



How we are keeping you safe
from Covid 19

Changes in Practice in Response to Covid 19

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Return to Work Precautions

THERAPIST Considerations

- Read the full General Council for Massage Therapies (**GCMT**) guidelines & recommendations. Also review the help and guidance sent out to members by the **Sports Therapy Organisation (STO)**
- Watch the Healwell video –<https://healwell.thinkific.com/courses/back-to-practice>
- Do a full Risk Assessment of practice space.
- Buy all the cleaning, disinfecting & PPE.
- Buy bin for used PPE & couch roll

Massage Practice Space

- Prepare working environment to **GCMT** and **STO** standards.
- Print off signage and all new documentation. Laminate where necessary.

Documentation required

- Complete Workplace Risk assessment
- Update client documents to include Covid 19
- Develop New consultation & consent forms
- Produce safety check lists
- Produce required signage
- Provide clients & website with new information

CLIENTS

New information

- Update information on website & social media outlets
- Contact all clients with full information on what will happen when they next book a session.
- Include a temperature chart to complete and make them aware of Covid-19 symptoms
- New clients – initial consultation will be via phone, text, messenger or video conferencing
- Existing clients – status update & Covid-19 awareness – also via phone or video conferencing
- During the consultation, do a risk assessment of suitability of client for treatment.

POTENTIAL contra-indications

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- Pregnancy
- Multiple high-risk health issues and the clinical extremely vulnerable ie. have a lung condition (Asthma, COPD, emphysema or bronchitis), heart failure, diabetes, chronic kidney disease, liver disease (such as hepatitis)
- The elderly – over 70 years of age
- NHS front line personnel and carers
- Anyone who has either had Covid-19 (including post Covid-19 circulatory problems) or been exposed to it
- It is currently NOT advised to perform treatment on the face
- If in doubt do not treat.

Remind client

- Check their temperature and any possible symptoms prior to their session. If in doubt, postpone the session
- Bring their own pen, and any signed documents or consider asking client to email back documents to therapist.
- Bring their own water if required
- Bring their own mask if they have one or therapist can supply one
- What to expect when they arrive

Managing client on arrival – use a check list of instructions

- Check their temperature
- Advise them not touch anything on the premises as they walk in
- Take off their shoes (if appropriate)
- Wash hands – sanitiser gel will be supplied
- Ask client to wear a mask, treatment will not be performed if they refuse.

Managing client on departure

- Paper towels and couch roll to be left to be disposed of by therapist
- Wash hands again with sanitiser gel
- Put on shoes
- Ask them not to touch anything on the premises on exit
- Preferably the session fee will have been pre-paid

PPE – items for Therapist Use

- Therapist to wear apron or gown, IIR face mask or visor
- Observe current Government guidance and updated as required.

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THERAPIST DECLARATION

NAME	<i>Steven Lovell</i>
ADDRESS	<i>Jarrow Sports Massage c/o 5 Wylam Street, Jarrow.</i>
POST CODE	<i>NE32 3HU</i>
EMAIL ADDRESS	<i>sl.1@live.co.uk</i>
MOBILE NUMBER	<i>0751 3923323</i>

I do not have Covid-19 to my knowledge
I have/ have not been tested for Covid-19
The test was negative
I take my temperature every day
I have not been in contact with anyone with Covid-19, to my knowledge
I am connected to the NHS Track & Trace app
If either I, or a client, tests positive for Covid-19 I will inform you immediately

SIGNED

I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true.

If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

Full name:

Date:

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CLEANING CHART

Date:

	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
ITEM								
Wash hands								
Inside door/handle								
Treatment Couch								
Cradle								
Chairs								
Desk / table								
Belongings box								
Oil container								
Change PPE								
Fresh couch roll								
Fresh cradle cover								
Room aired								
15-minute gap								

Date:

	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
ITEM								
Wash hands								
Inside door/handle								
Treatment Couch								
Cradle								
Chairs								
Desk / table								
Belongings box								
Oil container								
Change PPE								
Fresh couch roll								
Fresh cradle cover								
Room aired								
15-minute gap								

Completed by:

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CONSULTATION & CONSENT DOCUMENT – COVID-19 SCREENING

FULL NAME	
FULL ADDRESS	
POST CODE	
EMAIL ADDRESS	
MOBILE NUMBER	

TESTING	Delete which does not apply	
Have you had a Covid-19 test	YES	NO
Did you self-isolate	YES	NO
What was the date you tested negative		
Do you still have symptoms	YES	NO
Are you registered on the NHS Track & Trace app	YES	NO
SYMPTOMS - Are you experiencing any of the following?		
Fever	YES	NO
Previous symptoms getting worse: cough	YES	NO
Sore throat or runny nose	YES	NO
If any of the above, the advice is to self-isolate for 7 days		
Chills or headache	YES	NO
Painful swallowing	YES	NO
Muscle & joint ache	YES	NO
Fatigue or exhaustion	YES	NO
Loss of taste or smell	YES	NO
If any of the above, the advice is to self-isolate for 7 days. Then taking a test will be necessary. Call 119		
Shortness of breath, difficulty lying down due to chest issues	YES	NO

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If any of the above, contact your GP or call 111		
Have you been in contact with anyone with Covid-19 symptoms?	YES	NO
Have you had/ or are you experiencing Covid-19 symptoms?	YES	NO
Are you taking your temperature regularly? If so, what is the latest?	YES	NO
Have you recently been hospitalised?	YES	NO
If so, why – please describe:		
Do you have any of the following health issues		
High blood pressure or other heart condition	YES	NO
Diabetes Type 1 or 2	YES	NO
Cancer	YES	NO
Lung condition	YES	NO
Any other conditions – please list:		
Are you?		
An NHS front line worker	YES	NO
A carer – home or care home	YES	NO
Shielding a vulnerable adult	YES	NO
Pregnant – how many weeks?	YES	NO
Over 70 – will you have a companion with you?	YES	NO
Allergic to cleaning products – if yes please specify	YES	NO
SIGNED		
<p>I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.</p> <p>If either I or someone I have been in contact with tests positive for Covid-19 or have been contacted by NHS Track & Trace I will inform you.</p> <p>I consent for you to inform NHS Track & Trace if so required.</p>		
Fullname:		Date:

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RISK ASSESSMENT

RISK	ASSESSMENT OF RISK / ACTIONS TAKEN PRIOR TO STARTING WORK	DATE	INITIALS
Before client enters clinic	Develop cleaning protocol for massage room.		
	Identify entry & exit protocol for clients.		
	Develop pre-consultation paperwork for client, Develop Therapist declaration form.		
Front door	Agree required signage and access protocol with chiropractor.		
	Agree client waiting area & inform chiropractor of new working methods.		
Reception desk	Inform reception staff of new working practices		
	Provide info sheet summarising new practices to allow reception staff to answer telephone queries.		
Waiting area	Agree identified waiting area for massage clients.		
Bathroom facilities	Check toilet facilities are accessible to clients.		
Surface areas including desk in clinic room	Develop cleaning chart for massage room and protocol between sessions.		
	Develop signage for clients.		
	Provide box for clients belongings.		
Remove all books, testers, posters	Create list of items to be removed from massage room.		

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from clinic room			
	Remove items from massage room.		
Chair for client	Remove current chair and replace with one with hard surfaces to allow cleaning.		
Storage of client's belongings	Provide and label plastic storage box for client belongings.		
	Add cleaning belongings box between sessions to cleaning protocol.		
Massage couch, pillows, towels etc	Remove cloth couch cover.		
	Remove towels, pillows and face cushion.		
	Provide extra couch roll for use instead of towels.		
Laundry procedure	No procedure required all towels and couch covers to be removed.		
Contact cleaning time for sanitising	Add to cleaning check list need to allow 15 minutes between sessions for cleaning and drying of surfaces in massage room.		
Time for full clean of practice space	Add to cleaning check list need to allow 30 minutes at end of working day to fully clean room and restock disposable PPE equipment.		
Ventilating practice room	Put massage room window on the latch between sessions and at end of day to allow ventilation of room.		
Therapist's hygiene protocols	Develop cleaning procedure checklist.		
	Identify place to display cleaning checklist in view of clients entering room.		
	Buy automatic hand sanitiser dispenser and identify suitable location in		

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	massage room.		
	Place sanitiser dispenser in room.		
Use of oils	Add cleaning oil dispenser in between sessions to cleaning procedure.		
Personal Care	Create and display chart recording therapists temperature readings.		
	Add regular hand washing and changing of PPE to cleaning protocol.		
Client Consultations	Develop new contact procedure for new clients include use of electronic means to extract required medical information before first session.		
Booking Schedule	Adjust booking schedule to allow 15 minutes between sessions for cleaning.		
	Review at end of first week and adjust cleaning time if required.		
Taking Payments	Inform clients that pre-payment is required for near future.		
	Add bank transfer detail to marketing information.		
Contra-indications	Add Covid 19 symptoms and vulnerable groups to paperwork.		
	Post information on symptoms on Facebook prior to re-opening.		

Completed By: _____

Date: _____