



## *Covid-19, Clinic Re-opening plan*

*thank you*  
*for being so patient*

It has taken quite a while to formalise our plan for reopening. Like many businesses we have had to make many changes in order to provide a safe environment for our clients and us. After liaising with government bodies, governing bodies and insurance companies we are now in a position to reopen from 1st June for urgent cases only.

We have had to take several steps in order to be Covid secure and the following is some of the differences you will notice when you are next in the clinic

# Key Steps Taken

1

## *Treatment Spacing*

We will not be running at normal capacity and will only have 50% of sessions running. In addition appointments will have extra spacing between. This will allow for additional room cleaning time and prevent patient crossover.

2

## *Soft Furnishings*

All soft furnishings in clinic are now disposable or wipeable to ensure all items /surfaces can be disinfected between treatments. Disposable blankets and pillow cases will be used.

3

## *Soap + Disinfectant*

As has always been the case, practitioners wash their hands prior to any physical contact and again immediately after. We will also ask patients to wash their hands on entering the clinic.

4

## *Opening Doors*

Please allow practitioners to open all doors for you on arrival and exit. But rest assured that all door handles are disinfected after each patient.

5

## *Masks, For You And Us*

Practitioners will be wearing masks on arrival and we have also spaced chairs in treatment rooms 2m apart. Patients will be asked to wear masks also. You can bring your own mask but the clinic will also provide them.

6

## *New Cleaning Routines*

We have fully reviewed our cleaning procedures and increased the time between clients for thorough room cleaning. The clinic is fully stocked with soaps, disinfectants, wipes and all other PPE equipment. We have also purchased UV filter lights for added disinfecting.

7

## *Toilet Facilities*

The toilet facilities will remain open but we mention that it may be easier to go before or after attending the clinic. We will ask clients to wipe down door handles etc with wipes provided for those who do use the facilities

8

## *Reception Service*

We will be using a substantially reduced reception service in the initial weeks, where practitioners will fill more roles. Please bear with us as it may take a little longer to reply/sort payments or complete bookings

## 9 golden tips...

before and during treatment.

01.

### CHECK SYMPTOMS

Do you have a cough or fever? If for any reason you are unsure whether you should visit the clinic please ask us.

02.

### BATHROOM

The bathroom is still open for use however I encourage you to use your own bathroom before and after treatment.

03.

### BE ON TIME

Please arrive promptly. As there will be limited reception, if you are early, please wait outside to reduce the waiting room . Unfortunately we removed all magazines so there is no point in being early anyway!

04.

### WASH + DISINFECT

On arrival, please wash your hands for min. 20 seconds with soap followed by hand sanitiser. We may also take your temperature, digitally.

05.

### MASK

Out of courtesy, I ask that you wear a mask at all times whilst in clinic, until we get further guidance on this from GOV / WHO.

### 06. Consent

New government guidelines mean that we will require renewed consent from all clients. This is to state that you do not think you are at risk of bringing Covid-19 to the clinic and that you consent to a treatment where practitioners will come within two metres of you. This can be done at the clinic or emailed to us beforehand.

### 08. Coughs + Sneezes


Please adhere to good hygiene practice and cough / sneeze into the crook of your elbow to avoid spreading of germs.

### 07. Urgent Care only

Initially we will resume by seeing urgent care clients only. This will be decided by the practitioner on a case by case basis. However, any condition that would see you go to hospital urgently, severe pain, current IVF treatment. It can also include those who are struggling mentally or emotionally. If in doubt, give us a call to discuss.

### 09. Payment

Payment will be taken by practitioners initially. For full printed receipts, please request and they can be organised promptly.



## *Any Suggestions?*

We want to ensure that you feel like your health and safety is catered for from the moment you book your appointment to the moment you walk out of the door. The clinic has done a full risk assessment and worked hard to provide a secure environment but if you think of anything else or if there is any questions in advance of your treatment, please email [reception@londonacupuncture.co.uk](mailto:reception@londonacupuncture.co.uk)

*We look forward to seeing you*

*in clinic*

*very soon. Stay Safe.*

*Everyone at the London  
Acupuncture Clinic*



## Health information: Covid-19 consent form

Name

(please print)

Date

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### Covid-19 screening information

1 Have you had a fever in the last 7 days?

(feeling hot to touch on your chest and back)

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

2 Do you now, or have you recently had, a persistent dry cough?

(coughing a lot for more than an hour, 3 or more coughing episodes in 24 hours or worsening of a pre-existing cough)

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

3 Have you been in contact with anyone in the last 14 days who has been diagnosed with Covid-19 or has coronavirus-type symptoms?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

4 Have you been told to stay home, self-isolate or self-quarantine?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

5 Do you have any other symptoms that may mean you have a Covid-19 infection? (loss of taste and smell, unusual fatigue or shortness of breath)

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

### Consent for treatment

I understand that, because my treatment may involve touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including Covid-19.

I give my consent to receive treatment from this practitioner.

I am the	<b>Patient</b> <input type="checkbox"/>	<b>*Parent/Guardian/Carer</b> <input type="checkbox"/>	<b>Practitioner</b> <input type="checkbox"/>
<b>Name</b>			
<b>Signed</b>	At the London Acupuncture Clinic		
<b>Date</b>			

**\*If you are signing on behalf of the patient, or if the patient is a minor, please state your relationship with the patient below:**

I am the patient's