ATACP Recommendations for safe aquatic physiotherapy practice in relation to the COVID-19 pandemic

Recommendations in accordance with Government, NHS, Public Health England (PHE), Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, Chartered Society of Physiotherapy (CSP) and the Pool Water Treatment Advisory Group (PWTAG)

This information is provided as being accurate as of 19th April 2021.

These recommendations are made to minimise the risk related to COVID-19 when providing aquatic physiotherapy in a hydrotherapy pool. The treatment of COVID-19 patients is not included within these recommendations.

COVID-19 has affected aquatic physiotherapy services due to minimising social contact, additional cleaning measures and ensuring effective pre-swim hygiene to reduce the risk of spreading the virus. It is understood there is a balance required between 'worse case' scenario management and the practicality of implementing the recommendations.

The ATACP make the following recommendations based on further research related to COVID-19 and ongoing advisory group revisions. If working within an organisation, it is advised to also liaise with your Infection and Prevention Control and Health and Safety teams. Any changes to the previous ATACP recommendations published 7th July 2020 have been written in ***bold****:*

1. All patients must be screened prior to treatment. Treatment should not be provided to anyone with absolute contraindications (ATACP Guidance on good practice in aquatic physiotherapy https://atacp.csp.org.uk/publications/guidance-good-practice-aquatic-physiotherapy) or to those who present with the main symptoms of COVID-19 as stated by the NHS https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/ of:
    - high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
    - new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
    - loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

    In addition, those who are having to self-isolate due to coming into contact with someone with COVID-19 symptoms should not attend treatment.

2. If treatment can be directed by the aquatic physiotherapist on poolside, maintaining social distancing of 2m, this would be recommended to minimise risk of viral spread.

3. For those patients who require assistance within the water from the aquatic physiotherapist, a risk benefit analysis should be performed to decide whether hands on treatment is appropriate in accordance with CSP face to face consultation guidance.

For CSP guidance on Face to Face consultations see https://www.csp.org.uk/system/files/publication_files/Face to face England_webversion_FINAL.pdf
For HCPC guidance on Adapting your practice in the Community see https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/adapting-your-practice-in-the-community/

4. Patient numbers should ideally be 1:1. If the hydrotherapy pool is large enough for more patients, ensure 2m social distancing can be maintained within the pool as well as throughout the reception/waiting room, changing area, showers and poolside.

5. **All staff and patients must comply with pre-swim hygiene measures to minimise the risk of pool water contamination and potential transmission of COVID-19. Bather pollution is from sweat, urine, faecal matter, body deodorants, oils and moisturisers. It is important to full body shower, ideally with soap prior to putting on swimwear. This removes the pollutants which would otherwise use up the available free chlorine required to combat the COVID-19 virus. Hair should be clean, tied up (if long) or covered with a swim hat**.

   In accordance with PHE and NHS COVID-19: infection prevention and control guidance (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf) clinical PPE recommendations include the wearing of *type IIR surgical face masks for low or medium risk patients*, for both the therapist and patient (if feasible), where the therapist is providing hands on treatment within 2m.

   If either the patient or therapist are required to submerge in the water, then wearing a face mask is not possible. The mask should be removed for the submersion and stored on the poolside in a disposable bag. The face mask must be replaced for exiting the pool.

   If the face mask becomes wet it will be ineffective and needs to be changed. A full-face shield or visor could be used to prevent the mask becoming wet through water splashing onto it.

   On poolside full PPE (mask, apron and gloves) is required when within 2m of a patient.

6. The current ATACP standard of at least two members of emergency evacuation trained staff within the pool area must be complied with. Appropriate PPE must be available including face masks, aprons and gloves in the pool area. For CPR follow your local policy.

7. **PWTAG technical note 44 Disinfecting coronavirus in pools (https://www.pwtag.org/technical-notes/) provides clear guidelines on disinfection requirements.**

   <u>Frequently touched surfaces</u> eg. door/toilet handles, taps, lockers and changing cubicles, ladder rails, and push buttons on equipment) should be cleaned and disinfected at least twice daily, and when contaminated with secretions, excretions or body fluids.

   <u>Changing rooms, toilets and lockers areas</u> should be cleaned and disinfected at least twice a day, and ideally after each session.

<u>Pool surrounds</u> should be cleaned and disinfected with 1,000 mg/l hypochlorite solution at least twice a day, ideally at the end of each session. Ensure cleaning residues go to drain and not into the pool system. It is not enough to clean the pool surround with either swimming pool water or tap water alone.

<u>Stainless steel and similar metal fittings and surfaces</u> should not be disinfected with a strong chlorine disinfectant solution as this will increase the risk of pitting corrosion. They should be wiped over with alcohol wipes at least twice a day to deactivate the virus.

<u>Pool equipment</u> should be cleaned and disinfected after each session. If the equipment is permeable or open celled it should be submerged in a solution of either 100mg/l hypochlorite for 10 minutes or 1000mg/l for 1 minute, then rinsed off with tap water before re-use. This is to ensure adequate disinfection of any viral cells in water retained within the open celled material, and in water passing through stitching into the material. If the equipment is impermeable or closed celled it can alternatively be wiped down with 60% v/v ethanol or 70% v/v isopropanol and then allowed to air dry.

8. PWTAG TN46 recommend:
   Reducing recirculation and increasing the proportion of outside air reduces contamination generally, including disinfection byproducts and any airborne viruses. It is recommended that any pool hall ventilation system which normally runs with recirculation should where possible maximise the input of outside fresh air.

9. PWTAG advise a free chlorine concentration of 1.5mg/L to get at least 99.99% inactivation in 30 seconds in pool water with the pH 7.0-7.2 regardless if secondary disinfection used such as UV or Ozone. The table below indicates the residual free chlorine required at higher pH levels.

pH value	Minimum free chlorine concentration
7.0	1.5mg/l
7.2	1.7mg/l
7.4	2.0mg/l
7.6	2.7mg/l

Pools which use alternative disinfection to chlorine, such as Baquacil, are not recommended for clinical use.