



## Interim guidance on infection control in osteopathy during COVID-19 pandemic

This interim guidance is subject to regular review – [see the version history for this document.](#)

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## Introduction

The General Osteopathic Council (GOsC) has issued this interim guidance on infection control in light of the COVID-19 pandemic. It has been updated regularly as advice and the context changed across the four countries of the UK and continues to be subject to change.

This guidance sets out principles, and aims to enable osteopaths to inform their professional judgement in relation to the particular situation at hand. These judgements should be made by osteopaths in discussion with their patients. The guidance signposts links to relevant profession-specific and other relevant advice across the UK. Other sources of information to inform the exercise of professional judgement include the credible advice of colleagues and other health professionals.

Further guidance about how to apply that information and advice in a specific clinical situation is available for all osteopaths, not just members, from the [Institute of Osteopathy](#) (the professional membership body for osteopaths).

## What the Osteopathic Practice Standards say about infection control

The [Osteopathic Practice Standards](#) (OPS) provide a framework for practice, helping to inform professional judgement and shared decision making. The OPS set out the expectations of osteopaths as regulated healthcare professionals. Patients must be able to trust osteopaths with their health. To justify that trust, osteopaths must meet the standards expected in the Osteopathic Practice Standards. Osteopaths are personally accountable for their professional practice and must always be prepared to justify their decisions and actions, explaining how they have exercised their professional judgement and the advice that they have taken in order to inform that judgement.

Patient protection is important. If an osteopath's approach to infection control and patient care departs from expected standards, for example if the osteopath had not undertaken a risk assessment, or chosen not to use personal, protective equipment (PPE) in a specific clinical scenario, then the osteopath will be expected to explain and justify why the guidance had not been applied and how risks to patients and others were mitigated to protect patients. Failure to do so could put patients, osteopaths and others at risk, and may also put the osteopath's registration at risk.

Standards and associated guidance which might particularly apply in relation to infection control include the following health and safety considerations, and considerations in relation to your own health.

### Health and safety considerations

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

The associated guidance states 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.

### **Your own health**

[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.

These, and further OPS standards which might particularly apply in relation to the implementation of this guidance are set out in the [Annex](#).

### **Infection control in the COVID-19 pandemic**

Osteopaths may work in a range of settings including within the NHS, and should follow the detailed infection control guidance in place in their setting ensuring that they also continue to follow the Osteopathic Practice Standards.

This additional guidance has been issued about infection prevention and control for osteopaths working in independent settings during the COVID-19 pandemic. It supports osteopaths to apply UK public health guidance to their own setting and practice.

All health professionals, including osteopaths in independent practice must follow [UK public health guidance](#) to inform their approach to infection control during the COVID-19 pandemic in order to practise in accordance with the Osteopathic Practice Standards.

## **Assessing the risks**

In the context of osteopathic practice, assessing the risks means that you need to undertake, record, and review regularly an updated health and safety at work assessment.

It is the responsibility of the self-employed person or the employer to ensure that activities do not expose risks to health and safety<sup>1</sup>. 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. The osteopath should then consider ways to mitigate these risks.

Specifically, the risk assessment should be informed by public health guidance and professional guidance in relation to personal protective equipment (PPE) as well as other infection control procedures and it should be kept up-to-date as guidance changes.<sup>2</sup> It should also ensure that appropriate professional indemnity and public liability insurance is in place.<sup>3</sup>

## **Reducing the risk of transmission of infections**

Implement appropriate risk mitigations including infection control policies and procedures (informed by UK public health guidance and professional guidance) to reduce the transmission of any diseases with face-to-face appointments.

The UK Health Security Agency (UKHSA) published: [Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022](#) on behalf of the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS)/National Services Scotland and NHS England.<sup>4</sup>

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<sup>1</sup> See for example, s3(2) Health and Safety at Work Act 1974 (as amended), s4(2) of the Personal Protective Equipment and at Work Regulations 1992, and 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](#).

<sup>2</sup> NB: Review of current UK public health guidance and profession guidance is good CPD for osteopaths and meets the requirements of Theme A: Communication and patient partnership, B: Knowledge, skills and performance, C: Safety and quality and D: Professionalism of the Osteopathic Practice Standards

<sup>3</sup> See standards C5 and D1 of the [Osteopathic Practice Standards](#)

<sup>4</sup> Note that Public Health England has been replaced by the UK Health Security Agency and the Office for Health Improvement and Disparities.

Relevant aspects include:

- Infection control precautions for seasonal respiratory infections, including universal masking (5.1) for staff and patients.
- Screening patients in advance for early recognition of patients with COVID-19 symptoms (5.2).
- Standard infection control precautions (5.5).
- Management of equipment and the care environment (6.4).
- Personal protective equipment (PPE) (6.5). This includes guidance as to:
  - when disposable gloves are recommended (when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely) (6.5.2)
  - when disposable aprons should be worn (when providing direct patient care for patients with suspected or confirmed respiratory infection and during environmental and equipment decontamination) (6.5.3)
  - and when eye/face protection should be used (which includes if blood or body fluid contamination to the eyes or face is anticipated or likely or when caring for patients with a suspected or confirmed infection spread by the droplet or airborne route as deemed necessary by a risk assessment) (6.5.4).

The UK Health Security Agency has also issued [COVID-19: management of staff and exposed patients or residents in health and social care settings](#). This includes guidance relating to health and social care staff if they develop COVID-19 symptoms, receive a positive test result or are identified as a contact of a COVID-19 case, with sections on:

- If a staff member develops COVID-19 symptoms (2.1).
- If a staff member receives a positive SARS-CoV-2 PCR or LFD test result (2.2).
- If a staff member receives a negative or inconclusive PCR test result (2.3).
- Guidance for staff who are contacts of someone with COVID-19 (3), including confirmation that if a staff member is providing care to or is in close contact with an individual with SARS-CoV-2 infection and is wearing the correct PPE appropriately in accordance with the [UK IPC guidance](#) and [How to work safely guidance](#), they will not be considered as a contact for the purposes of contact tracing and isolation. This applies regardless of the vaccination status of the staff member.

The professional membership body, the Institute of Osteopathy, publishes guidance for osteopaths on its [COVID-19 hub](#).

## **Personal protective equipment in osteopathic practice**

Personal protective equipment (PPE) is part of infection control procedure, as outlined in relation to the UKHSA guidance above. However, there may be occasions when an osteopath and/or patient is unable to wear personal protective equipment.

**If an osteopath is unable to wear PPE:** If an osteopath is unable to wear the required PPE due to health reasons, they must consider [Standard D11](#) of the OPS, which states that: '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'. If an osteopath is unable to protect patients by wearing appropriate PPE taking into account their risk assessment informed by UK public health guidance then they may not be able to practise. Further advice on this can be obtained from the Institute of Osteopathy and the local public health team if necessary.

**If a patient is unable to wear PPE:** As well as following strict infection control guidance and undertaking a risk assessment, when considering treating a patient, osteopaths are also expected to continue to use professional judgement. When making decisions, it is right that osteopaths should consider the needs and wishes of patients. In particular, the potential benefits to them in choosing face-to-face treatment against the risks posed by undertaking that treatment, in the specific context. This includes the risks to the patient, the osteopath, others in your practice, other patients, and the wider public, in the context of transmission of COVID-19.

We would encourage osteopaths to discuss these matters with the patient and to raise any concerns about managing infection control and explore together how a face-to-face contact can be made safe. Osteopaths could take into account the following from [Theme C: Safety and quality in practice](#) of the Osteopathic Practice Standards and [Theme D: Professionalism](#):

Osteopaths must deliver high-quality and safe healthcare to patients. Theme C sets out the standards in relation to the delivery of care, and this includes safeguarding of patients, and public health:

C5.5: You should take all necessary steps to control the spread of communicable diseases.

It is also important that osteopaths comply with equality legislation. [Standard D6](#) states: 'You must treat patients fairly and recognise diversity and individual values. You must comply with equality and anti-discrimination law.'

Osteopaths should explore all options with a patient to consider, in partnership with them, how the osteopath may facilitate the patient's treatment in a way which meets their needs and maintains a safe environment. It may be necessary to refer the patient or to recommend that the patient seeks advice from [NHS 111](#).

**Vaccinations:** Vaccinations are not a precondition of osteopathic practice. The government conducted a public consultation in February 2022 on whether to revoke provisions which require COVID-19 vaccination as a condition of deployment in health and social care settings. The government's response confirms that they intend to proceed with bringing forward regulations to revoke vaccination as a condition of deployment.

GOsC guidance (C5.5 of the [Osteopathic Practice Standards](#)) states that osteopaths should 'take all necessary steps to control the spread of communicable diseases. The NHS website states: 'Research has shown that the vaccines help:

- reduce your risk of getting seriously ill or dying from COVID-19
- reduce your risk of catching or spreading COVID-19
- protect against COVID-19 variants.'

Further [information about vaccines is available on the NHS website](#).

**Lateral Flow Tests:** Regular testing is another infection control mitigation which may form part of osteopaths' infection control risk assessment and response. Information on accessing tests is available on the [NHS website](#), with links for those in [Scotland](#), [Wales](#) and [Northern Ireland](#).

### **Patient specific risk mitigations**

**Triaging patients:** Osteopaths should consider triaging all patients prior to attendance to ensure that they do not have relevant symptoms and that a face-to-face appointment is appropriate and the patient has given fully informed consent to attend. [Guidance on undertaking remote and video consultations](#) (Statement on remote consultations – key principles 2 April 2020) is available, as is guidance from the professional membership body 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 Theme A – Communication and Patient Partnership](#) (reproduced in the annex to this guidance). (See also below in relation to personal protective equipment.)

**Vulnerable patients:** Although the shielding scheme has ended in England, the government continues to publish [guidance for people previously considered extremely vulnerable from COVID-19](#). This states that 'most people' who were clinically extremely vulnerable, are no longer at substantially greater risk than the general population, but recommends anyone with underlying health conditions takes care to avoid routine coughs, colds and other respiratory viruses as well as any further advice they may have received from their doctor.

The guidance provides links to further guidance for people living in [Scotland](#), [Wales](#) and [Northern Ireland](#).

**Face-to-face appointments:** If you and your patient are satisfied that a face-to-face appointment is necessary and appropriate, the key elements of your discussion with the patient should be recorded in the patient's records.

## Closed or restricted practice

If osteopaths have closed or restricted their practice for a period of time, they must ensure that patients know where to access care if they are not available. They could consider offering [video or phone consultations](#) to patients during this time, acting within the limits of their competence and referring the patient on, if necessary. 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](#).

## Keeping up to date – helpful resources

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 in relation to the country in which they are practising, including:

- [Coronavirus: How to stay safe and help prevent the spread](#) (England)
- [Coronavirus \(COVID-19\): protection levels – reviews and evidence](#) (Scotland)
- [Coronavirus \(COVID-19\) Guidance](#) (Wales)
- [Coronavirus \(COVID-19\) guidance](#) (Northern Ireland)
- [Guidance for people previously considered clinically extremely vulnerable from COVID-19](#) (England)
- [Coronavirus \(COVID-19\): advice for people at highest risk](#) (Scotland)
- [Shielding extremely vulnerable people](#) (Wales)
- [Coronavirus \(COVID-19\): guidance for 'clinically extremely vulnerable' and 'vulnerable' people](#) (Northern Ireland)
- Relevant clinical guidance for the local area in which you are practising including:
  - [COVID-19: guidance for health professionals](#) (England)
  - [COVID-19 health protection guidance](#) (Scotland)
  - [Health and social care professionals: coronavirus](#) (Wales)
  - [Guidance for Health and Social Care Staff, healthcare workers and care providers](#) (Northern Ireland)
- [Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-Cov-2\) for winter 2021-2022](#) (UK)

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

Osteopaths should make sure:

- they and their staff are aware of the guidance about the symptoms of COVID-19
- they apply it to themselves
- this is publicised to patients

General Osteopathic Council Interim Guidance

April 2022



## 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	<p><b>Additional Guidance: Osteopathic Practice in the COVID-19 section updates</b></p> <p>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.</p> <p><b>Additional Guidance: Infection control section updates</b></p> <p>Additional guidance highlighting health and safety obligations and links to further resources.</p> <p>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.</p>	Matthew Redford
8 April 2020	<p><b>Additional Guidance: Infection control section updates</b></p> <p>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)</p>	Matthew Redford

8 May 2020	<p><b>Additional guidance: practising in the COVID-19 pandemic</b></p> <p>Updated to take account of updated Government Guidance on Staying at Home and Shielding.</p> <p>Updated to include additional information from the Osteopathic Practice Standards.</p>	Matthew Redford
12 May 2020	<p><b>Introduction</b></p> <p>Insertion of additional introduction section referring to the exercise of professional judgement.</p> <p><b>Additional guidance: practising in the COVID-19 pandemic</b></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><b>Additional Guidance: Infection control</b></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 <a href="#">This guidance</a> 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

5 January 2021	Updated links to incorporate new measures introduced in Northern Ireland and Wales (26 December 2020), and Scotland and England (4 January 2021).	Matthew Redford
13 July 2021	Updated to incorporate changes to public health guidance, including updated guidance for clinically extremely vulnerable (CEV) people, and some relaxation of restrictions. Removed detailed information related to listing of COVID-19 symptoms and CEV conditions. Enhanced reference to professional judgement in the introduction drawn from the PPE Statement in February 2021. Merged what was in the PPE guidance into this document. Clarified that our standards remain in place beyond the planned lifting of government restrictions on 19 July. Further Standards referenced from the OPS and added to new Annex, particularly relating to equality and diversity, the importance of discussion with patients and provision of balanced public health advice.	Matthew Redford
12 October 2021	Added reference to lateral flow tests as a potential mitigation process, with a link to the NHS website. Updated links to infection control guidance following replacement of Public Health England with UK Health Security Agency and Office for Health Improvement and Disparities. Updated the vulnerable patients section in line with government updates and moved a few small sections to improve the structure of the document.	Matthew Redford
9 December 2021	Updated to reference latest UKHSA guidance in relation to infection prevention and control in health and care settings, including changes to PPE recommendations. Modified links where necessary to ensure they are up to date.	Matthew Redford
4 April 2022	Updated links and references to latest UKHSA and other guidance, and government's intention to revoke vaccination as condition of deployment.	Matthew Redford

### **Infection control guidance implementation: Overview of the key Osteopathic Practice Standards**

The specific standards from the Osteopathic Practice Standards referenced within this guidance are reproduced below. Also included below are some further standards which may apply in relation to the implementation of infection control guidance. They cover such issues as communication and consent, patient records, equality and diversity, and the provision of public health advice and guidance.

The full standards are available at [standards.osteopathy.org.uk](http://standards.osteopathy.org.uk):

#### **Communication and patient partnership**

**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.'

A4.18: You must record key elements of your discussion with the patient. This should include information discussed, any particular concerns, expectations or requests for information raised by the patient, how you addressed these, and any decisions made. It is important that such issues are evidenced in the patient records.

**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.

#### **Safety and Quality in Practice**

**C5:** You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.

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.

**C6:** You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.

C6.1: You should be aware of public health issues and concerns, and be able to discuss these in a balanced way with patients, or guide them to resources or to other healthcare professionals to support their decision-making regarding these.

### **Professionalism**

**D6:** You must treat patients fairly and recognise diversity and individual values. You must comply with equality and anti-discrimination law.

**D11:** '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.'

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.