

COVID-19 – POLICY STATEMENT FOR HASLEMERE CHIROPRACTIC CLINIC

PROCEDURES, PROTOCOLS & INTERVENTIONS

Statement of Intent

Haslemere Chiropractic Clinic is operating with the utmost regard to the safety of patients, non-clinical staff and practitioners. The patient's 'desire to receive treatment will at all times be balanced against the necessity to provide a safe and hygienic environment for all parties, in compliance with the requirements of the General Chiropractic Council, and standards of Infection Control set out by Public Health England¹.

Patients with COVID-19 symptoms, or at risk of having been exposed to COVID-19, or generally feeling unwell, will not be allowed access to the Clinic. In addition, transmission based precautions will be exercised to reduce the risk of infection from an asymptomatic carrier.

Definitions

“Building users” refers to patients, non-clinical staff, practitioners, and anyone else who is given permission to enter the building.

“The Clinic” refers to “Haslemere Chiropractic Clinic”

1. Prevention of introduction of infection to the premises

- i. Infection screening on arrival at the Clinic. Non-clinical staff and practitioners must self-check against scripted questions and record this has been done every time they attend Clinic. Patients will be asked to consider their personal infection risk before entering the Clinic. A Health survey is sent to all patients to complete 24 hrs before every visit. If they do not complete the survey online, the Receptionist will run through the survey on the doorstep. Health Screening questions are also displayed clearly on the front door, and are included in all confirmation and reminder emails. Patients are asked not to attend if they answer “Yes” to any of the questions. These questions are consistent with the Government Coronavirus advice². The Clinic reserves the right to refuse entry to the building to anyone who as a result of this screening is considered to be at risk of having, or having been exposed to, COVID-19.

See Appendix A for Online Health Survey, and Health Screening questions, as shown on the front door, online bookings page and the text on routine diary generated notifications.

Therapists and non-chiropractic practitioners are permitted to work in the building, provided that this is compliant with all regulations in place at the time, and that they take responsibility for health screening their clients.

- ii. Temperature screening on arrival. Non-clinical staff and practitioners must self-check their temperature on arrival at the Clinic and record this has been done; patients must be checked using a non-contact forehead or ear thermometer before they enter the building. Anyone with a temperature in excess of 37.8⁰C will not be granted access to the building. Team members are required to wear a mask and gloves for this procedure; patients are requested to wear a face covering when they come to the door. The Clinic reserves the right to refuse entry to the building to anyone who as a result of this temperature screening is considered to be at risk of having COVID-19.

Therapists and non-chiropractic practitioners are permitted to return to work in the building, on condition that they take responsibility for conducting a temperature check of their clients on arrival.

- iii. Hand sanitization on arrival. All building users must sanitise their hands (in the entrance hall) or wash hands in the downstairs cloakroom immediately upon arriving. A best hand washing practice poster will be displayed by all hand basins³.

Therapists and non-chiropractic practitioners are permitted to return to work in the building, on condition that they require their clients to sanitise their hands on arrival (or wash them in the upstairs bathroom if preferred).

- iv. Clothing to be clean and uncontaminated. Non-clinical staff and practitioners are to change into clean work clothes when at work, or immediately before travelling directly to work. Used work clothes are to be placed in a scrubs bag and washed at 60⁰C on the Clinic premises. Scrubs are provided for this purpose.
- v. Minimise personal items brought to Clinic. All building users requested to bring minimal personal belongings into the building. Any items brought to the clinic should be placed on a hard surface that can be sanitised when they leave. Sharing of pens and other stationery items should be avoided as much as possible. Non-clinical staff and practitioners are provided with a personal stationery box for pens, pencils, highlighters and erasers. Any shared items of equipment, such as Surface Pro Tablets, must be sanitized by the person who has used them at the end of their session.

2. Maintain social distancing

Social distancing protocols are based on the requirement to maintain a 2m distance between all building users wherever possible. A distance of not less than 1m is acceptable for brief interactions and when passing other building users in confined spaces. Building users are to wear appropriate PPE when sustained contact of <2m is unavoidable¹.

- i. Management of the number of people in the building by adapting the Clinic schedule. Initially attendance was restricted to 1 chiropractor and 1 non-clinical staff member to be on duty at once. Additional non-clinical staff are now permitted in the building provided that a 2m distance from other building users can be maintained, apart from brief moments when passing in a confined space. If Team members need to be within less than 2m of each other for more than a maximum of 5 minutes, face coverings should be worn. Sustained contact of less than 1m should be avoided.

A 2nd chiropractor is permitted to work in the building provided that patient flow is managed to prevent any 2 patients being in the same part of the building at the same time, including arrival at the front door, and there is adequate time for sanitization of treatment rooms and public spaces between patients. Patient appointments are to be staggered to ensure that only 1 patient arrives at a scheduled time, and to allow time for the treatment rooms to be well ventilated and cleaned between patients. A One Way System is in place; Patients will exit through the back door/flat door to avoid close proximity to other patients at the front door and entrance hall.

Management of patient flow has become more critical with the addition of the second treatment room upstairs. At the end of every day the evening receptionist should identify clashing arrival times in the diary for the next working day and ensure that staggered arrivals have been organised. A note should be made against the booking to explain the arrangement made. At the beginning of their working day, the morning receptionist should identify potentially clashing arrival times and check that arrangements have been made.

Therapists and non-chiropractic practitioners are permitted to return to work in the building, on condition that they only use the upstairs rooms, and use the Flat door for entry and exit of their clients. Client arrival times must be discussed and agreed with Reception to avoid clashes with chiropractic patient flow.

- ii. Management of the number of people in building by restricting access with an internal latch. The front door must be secured with an internal latch. All building users must ring the bell and wait to be met at the door. The Chiropractor or Receptionist on duty will control access of patients to the building, subject to completing a health check. The Receptionist will control access to the building for anyone else who comes to the door, e.g. deliveries, and will provide the visitor with clear instructions to maintain social distancing and infection control standards.
- iii. Management of compliance with social distancing policies. Floor markers, clear signage and clear instructions will be given to all building users. The Risk Assessment will be constantly monitored by non-clinical staff and practitioners, and modified if social distancing is likely to be compromised.
- iv. Distance of 2m maintained between non-clinical staff and patients as much as possible. This has been enabled by positioning of floor markers and signs, removal of seating from Reception (except for 1 chair in far corner to be reserved for patients who feel unsteady; not for waiting), and the positioning of Reception area furniture. All procedures are regularly risk assessed and conducted in compliance with the agreed protocols. A distance of not less than 1m between non-clinical staff and patients is acceptable for brief moments, but must be kept to a minimum. Contact time at 1m must not exceed 5 minutes, and should only occur if the Perspex screen is acting as a barrier, or both parties are wearing face coverings. At all times, non-clinical staff have the discretion to ensure that a social distancing is maintained to their personal comfort level, and in compliance with protocols in place, by providing clear instructions to other building users.
- v. Distance of 2m maintained between non-clinical staff and practitioners as much as possible. A minimum 2m social distance should be maintained between all building users whenever feasible; this may be reduced to a distance of not less than 1m for short periods, i.e. up to 5 minutes. Zoned work areas for the receptionist and chiropractor are in place. Practitioners may only briefly pass beyond the Reception entrance for a specific purpose, must not remain within 2m of the receptionist for longer than necessary, and should always remain at least 1m apart. Face coverings should be worn by all team members when they are in shared areas of the building. Contact of less than 1m must be avoided, apart from brief moments of close proximity, e.g. passing in a corridor, are not considered to carry a significant risk of virus transmission.

The Receptionist must control access to their working area, and request a greater social distance if they are uncomfortable at any time. Receptionists must avoid passing beyond the entrance to the kitchenette/office when a chiropractor is in that area.

The Chiropractor must control access to their working area, and request a greater social distance if they are uncomfortable at any time. Clear communication is required between team members, particularly when they are in communal areas, to minimize close proximity.

All Team members should be mindful of the "Test & Trace" process, and maintain social distancing that would not be considered to present a risk in the event of a T&T investigation. To qualify as a contact, one will have been within 2 metres of the infected person for a total of 15 minutes during a shift. This could comprise several brief contacts within 2m, or a single longer period of contact. All practitioners and non-clinical staff are asked to reduce the risk by avoiding long conversations with each other. If a

longer conversation is unavoidable, it is essential that a distance of more than 2m is maintained, that masks are worn and the conversation occurs in a well ventilated area.

- vi. Distance of 2m maintained between practitioner and patient for as much of consultation as possible. All Treatment Rooms are set up to enable the patient to be seated in a chair 2m from the practitioner for any history taking and discussion element of the consultation. Whenever possible a 2m distance should also be maintained when demonstrating and supervising exercises. PPE must be worn throughout the consultation. For the chiropractor, minimum PPE includes gloves, apron and mask (IIR), with the addition of a face protection (either a visor or safety goggles) subject to risk assessment, Government regulations in place at the time and General Chiropractic Council guidance.

3. Managing the risk of droplet and airborne transmission

PHE advises that there is an increased risk of droplet transmission within 2m of an infected person, although if other protective measures are in place a distance of not less than 1m offers a degree of protection. Airborne transmission mainly relates to patients where aerosol generating procedures are conducted, which are not performed in the chiropractic setting, although it is considered that aerosols may be spread by breath and speech. Therefore, transmission based precautions have taken into account the risks associated with airborne transmission and have been implemented beyond the requirements of Public Health England for non-COVID-19 ambulatory care.

- i. Ventilation in all rooms. Double aspect windows should always be at all times. During cold weather, window opening may be reduced to a minimal amount (e.g. the security latch). However, additional air circulation in the room should be achieved during the cleaning process by increasing the ventilation from open doors and windows. This is particularly important during colder weather when ventilation from windows is reduced whilst the patient is being treated. It is known that an increased number of air changes per hour reduce risk of transmission from airborne infection¹. A single air change is estimated to remove 62% of contamination.
- ii. UV-C Air Purifiers. All rooms are equipped with air purifiers which have a HEPA filter and UV-C filtration system. These which must be kept running on the middle setting whenever a room is in use during a session.
- iii. Good personal hygiene to be observed by all building users. "Catch it; bin it; kill it" posters are displayed. Chiropractors and non-clinical staff must wash their hands regularly. Chiropractors must wash their hands thoroughly, including the forearm, between every patient, in accordance with best practice³.
- iv. Non-clinical staff are protected by screens. Perspex screens have been installed in Reception to reduce the risk of droplet transmission if a patient coughs or sneezes. Face protection, both visors and safety goggles, is available for non-clinical staff to wear if desired for any patient encounters the other side of the screens.
- v. Practitioners must comply with PHE and GCC instructions regarding face protection during interactions of <2m. According to PHE eye protection is advised, but can be risk assessed for each patient¹. The GCC have stated that face protection must be worn for all patients. Test and Trace require chiropractors to have been wearing face protection if they are to be exempt from self-isolation if identified as having been in contact with a patient who develops COVID-19. It is therefore Clinic Policy to request chiropractors to wear face protection until the GCC remove their stipulation, and whilst T&T consider it to be a requirement for valid PPE.

- vi. Practitioners must wear fluid resistant surgical masks throughout all consultations¹. Wearing of a fluid resistant surgical mask (IIR) is required under Public Health England guidelines¹. It is Clinic Policy to require practitioners to wear a mask at all times during the consultation, unless there is a clinical justification for not doing so. Single use of the mask is taken in this context to refer to the duration of the session.
- vii. Patients are required to wear a face covering during consultation. All patients are requested to bring their own face covering. If the chiropractor considers that the patient's face covering is inadequate, they may provide the patient with a single use disposable mask. Patients do not need to wear a face covering if it compromises their clinical care or if they cannot tolerate it¹. The requirement for patients to wear a mask will be risk assessed by the chiropractor should the patient be unwilling or unable to comply with this measure.

4. Managing the risk of contact transmission

- i. Hand sanitization or washing on entry to premises for all building users. Instructions for effective hand washing are provided and must be adhered to³. Hand sanitizer is available in the Entrance Hall as an alternative to hand washing in the cloakroom.
- ii. Sanitisation of door furniture, reception and cloakroom surfaces. Non-clinical areas are to be cleaned regularly, with the aim of cleaning after every patient contact, during the session as per Public Health England guidelines, using a general purpose cleaning agent suitable for virus control^{1,5}. DuoMax is the product currently used in Clinic, which requires a 1 minute contact time to eradicate virus and bacterial contamination. Isopropyl wipes (70% concentration) or Clinell wipes can be used if preferred, and also require a 1 minute contact time to kill the virus.
- iii. Sanitisation of treatment rooms. Hard surfaces and equipment are to be cleaned with DuoMax in accordance with PHE procedures⁶. Laundry must be placed directly in a scrubs bag or pillowcase (not on the floor), as per item 4.11 in PHE Infection Control Guidance¹, and washed at 60°C.

Therapists and non-chiropractic practitioners must sanitise the room they are using to an agreed standard, with the products provided, after each client.

- iv. Minimal personal possessions are to be brought into Clinic, and surfaces where items have been placed must be cleaned. Personal belongings should be placed on a hard surface which can be sanitized afterwards.
- v. The card terminal and tablet should be sanitised before and after each time it is handled by a patient. If payment is contactless and the patient is not required to touch the terminal, it is not required for the Receptionist to wear gloves or for the terminal to be sanitized. If the payment amount requires the patient to touch the terminal, it is necessary to sanitise it before and after the patient makes contact with the terminal using a cloth with Duomax or a 70% isopropyl wipe, and the Receptionist should wear gloves.
- vi. Receptionists must wear gloves when cleaning room, and practise good hand hygiene afterwards⁵. Gloves are mandatory for cleaning the room after a patient has left, and must be changed or sanitized after each use. Donning and doffing of gloves must be in accordance with PHE "donning & doffing" instructions. A mask is not specifically required for cleaning consulting rooms, but should be worn by all staff members when outside of their zoned areas in the building. Aprons are not required unless there is

a risk of contact with bodily fluids⁵. If aprons are used, they must be disinfected after every use, and washed at 60°C at the end of every session

- vii. Chiropractors to wear gloves, and apron during treatment¹. Hand washing must be performed before and after wearing gloves, to include the forearm^{3,4}. Vinyl aprons are available as an alternative to single use plastic, and must be changed after every patient as per PHE Donning & Doffing protocols⁴. All used vinyl aprons are to be placed in a scrubs bag and washed at 60°C. It is considered that wearing a fluid resistant fabric apron, which is changed after every patient, is preferable to a single use plastic apron which due to its flimsy nature offers an inferior barrier. Single use plastic aprons are available if there are insufficient clean vinyl aprons available during a session.
- viii. Chiropractors & non-clinical staff will be trained in the correct technique to don and doff PPE⁴. A poster is displayed for reference.
- ix. Waste disposal. All disposable single use items of PPE will be disposed of as clinical waste. All soiled paper products used during the treatment will also be disposed of as clinical waste. The Chartered Institute of Waste Management advises that these items should be classified as “Offensive Waste”, and disposed of in a striped yellow bag. A small white lidded bin is provided in each treatment room for the purpose of collecting Clinical Waste. These small bins will be emptied at the end of every session. The bag will be removed, tied, and placed in the yellow lidded Clinical Waste bin. The yellow lidded bin is to be lined with a striped yellow waste bag (or a plain yellow clinical waste bag if there are no striped bags available). This bin is located in the rear storage area (“the Bunker”). When the Bunker Clinical Waste bin is full, the lining bag will be tied and placed in the locked yellow Clinical Waste wheelie bin in the back garden. Clinical Waste removal is contracted to a specialist waste management company, Direct 356.

5. Restrictions & Risk Awareness

- i. Face-to-face treatment can be offered to any patients, including those with mild musculoskeletal symptoms and maintenance patients. Craniosacral Therapy sessions are not available from 1 January until local infection rates decrease and restrictions are lifted. This is due to the length of time of the appointments, and the increased likelihood of extended face-to-face time during the consultation. As an alternative, cranial techniques may be applied during a regular treatment, within the usual parameters of patient positioning. During any consultation, the patient and practitioner positioning must be carefully managed to reduce the amount of time that is spent with the practitioner working at the patient’s head whilst the patient is supine. The majority of the treatment should be performed with the patient prone, or side lying facing away from the practitioner.
- ii. Higher risk groups. Patients who fall into higher risk groups, including those over 70 years old, those who have co-morbidities and chronic health problems, and those who are pregnant, are permitted to attend. The Corona Virus page of the Clinic website advises patients to inform Reception if they fall into a higher risk category. In addition, all patients are provided with a link to Clinic policies on the Corona virus page of the website, and instructed to only attend if they are comfortable to do so (see Appendix A).
- iii. Receptionists are not required to conduct a telephone triage for every patient, but must continue to be mindful of patients who may fall into higher risk groups, e.g. are known to be pregnant or over 70 yrs old, and draw these patients to the attention of the chiropractor. The Chiropractor will monitor higher risk patients who have booked and will conduct a telephone consultation if they consider it to be prudent. The Clinic will ensure that the maximum level of sanitisation has been achieved, and the chiropractor will carefully consider how to mitigate the risks. Video or telephone consultations are

available as an alternative to face-to-face consultations if these patients prefer; both receptionists and chiropractors must be pro-active in making the patient aware of this option if they consider it appropriate to do so.

- iv. Vulnerable Patients, i.e. those who were shielding, can be seen in Clinic. All patients will have been made aware of Clinic protocols via their booking confirmation and reminder emails. These include a link to the Clinic's Corona virus web page. On the web page, patients are instructed to inform Reception if they fall into a higher risk or vulnerable group. The Receptionist should verbally ask the patient if they fall into a vulnerable or higher risk group if they do not have an email address.

The Chiropractor must be made aware of any patients known to be in the vulnerable group, and if they consider it prudent should conduct a telephone interview with the patient to ascertain their specific needs. If the patient accepts the risks, a face-to-face appointment may be offered. This will always be at the discretion of the chiropractor, and must be risk assessed on a case by case basis. The Chiropractor has the right to refuse to see a patient for face-to-face consultations if they believe that it is in the patient's best interest to utilize telemedicine instead.

- v. Alternatives offered. Video consultations remain available for those for whom a visit to the Clinic is not advised, or who prefer not to attend. All patients will be made aware of the option of a video consultation or telephone call as an alternative to a face-to-face appointment with these listed as and treatment options on the website, in Online Bookings. Chiropractors may suggest this as an alternative to a follow-up consultation, and Receptionists should mention it as an alternative if booking a patient who has identified themselves as being high risk or vulnerable.

6. Managing the Risk of Hazardous Substances

- i. Fumes from cleaning substances. Isopropyl and Miltons (chlorine based disinfectant) can both emit fumes which could be potentially hazardous with excessive exposure. These products should only be used in well ventilated spaces, particularly when being diluted from their concentrated form.
- ii. Storage of hazardous cleaning substances. Isopropyl is a flammable substance. A 1 litre bottle of diluted 70% isopropyl will be stored on the upstairs kitchen counter in the area dedicated to cleaning products. A maximum of 4 litres of undiluted isopropyl will be stored in a wall cupboard, away from any potential source of ignition. Miltons, Isopropyl and DuoMax are all toxic if ingested. All products will be kept at counter height or in wall cupboards, in areas with no potential access for unauthorized persons, and out of reach of children.

7. If Risk Becomes Reality

- i. i. If a patient has attended and later discovers that they were contagious with COVID-19 at the time of their visit. All Clinic members who had contact with the infected patient will be made aware. A Risk Assessment will be made and action taken if the practitioner or Receptionist consider that they have been placed at risk. Team members who had contact with the infected patient will be particularly vigilant for early symptoms of COVID-19.
- ii. ii. If a chiropractor discovers that they have been in clinic whilst contagious with COVID-19. All Clinic members who had contact with the infected person will be made aware. A Risk Assessment will be made and action taken if any Team member considers that they have been placed at risk. Team members who had contact with the infected person will be particularly vigilant for early symptoms of COVID-19. As a

courtesy, any patients who were potentially exposed will be informed, but reassured that with PPE and infection control measures in place the risk to them is minimal.

- iii. iii. Immediate testing, and absence from work until COVID-19 status is known. If any practitioner or non-clinical staff member becomes aware that they are suffering from symptoms that could potentially be from COVID-19², or are believe that they have been in close contact with someone who has developed symptoms, or that any patient who has attended the Clinic has gone on to develop symptoms, they must inform the Clinic owner immediately. Symptoms that could be COVID-19 are a temperature of above 37.8°C, a persistent new cough, and loss of taste or smell². Practitioners and non-clinical staff are asked to attend for a COVID-19 test if, according to government guidance in place at the time, they meet the criteria to do so. A positive test does not involve Test and Trace in relation to interactions at the Clinic, provided that all protocols were applied and PPE was worn. Practitioners and non-clinical staff who believe they have been in contact with COVID-19, or are displaying symptoms of COVID-19, are required not to present to work until they are certain that they are not suffering from COVID-19. Any one testing positive for COVID-19, or who has been in contact with someone who has tested positive, or displayed the specific listed symptoms, must comply with the required isolation period in force at the time.
- iv. Immediate Risk Assessment. In the event that a potential for the presence of disease within the Clinic is identified, a thorough and immediate risk assessment will be conducted to establish the probability of transmission of infection. All Clinic policies and procedures are designed to minimize the risk of transmission of disease in the event of an infected person having been on the premises. All possible mitigating actions will be carried out immediately.
- v. Deep Cleaning. A deep clean of all potentially contaminated areas will be conducted, in accordance with PHE instructions. Hazardous waste will be disposed on in an orange sack. Areas which have been potentially infected will be immediately closed off and well ventilated, with no access until a deep clean has been completed.

References

1. Public Health England. COVID-19 Guidance for the remobilization of services and care settings. Infection prevention & control recommendations:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf
2. Public Health England Guide to PPE for COVID-19 Prevention & Control
<https://www.gov.uk/coronavirus>
3. Public Health England – Best hand washing protocol
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf
4. Public health England Guide to Donning & Doffing PPE
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf
5. Routine decontamination of reusable non invasive equipment
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877533/Routine_decontamination_of_reusable_noninvasive_equipment.pdf

Appendices

A. Health screening questions –Patients will be asked not to attend if they answer “Yes” to any of the health Screening questions, which will be displayed on all booking and reminder emails, on the Online Bookings site, Clinic website (Coronavirus page) and a poster on the front door. All staff must self-check before attending for work. The screening questions are:

- Have you got any symptoms of COVID-19? (i.e. a temperature above 37.8⁰C, a new continuous cough, or loss / change of smell or taste)
- Do you think you have had the virus or been in contact with anyone in the last 14 days with COVID-19?
- Are you feeling generally unwell?

Information on the Home page of Online Bookings:



Haslemere Chiropractic
relief · care · maintenance

We are delighted to offer you the option to book all types of follow-up treatments online. If you cannot find a suitable appointment, we may have additional availability, so please contact Reception. You can also place yourself on a waiting list.

Do not attend for your appointment if you have symptoms of COVID-19, have been in contact with someone who has COVID-19 in the last 14 days, or are generally unwell. For further information visit the [Corona virus page of our website](#).

For Initial Consultations, call Reception on 01428 642778 or email enquiries@haslemerechiropractic.com .

Welcome back Michelle

Message displayed on all email booking confirmations and reminders
(Inc infection control reminders, health screening questions and implied consent):

Please be aware that we have special measures in place due to COVID-19:

Arrive a few minutes before your appointment time (no earlier), ring the door bell and wait for us to let you in. If you have a face covering, please wear it when you come to the front door.

Wear clean clothes, bring the minimum of personal belongings, and come alone if possible.

During the treatment you will be asked to wear a face mask. Bring your own if possible, or alternatively we can provide you with one.

Do not come to the Clinic if you are experiencing COVID-19 symptoms or have been in contact with someone who may be infected in the last 14 days.

Further information about our COVID-19 policies and procedures can be found [on our website](#). We ask you to check the measures that we have in place, and only to attend if you feel comfortable to do so.

B. COVID-19 Consent. There is a sign on the door stating that despite the extensive measures in place, there remains an inherent risk of transmission of COVID-19. By entering the building you agree to attend at your own risk. There is also a Statement of Risk on the Coronavirus page of the Clinic website (<http://haslemerechiropractic.com/covid-19-precautions/>), which is made accessible to all patients via links embedded in all booking and reminder emails, with a request that patients review the measures in place and only attend if they are comfortable to do so.