarding waste disposal.</p> <p>We understand that, as a profession and throughout the wider private practice healthcare sector, there has been a lack of understanding around what should be disposed of via an 'offensive waste' stream.</p> <p>We have discussed this in detail with the Chartered Institution of Wastes Management (CIWM) and they have confirmed with the Environment Agency that their</p>

			<p>view is, the fact it may not have been correctly disposed of in the past is not a good enough reason to not start doing so correctly during this pandemic.</p> <p>For more information please see <a href="https://chiropractic-uk.co.uk/ppafaqs/">https://chiropractic-uk.co.uk/ppafaqs/</a></p>
220506	<p>I am an associate and the principal of the clinic is a member of another association. That association has advised their members to double-bag and store securely for 72 hours then dispose of in normal refuse bins. This is Public Health England guidance and also that of the local Council. Whose advice should I follow?</p>	PPE	<p>As above, chiropractors and other regulated healthcare professionals, regardless of their association are subject to the same regulations regarding waste disposal.</p> <p>Unfortunately, it appears that local authorities are applying the wrong regulations and advising as such.</p> <p>The route referenced here relates to 'Municipal Offensive Waste' rather than 'Healthcare Offensive Waste'</p> <p>Our advice is directly based on conversations with both the CIWM and the Environment Agency.</p> <p>Given that we are a regulated healthcare profession, our PPE waste is classed as 'Healthcare Offensive Waste' under the EWC code 18 01 04. This waste must therefore be disposed of professionally. In usual times, this waste would be minimal and reserved to items such as gloves used for inter-oral work or wipes contaminated with blood from acupuncture/dry needling.</p>
220507	<p>If I wear a long-sleeved shirt, is there a possibility of cross contamination from one</p>	PPE / Risk Assessment	<p>Whilst we understand that the majority of members will not be working in an NHS setting, they do have</p>

	<p>patient to the next and is the risk acceptable? I have not seen any PPE that can protect this area. If I wear a short-sleeved shirt, will rubbing my forearms with alcohol between every patient be sufficient?</p>		<p>guidance on uniforms and workwear which you may find helpful: <a href="https://www.england.nhs.uk/wp-content/uploads/2020/04/Uniforms-and-Workwear-Guidance-2-April-2020.pdf">https://www.england.nhs.uk/wp-content/uploads/2020/04/Uniforms-and-Workwear-Guidance-2-April-2020.pdf</a></p> <p>They state that “Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good care practices and minimise any risk to patients.”</p> <p>They further state in 5.3 that good evidence-based practice would be to “Wear short-sleeved tops and do not wear white coats during patient care activity (because)... cuffs at the wrist become heavily contaminated and are likely to come into contact with patients.”</p>
220508	<p>After reading the documents and listening to the webinars, I’m still very unclear about whether I should start practising, even though I have enquiries coming in. I know we have to carry out a risk assessment and, obviously, not take anyone who has symptoms or has been with anyone with symptoms. However, is it necessary to wear PPE even if a client does not want me to?</p> <p>Also, please can you be specific about the PPE I would need and if it is required?</p> <p>I’m tempted not to go back to work if I have to wear a ‘Darth Vader’ costume as I think it will</p>	PPE	<p>The way that things operate in many walks of life are going to be very different in a world with COVID-19.</p> <p>Until the risk of this disease is significantly reduced or eradicated, it is likely that preventative measures of some description will need to be taken; this will be mirrored in the lives of your patients for other medical appointments and it is something they will need to adjust to.</p> <p>Whether you open to urgent cases or not in the current climate is a decision which you will have to make based on your own circumstances and professional judgement. Currently, the guidance from Public Health England is that treatment provided within 2m of a</p>



	<p>put my patients in a state of stress that will completely counteract any benefit from the treatment.</p>		<p>patient not currently 'possible' or 'confirmed' as a COVID case, requires PPE.</p> <p>Our guides to PPE use and risk assessment should give you the information you are looking for: <a href="https://chiropractic-uk.co.uk/coronavirus-hub-preparing-return-work/">https://chiropractic-uk.co.uk/coronavirus-hub-preparing-return-work/</a></p>
220509	<p>As part of my risk assessment to prepare returning to practise, I would very much like to know what the R0 is currently in my area.</p> <p>Is it possible to find this information and how often is it updated?</p>	Risk Assessment	<p>There is quite a lot of conflicting or out of date data in the R0 breakdown across the UK. The London School of Hygiene and Tropical Medicine publish a daily update of the R0 by region which can be found here: <a href="https://epiforecasts.io/covid/posts/national/united-kingdom/#regional-breakdown">https://epiforecasts.io/covid/posts/national/united-kingdom/#regional-breakdown</a></p> <p>Additionally, there have been several more detailed reports which have been published as 'snapshots' in the media, focusing on particular towns and regions. It is a good idea to check local news sources for specific information.</p>
220510	<p>Can I give face-to-face consultations to urgent care patients who are over 70, who are classed as moderate risk due to their age but have no health conditions?</p>	Risk Assessment	<p>The GCC has not made specific mention of risk categories of patients in their guidance for registrants and the insurer advises that cover is based on prevailing GCC guidance.</p> <p>There is no exclusion to treating patients in high or moderate risk groups but a thorough risk assessment should take place prior to any treatment, as well as a full discussion with the patient before they come in for care. We advise that you should inform those in the Clinically Extremely Vulnerable group (i.e. high risk) that, should they seek a face-to-face consultation</p>



			for urgent care, that would be against their 'shielding' advice from the Government.
220511	Where is the information from last Saturday's risk assessment session?	Risk Assessment	<p>The video and presentation can be found here: <a href="https://www.dropbox.com/sh/l6gfh0zkh3e2cri/AA DP8iXyi2Xmbbl_i3MliVuGa?dl=0">https://www.dropbox.com/sh/l6gfh0zkh3e2cri/AA DP8iXyi2Xmbbl_i3MliVuGa?dl=0</a></p> <p>All documents issued by the BCA can be found on the Coronavirus Information Hub under 'Preparing to return to work': <a href="https://chiropractic-uk.co.uk/coronavirus-hub-preparing-return-work/">https://chiropractic-uk.co.uk/coronavirus-hub-preparing-return-work/</a></p>
220512	Rather than asking the patient to give consent for an appointment using pen and paper, can this be done electronically with them typing their name as less contamination will result than with paper and pens being used. Also, if they agree once to consent to the appointment is it ok for verbal consent at follow up appointments?	Consent	<p>The GCC have produced guidance on consent which can be read here: <a href="https://www.gcc-uk.org/assets/publications/Consent_Guidance_2016.pdf">https://www.gcc-uk.org/assets/publications/Consent_Guidance_2016.pdf</a></p> <p>This guide says that, "You must obtain a patient's written signature accompanied by the date at the initial appointment before any treatment commences"</p> <p>Verbal consent can then be given and, each time consent is sought and provided, you should record this in the patient record.</p>
220513	We have a company that will be renting a room from us and, essentially, they will have a nurse doing COVID testing. The nurse will carry out a pin prick and squeeze a drop of blood into a diagnostic device and, 15 minutes later the patient knows if he/she has antibodies and or has a current infection. Are there any	High Risk	<p>We have advised against being in contact with anyone who is likely to be currently infected with COVID-19.</p> <p>Having people entering your premises who may be infected with COVID-19 seems a very risky thing to have in parallel with a healthcare clinic. Your risk assessment should alert you to the seriousness of this situation.</p>

	<p>legal problems with this?</p>		<p>We strongly advise you not to proceed with this plan until you have consulted with your insurer with the specific details of your situation (both professional indemnity and clinic insurance). For Professional indemnity, please contact BCA Insurance Services on 01823 250788.</p>
<p>220514</p>	<p>I have to be honest and say that I am extremely concerned at some Facebook threads from fellow members that look like they're starting back business as usual but with the addition of PPE! I thought we were just meant to be treating 'emergency' cases and with PPE. Am I missing something as this is not fair on those of us who are not? Can this PLEASE be clarified. Thank you</p> <p>I need clarification as to what are classed as 'urgent' patients. Some patients who require treatment may not be deemed as physically urgent but the pain they are in effects their mental health. Can I see these patients face to face? Also, patients who are not seen could end up at the emergency/urgent stage could end up and having to go to doctor or hospital. Should I see these patients?</p>	<p>Face-to-face consultations</p>	<p>The BCA's position for chiropractors in England was announced on 12<sup>th</sup> May to members via email: <a href="https://chiropractic-uk.co.uk/wp-content/uploads/2020/03/Coronavirus-BCA-position-on-resuming-face-to-face-consultations-12-May-20.pdf">https://chiropractic-uk.co.uk/wp-content/uploads/2020/03/Coronavirus-BCA-position-on-resuming-face-to-face-consultations-12-May-20.pdf</a> and publicly here: <a href="https://chiropractic-uk.co.uk/bca-updates-advice-members-face-face-consultations/">https://chiropractic-uk.co.uk/bca-updates-advice-members-face-face-consultations/</a></p> <p>Our position is echoed by the GCC latest statement to registrants. <a href="https://www.gcc-uk.org/news/entry/gcc-updated-statement-about-chiropractic-practice-during-the-covid-19-pandemic">https://www.gcc-uk.org/news/entry/gcc-updated-statement-about-chiropractic-practice-during-the-covid-19-pandemic</a></p> <p><b>All members should note that the insurer has stated that cover is in place providing members are operating within the prevailing advice from the GCC.</b></p> <p>This means that members will be insured provided they adhere to BCA advice <b>and the GCC position</b>, which is to treat urgent cases only, after a thorough risk assessment and adhering to all the regulations, which were also explained in our communication of 12<sup>th</sup> May.</p>

	<p>I have read all guidance from BCA and Government, completed the risk assessment and familiarised myself with GCC guidance. The term urgent/emergency cases needs better definition for members. I realise this has been addressed already but not to the extent that I need.</p> <p>I am considering seeing all patients as of 1<sup>st</sup> June, with the appropriate PPE and documentation.</p>		<p>The BCA can advise members of how to proceed; it is not able to enforce that advice. We try to provide the necessary background advice and information to ensure our members are operating safely and under the cover of their insurance.</p> <p><b>We strongly advise members not to exceed the limitations of GCC guidance and BCA insurance conditions.</b></p> <p>We have provided our advice on determining 'urgent' within our framework documents.</p>
200515	<p>From a member of the public: One of my local chiropractors (I'm not sure if they are registered with yourselves) is advertising for new clients and that they have re-opened for business. They don't say that this is for emergencies only. They have also shared a post about all the 'horrible' messages people have sent them which I find insensitive at this time and undermining the genuine concern that people have about the spread of the pandemic.</p> <p>If the chiropractor is registered with yourself, is this within the rules you have set forward? If not, who could I contact about the practice?</p>	Public perception	<p>We are sharing this to illustrate some of the feedback we are receiving from members of the public as they observe that some clinics are reopening for routine consultations. We would remind members of the BCA and GCC guidance on the current situation.</p> <p>Collectively and individually we all have a role to play in protecting the reputation of the chiropractic profession.</p>

For details on the BCA's advice toon face-to-face urgent appointments, please [read this Board Briefing paper from 12<sup>th</sup> May](#).

*Please note that all answers in FAQs were relevant on the date of publication. The links included in the responses should always be consulted to review the latest situation in any of the areas covered, the current guidance and advice changes daily in this fast-moving situation.*