



The Royal College of  
**Chiropractors**

## A process to assure safe chiropractic practice during the covid-19 pandemic

To date, the RCC has advised chiropractic clinics to be closed on the basis that it has been infeasible for chiropractors to provide face-to-face care that reaches an essential threshold of safety during the covid-19 pandemic.

With the R value of covid-19 falling below 1, active introduction of test, track & trace, and essential PPE becoming more accessible, the RCC recognises that it may be feasible for some chiropractors to decide that, in their professional opinion and depending on their individual circumstances, they are able to offer face-to-face care to some patients. However, the duty to protect the health and welfare of patients remains paramount and this document does not constitute advice that routine face-to-face chiropractic care should be resumed.

The RCC advises that the decision of a chiropractor to provide face-to-face care can only be taken if a stringent risk management process that protects patients, staff, visitors and chiropractors has been put in place, that no alternatives such as remote consultations are appropriate, and that the need to provide face-to-face chiropractic care for individual patients outweighs the minimised risk of covid-19 transmission.

It is important that every chiropractor is directly involved in the risk management process to ensure full engagement in establishing the special culture of safety required in clinics at this time. The process would include, but would not necessarily be limited to, the following key requirements:

**1. Practice consistent with the [GCC Code](#), [HSE law](#), local authority requirements, other specific [legislative requirements](#) and [government advice](#), and **appropriate insurance cover** is in place.**

**2. A formal [risk assessment](#) that considers your professional responsibilities and the risks to patients, staff, clinic visitors and the practitioner has been undertaken and documented.**

*Further resources*

[HSE - Managing risks and risk assessment at work](#)

[HSE – Working safely during the Coronavirus outbreak](#)

**3. An **action plan/policy** that can be used to mitigate the risks identified has been formulated and implemented. This will be extensive, but note that the safety threshold can only be reached if the following risk management actions are included:**

- Strict implementation of [social distancing](#) wherever possible
- Use of the appropriate PPE as [defined by PHE](#) where social distancing is not possible (i.e. during care delivery), including the necessary training in [donning](#) and [removing/disposing of](#) PPE

*Further resources*

[A visual guide to safe PPE](#)

[HSE Coronavirus latest information and advice](#)

- Initially limiting the cohort of face-to-face patients to those with essential clinical needs for whom a risk-assessed rationale for care has been determined and documented
- Initially avoiding contact with individuals who are part of the [clinically vulnerable/clinically extremely vulnerable groups](#)

4. A **contingency plan** comprising policies to manage possible adverse eventualities including clinic [decontamination](#) and chiropractor/staff sickness resulting in the service not being able to function.

5. An **informed consent** policy and process is in place to ensure patients are fully aware of the risks and the clinic's action plan/policy, and consent to attend for care under those circumstances.

6. Ongoing staff **training**, in all relevant aspects of the risk management process, scheduled and undertaken as required.

7. All aspects of the risk management process are regularly **audited and reviewed** noting that changes may need to be made in response to changes in government advice and other authoritative requirements.

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RCC, 12 May 2020