

Coronavirus CSP and Physio First - FAQs for private practitioners

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Physio First with the CSP are collating advice for members, which we hope will enhance but does not replace that provided by Public Health England (PHE) and the relevant government departments.

The clinical advice contained in this document is based on the latest advice from Public Health England as of 18.3.2020. We will endeavour to update this resource as new national guidance is issued. However, you should ensure that you check and follow the latest policy guidance:

<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

The CSP COVID-19 resource page can be found here: <https://www.csp.org.uk/>

Context

Much of the current advice relates to employed members of staff, and we have included some of this advice here too. However, in relation to self-employed associates, we have a separate question which provides some overall context. So, if a question relates to a self-employed associate, we need to be clear about a key concept - **what is the Covid19 position between practice principles and self-employed associates?**

The advice in relation to any question between practice principles and self-employed colleagues about COVID-19 is almost always the same:

- whether a practice principle or a self-employed person, both are businesses i.e.
 - the practice principle is a business selling physiotherapy to the public.
 - whereas a self-employed associate is a business selling physiotherapy services through the other's business.
- this means that what governs the relationship is the self-employed associate agreement i.e. it is all in the contract.
- if there is no written agreement then this creates ambiguity, which is problematic but as in all business relationships, almost everything can be resolved if each party understands the other's point of view.

As both are in business the most important thing to do is to talk about things i.e. with Covid-19 there are no winners. If the practice principle's business cannot open, the self-employed associate's business cannot trade and if the self-employed associate is not available, the outcome will be similar. So we are all in the same boat!

So, in answer to the question posed, if a self-employed associate has been quarantined or told to self-isolate, then one or both businesses may have to close. Either way, income may reduce or be eliminated, which means that both will most likely have to suffer the loss until things change.

Finally, please watch announcements from the Government about financial support for business and find the help that suits your business model and circumstances the best. There will be more information about this in the coming days.

Coronavirus and your team

A colleague is coughing, can they come into work?

If they have a “new, continuous” cough or they have a temperature of 37.8 degrees or higher they should self-isolate for 7 days if they live alone, or 14 days if they live with someone else. Travel history and contact with possible carriers is no longer considered relevant.

What if an employed member of my team has been quarantined or meets the criteria to self-isolate?

If an employed staff member is self-isolating in order to meet the latest government advice, directed by Public Health England information, they should be treated as if they are on sick leave and paid according to their contract.

The government has said that statutory sick pay should be payable from the first day of the sickness period.

Employers with fewer than 250 employees will be eligible to reclaim two weeks' SSP for each employee who has been affected by COVID-19. This has not yet been formalised in emergency legislation, but it may include a clause allowing it to be backdated. Ensure you keep records of any absence due to COVID-19 to be able to claim this back from the government.

For other helpful information see <https://www.acas.org.uk/coronavirus>

If a self-employed colleague, please refer to ‘Context’.

What if one of my employed members of staff or a self-employed associate physiotherapists is pregnant?

The government has advised all people to avoid unnecessary social contact, including working from home were possible and avoiding pubs, clubs, theatres and other such social venues. The government has stressed that this advice is particularly important for people over 70, those with some health conditions, and pregnant women.

All pregnant members of staff should have an existing risk assessment. This should be urgently reviewed on an individual basis and adjustments should be made where possible. This may include working remotely or redeployment to a lower risk area.

Further government guidance is expected imminently but a statement from the Royal College of Obstetrics and Gynaecology should give some reassurance in the interim. <https://www.rcog.org.uk/en/news/professional-bodies-response-to-government-advice-for-pregnant-women-to-self-isolate/>

If a pregnant associate wishes to remain at home, and subject to her associate agreement, she may wish to, or be required to provide, a locum. That said, we are conscious that requiring pregnant women to find locums, especially when it may now be difficult to find locums, may cause undue stress.

We therefore hope that practice owners and associates will work together to reach sensible agreements on these issues – see also ‘[Context](#)’

What if I tell an employed member of staff to self-isolate?

If you ask an employed member of staff to self-isolate, they should receive their usual pay for the isolation period.

If the question relates to a self-employed colleague see ‘[Context](#)’

What if an employed member of staff is symptomatic of COVID-19?

If an employed member of staff has suspected coronavirus, they should follow the self-isolation advice from Public Health England.

Staff should contact the practice and update them on when they will be able to return. Currently, this could be as early as day 8 if the staff member has been afebrile for 2 days and they have clinically improved (a residual post-viral cough can persist longer and does not preclude return to work). They will either be entitled to sick pay or, depending on the terms of their contract of employment, statutory sick pay. Details [here](#).

If the question relates to a self-employed colleague, see ‘[Context](#)’

What if an employed member of staff needs to care for a dependent?

Generally, if a dependent has been asked to self-isolate, the employed member of staff member will have also been given the same instruction and will follow the sickness advice above.

In the event of school closures, it is likely that alternative childcare is going to be very difficult to source given the social distancing advice. You should refer to your current 'dependents leave policy', which may provide for some paid leave alongside a period of unpaid leave/holiday. However, in the event of mass school closures, it is possible that the government will give some direction around this.

If the question relates to a self-employed colleague see ['Context'](#).

What if an employed member of staff is refusing to come to work?

If there is no reason for the employed member of staff to self-isolate, then you should attempt to alleviate their fears. Use the resources available on the CSP and Public Health England websites to help them appreciate the current evidence that is informing your decision to continue seeing patients. Ensure you have the appropriate infection control equipment and policies in place to give added reassurance. If they remain concerned then careful consideration should also be given to other options, including flexible working and home working. If this isn't possible then holiday or unpaid leave could be agreed. If it is not possible to offer this or they still refuse to work then this could lead to disciplinary procedures as an absolute last resort. We sincerely hope it would not come to this.

If the question relates to a self-employed colleague see ['Context'](#).

Coronavirus and practice management

Should I be using Personal Protective Equipment when I am in contact with patients?

You should be following the latest [infection control guidance](#) issued from PHE. This suggests "Standard Infection Control Precautions should be used by all staff, in all care settings, at all times, for all patients". This includes risk assessment before a patient enters the premises, hand hygiene, respiratory and cough hygiene, and appropriate Personal Protective Equipment (PPE; aprons, gloves, eye protection, etc.), uniform laundering etc.

Although this guide is primarily for secondary care settings, much of the information is useful for other clinic contexts. PPE advice for domiciliary visits is referred to in PHE guidance that can be found [here](#).

Should I close my practice if a patient is found to have COVID-19?

Practices can remain open unless advised to close by their Health Protection Team (HPT) (details of your local HPT are [here](#)).

The current advice states:

“If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell with symptoms consistent with coronavirus infection. It is not necessary to close the business or workplace or send any staff home, unless government policy changes.”

Appropriate deep cleaning of the clinical area should be completed in accordance with [infection control advice](#). You only need to alert your local Health Protection Team if you have a **confirmed** case. Widespread testing is not currently being carried out for cases managed at home, that resolve within 7 days.

What if I am symptomatic of COVID-19?

If you have a new, continuous cough and/or a temperature of 37.8 degrees or higher, you should follow current government guidance on self-isolation and management. You do not need to contact 111 or be tested for coronavirus initially - see the PHE guidance on self-isolation. If others are continuing to work in your clinical environment, ensure they are aware to do a deep clean in accordance with infection control protocols.

If you are not clinically better after 7 days, you should use the NHS 111 services who will advise if you need to be tested for Covid-19 and give you further health advice. If you are subsequently tested for the virus and have a confirmed case, the local Health Protection Team should be alerted (Covid-19 is a notifiable disease once confirmed). You do not need to inform them of suspected cases that improve within 7 days without hospital admission.

If you do have to self-isolate, check your contract to see whether you are obliged to provide a locum. If providing a locum is going to be problematic, speak to your practice owner to see whether you can reach an agreement.

Who should I tell if I close the practice?

If you need to close your practice due to Covid-19 you have a duty of care to your patients and must inform them of your closure. You must make sure you have communicated any appropriate safety netting advice for the clinical condition for which you were treating them. You should also let them know the reason for closure and signpost them to public

facing information about Covid-19. Your patients do not need to self-isolate unless they become symptomatic.

What should employed members of staff do if my practice has to close?

If your practice needs to close, we suggest asking employed members of staff to undertake some tasks from home such as completing CPD courses. They may also be able to utilise tele-health/skype consultations with patients if you have this facility. Guidance has now been published on the CSP website to support these alternative modes of delivery: <https://www.csp.org.uk/publications/covid-19-guide-rapid-implementation-remote-consultations>

If it is not possible to provide any work during the closure then employees will still need to be paid unless it is covered in the contract or agreed otherwise. See ACAS for further info <https://archive.acas.org.uk/index.aspx?articleid=1639> Staff who are sick or in self-isolation during the closure, will continue to be entitled to receive the standard sick pay.

If the question relates to a self-employed colleague, see 'Context'.

What if the practice can't meet any contractual obligations (e.g. NHS or corporate contracts) because of the disruption?

Most contracts have a force majeure clause to help a practice if it cannot meet its contractual obligations, because of something happening outside their control; known as a force majeure event.

COVID-19 can amount to a force majeure event. If, because of issues with COVID-19, a practitioner is ill or the practice has to close, the practice can claim that they have been prevented from meeting their obligations because of a force majeure event.

Will my insurance cover me/my practice?

We advise you to get in contact with your business insurance provider to confirm whether you are covered for loss of earnings or business disruption due to COVID-19.

Coronavirus and your patient management

If a patient is in a high-risk category (for example, over 70 with pre-existing health conditions), should I cancel non-emergency treatment?

Current guidance suggests that these groups of patients should be restricting their contact with others to an absolute minimum. Remote access to healthcare is strongly advised therefore a risk assessment should be completed to ensure that you are acting in the best interests of the patient by continuing all but clinically essential treatment. Your risk

assessment should include aspects such as mode of transport to the clinic, contact with other patients etc. You should discuss your reasoning with your patient, taking into account their wishes but remembering your overarching duty of care. You should ensure you have signposted them to appropriate resources that could assist their condition and provided appropriate safety netting advice.

Regardless of age, if the patient has a new, continuous cough or a temperature of 37.8 degrees or higher, you should cancel any scheduled treatment and signpost them to public facing resources such as <https://www.nhs.uk/conditions/coronavirus-covid-19/> which tells them when to access 111 services.

Can I continue with group-based rehabilitation?

Given the advice on social distancing, group based therapy is now unlikely to be appropriate. Consider alternative methods of delivery.

What should your practice be doing about COVID-19 in your premises?

Your practice should be following the NHS England [Standard Operating Procedure](#) for COVID-19 and all the accompanying national guidance including infection control advice. This may include:

- Assuring patients that you are still open but to not enter if they are symptomatic of COVID-19
- Ask everyone (patients and site visitors) to wash their hands on entry to the premises
- Disinfect all equipment including couches between patients
- Disinfect any card machines between uses
- Ask patients to alert the practice if they're diagnosed with COVID-19 within 7 days of their last appointment at your practice so that you can follow government guidelines
- Keep social media pages updated with the latest advice so that it's easily accessible to all
- Provide a sealed bin for used paper towels and tissues
- Provide signs in public places (sinks and hand gel stations) showing the proper procedure for washing hands and using hand gel
- Signs up reminding everyone not to touch their face with dirty hands

Can I continue to offer domiciliary visits for MSK patients?

If you check with your patient that they are asymptomatic and that their household is not self-isolating because another family member has symptoms, then this visit may be able to go ahead. However, a risk assessment should be completed to ensure you are acting in the best interests of the patient by continuing community visits, especially if these are to deliver

routine care. Further guidance on community home visits is due imminently and the CSP will provide further resource based on this as soon as possible.

In the meantime, useful advice about visiting patients in their homes (including infection control procedures) can be found [here](#).

There may be additional questions about patients that are vulnerable and have been discharged home from hospital with complex issues in due course. Please check this page and the CSP resources regularly.

Additional sources of support

- You may have insurance to cover you for sickness absence. It is worth checking your own insurance policies.
- Visit the Government or FSB website for further information about matters pertaining to your business.
- For support and friendship from our Physio First community join and participate in our private forum on LinkedIn.
- Keep reading these FAQs as they are updated and as things change we will be talking to the CSP regularly.