

Checklist for allied health service staff and practitioners while delivering face-to-face services during the COVID-19 pandemic*

Checklist for practice/clinic settings			
Infection prevention and control – staff and management	Yes	No	N/A
To be completed at the start of the day			
Have practitioner shifts been split to decrease the number of people in the clinic at any one time where possible?			
Has the daily COVID-19 health check email been sent to all staff and completed by staff prior to each shift?			
Have patients been advised to attend appointments alone (if they do not require carer's support)			
Is it likely that there will be more than 1 patient in the waiting room?			
If yes, is there adequate physical distancing space in the waiting room? (at least 4 sq m/person and at least 1.5 metres apart)			
Is alcohol based hand rub <i>or sanitiser</i> (ABHR) available for patients and staff in the waiting room?			
Is there a sign for patients to use ABHR upon entering allied health service waiting room and upon departure from clinic?			
Are there non-touchable educational materials in the waiting room about COVID-19 about physical distancing, hand and respiratory hygiene, cough etiquette etc.?			
Have staff completed the DoH Infection Prevention and Control training? https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training			
Screening and triage processes – reception staff	Yes	No	N/A
To be completed by reception staff for each appointment booking			
Has the receptionist asked the screening question of COVID-19 symptoms including fever, cough, sore throat or shortness of breath in the past 14 days?			
Has the receptionist asked the screening question of recent potential exposures based on guidelines for self-isolation? (e.g. contact with a confirmed or suspected COVID-19 case in the past 14 days? Travel to 'hotspot' areas? Symptoms of COVID-19 in past 14 days?)			
If patients answer yes to the screening questions, have patients been asked to not be treated face-to-face until they are no longer required to self-isolate/quarantine and are fully recovered?			
If patients answer yes to having symptoms of COVID-19, have they been advised to stay home, organise to get tested for COVID-19 and contact the COVID hotline at 1800 020 080, their GP or fever clinic should they require further information?			
If patient answers yes to the screen questions, has staff checked if the patient has recently been in the clinic and alerted the clinician and manager if so?			

Has there been an explanation to the patients for why face-to-face treatment is not possible at this time given their yes responses to the screening questions?			
Have patients been asked to be treated via telephone or videoconference (telehealth) where possible?			
Infection prevention and control – practitioners	Yes	No	N/A
To be completed by practitioner for each consultation			
Is there ABHR in the treatment room?			
Has the practitioner performed hand hygiene using ABHR or soap and water before meeting a client?			
Has the practitioner followed standard infection prevention and control precautions and made a risk assessment to determine the level of PPE required, if any?			
Has the practitioner donned appropriate PPE prior to conducting the consultation?			
Has the practitioner practised hand hygiene before donning gloves, if gloves are necessary?			
Has the practitioner followed hygiene rules by not shaking hands, or touching their eyes, nose, mouth, or face?			
Are practitioners positioned at least 1.5 metres from a patient during consultation unless closer ‘touch’ assessment is required?			
Is the practitioner limiting non-essential treatment to the face, TMJ, etc?			
If treating the patient’s cervical spine, is the patient in prone and sidelying positions, with minimal time spent supine?			
Has the practitioner removed PPE appropriately at the end of the consult?			
Has the practitioner stored or disposed PPE appropriately?			
Has the practitioner practised good hand hygiene after each step of removing PPE and then appropriately stored or disposed of PPE?			
If practitioner is responsible for cleaning consult room: <ul style="list-style-type: none"> - Has the practitioner worn gloves to clean the room? - Has the practitioner cleaned the treatment table, contact surfaces and door handles with TGA approved detergent/disinfectant wipes or detergent/disinfectant product using disposable or laundry safe cloth, and changed linen for next patient? - Have fabric table covers, disposable paper face covers, and towels been removed? 			
Fomite transmission and cleaning	Yes	No	N/A
To be completed routinely (hourly each day)			
Have staff worn gloves to clean surfaces and surrounds?			
If staff are responsible for cleaning consult rooms: Have staff cleaned the treatment table, contact surfaces and door handles with TGA approved detergent/disinfectant wipes or detergent/disinfectant product using disposable or laundry safe cloth, and changed linen between patients?			
Have used fabric table covers, disposable paper face covers, and towels been removed from consult rooms?			
Have all magazines, reading material and kids’ toys been removed from the waiting room?			

Have pens been removed from reception desk?			
Are the patients paying cashless only?			
Are the reception staff regularly (include frequency) cleaning and disinfecting (e.g. combined detergent disinfectant product):			
Surfaces and chairs in the reception area?			
Telephones and EFTPOS/HICAPs machine at reception desk?			
All door handles?			
Buttons and railings of the practice lift?			
Stair railings?			
Toilet buttons and taps?			
Any other high-touch surfaces?			
Has the sign off sheet for cleaning been completed every hour and scanned at the end of the day?			

**The Checklist was prepared by the Australian National University as part of a pilot study for the Department of Health. The Checklist is a living document and is provided for information only. The Australian National University does not provide any warranty or representation that the information on the Checklist is error free or fit for any particular purpose. The Checklist does not represent policy advice or guidelines to be used by allied health care staff and practitioners operating during COVID-19 to minimise the risk of COVID-19 transmission and should be treated as a living document to be tailored to specific COVID-19 situations. Anyone relying on the Checklist should continue to follow the advice of the Commonwealth, State and Territory governments, and health departments and use it in conjunction with the advice, laws and regulations of your relevant jurisdictions.*



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Source credit:

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