

Risk Assessment and Procedures for Covid 19 at Therap-ease for those working in Room 3

Written by Peter Mordaunt
Version 1.32 ~~22-07-2020~~22-04-2021

Risk Assessment

<u>Hazard/Phase</u>	People involved	<u>Hazard/Risk Level</u>	Controls to reduce risk	Procedures
Client Consultations	Client / Therapist	low	<ul style="list-style-type: none"> No face-to-face consultations. Carry out consultation in advance by phone or video conferencing New and existing clients to be sent the full Covid-19 questionnaire and disclaimer before telephone consult. The therapist will fill in a consultation form over phone if required and/or check for Covid symptoms or higher risks grouping. Clients with face to face appointments should be sent the shortened covid-19 questionnaire and disclaimer form the day before their appointment. Check all clients for any allergies to cleaning products, latex / vinyl gloves etc. 	
Taking Payments	Client / Therapist/ Receptionist	Infection on cash or credit cards	<ul style="list-style-type: none"> Payment to be made using contactless only, if paying in person. Payment over the phone before treatment. Supply client with bank details to make bank transfer. No cash 	
Clinic common spaces	Client / Therapist	Infection spread into clinic common spaces	<ul style="list-style-type: none"> Pre- advise clients in email that there is no waiting area and that they should not arrive early. Meet client on time and open door taking them directly to treatment room. Client washes hands on entering and exiting room. 	

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			<ul style="list-style-type: none"> • Pre-advise in confirmation email and remind on entry that water fountain and toilet are not in use and should not be used. Bring your own water. • Client should not stay in common spaces for any longer than is necessary. • Follow up booking can be done by therapist in room or ask to call to book. • Only quick contactless payments to be taken at reception. 	
Modalities	Client / Therapist	Risks specific to techniques or tools used	<ul style="list-style-type: none"> • Techniques around neck and head <ul style="list-style-type: none"> ○ Therapist must be behind clients' head and never directly above face.<u>Client must be prone or side lying with therapist behind head and neck.</u> ○ Eye protection<u>Visor</u> must be worn by therapist. ○ Masks must be worn by both client and therapist. ○ Treatment time should be limited to no more than <u>15-10</u> mins. • Hot Stones <ul style="list-style-type: none"> ○ Must clean thoroughly after use and document and sign • Instrument Assisted Soft Tissue Manipulation (IASTM) <ul style="list-style-type: none"> ○ Must clean thoroughly after use and document and sign • Medical Acupuncture <ul style="list-style-type: none"> ○ Must wear gloves ○ Must use alcohol wipe before and after needles 	
Pre-treatment <u>Entry to clinic</u>			<ul style="list-style-type: none"> • Client to arrive as close to appointment time as possible. 	

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			<ul style="list-style-type: none"> Client to leave coats / bags in car if possible (out of sight in boot). Clients to come alone to their appointment If a guardian/chaperone is required by law it will not be possible to treat at this time. Client to don face mask / covering if they have one, otherwise there will be one for them inside front door. Keyworkers to change out of work clothing and shower before coming to their appointment, especially NHS frontline staff Client to use Therap-ease Check-In-Scotland QR code on entry. 	
Start of day/shift	Therapist	Contaminated Laundry/ Medium	<ul style="list-style-type: none"> Reduce contact with used laundry and use of gloves. Cleaners to wash used laundry. Safe Storage and transport of used laundry if applicable. 	Handling Laundry and waste
	Therapist	Therapist bringing contamination in from outside/ Medium	<ul style="list-style-type: none"> Wash hands in Therapy Room 3 immediately on arrival. Change in treatment room putting outdoor clothes directly into storage box that should be in the room. Try to ensure this is quick and minimises contact with surfaces in the room. Spray and wipe down therapists clothes box and store on the shelf in hall cupboard. Wash hands 	Hand washing Cleaning and covering surfaces Changing clothes
	Therapist	Contamination of paper notes/ Low	<ul style="list-style-type: none"> Get notes for the day out and put on clip board. Return to storage drawer and only bring out as required, taking care not to place them down on any surfaces. 	Handling Paper/Electronic Notes

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Pre client tasks	Therapist	Contamination on surfaces in the room. / High	Sanitise all surfaces between clients: <ul style="list-style-type: none"> • Couch, esp face hole and below inc floor • Face cushion and pillows • Chair • Worktop and sink/taps • Wax/oil container • Floor where client walks to couch • Door handles Inside and out • Door • Tablet and Pen 	Cleaning and covering surfaces
	Therapist	Client brings contamination in on person or Client is infectious/ High	Cover surfaces where appropriate: <ul style="list-style-type: none"> • Couch using couch roll • Face hole – double layer • Face cushion – single use washable cover and couch roll Use of PPE: <ul style="list-style-type: none"> • Face covering • Apron • Eye protection 	Cleaning and covering surfaces Donning, Doffing and disposing of PPE
Client in	Therapist/ Client	Client is unknowingly infected/ High	<ul style="list-style-type: none"> • Use of non-contact thermometer to take temperature. • Awareness of symptoms in therapists. • Email clients asking to confirm they do not have symptoms and sign disclaimer. 	Reducing Risk before, during and after Massage
	Therapist	Therapist brings in contamination from outside of room getting client/ Low	<ul style="list-style-type: none"> • Try not to brush off any surfaces in hallway. Keyworkers to change out of work clothing and shower before coming to their appointment, especially NHS frontline staff • Wash or sanitise hands on EVERY return to room. 	Hand Washing Donning, Doffing and disposing of PPE
	Client/ Therapist	Client brings contamination	<ul style="list-style-type: none"> • Open and close door for client 	Hand washing

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		in on person/ Medium	<ul style="list-style-type: none"> Client to arrive as close to appointment time as possible. Client to leave coats / bags in car if possible. Clients to come alone to their appointment, unless a guardian/chaperone is required by law. Client to don face mask / covering if they have one, otherwise there will be one for them inside front door. Ask client to wash hands on entry. Client to change putting clothes directly plastic storage container. 	Changing Clothes
		Contamination of paper notes/ Low	<ul style="list-style-type: none"> If client needs to fill in a consultation form this will be done before face to face, in telephone consultation. Use electronic form submission and notes. 	Handling Paper/Electronic Notes
Treatment	Client/ Therapist	Client contaminates items on the couch/ High	<ul style="list-style-type: none"> Ask clients to bring their own towel for the treatment and take home after. Use of couch roll and appropriate washable covers. 	Cleaning and covering surfaces
	Client/ Therapist	Client or therapist cross contamination/ High	<ul style="list-style-type: none"> Use of PPE for Therapist <ul style="list-style-type: none"> Face Covering Apron or change top between clients Eye protection – as required Use of PPE for client: <ul style="list-style-type: none"> Face covering Avoid techniques that are high risk? <ul style="list-style-type: none"> Hot Stones Tools/instruments Close or face to face techniques 	Reducing Risk before, during and after Massage Donning, Doffing and disposing of PPE

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	Therapist	Wax/oil gets contaminated/ Low	<ul style="list-style-type: none"> Use oil in a dispenser. Sanitise between clients. 	
	Client/Therapist	Contamination in air Medium	<ul style="list-style-type: none"> Ventilate with extractor fan during treatment. 	
	Therapist	Therapist takes contamination out of therapy room/ Medium	<ul style="list-style-type: none"> Wash hands after treatment. Take care not to brush off anything when outside therapy room. 	Donning, Doffing and disposing of PPE
Client out	Client/Therapist	Client contaminates room on exit/ Low	<ul style="list-style-type: none"> Clients gets changed back into clothes and packs their towel away while therapist is out of the room. Open and close door for client. Clean and sanitise room between clients. 	Changing Clothes
After client	Therapist	Used PPE is contaminated/ Medium	<ul style="list-style-type: none"> Remove and dispose of PPE in accordance with correct procedures. Wash hands after removal. 	Donning, Doffing and disposing of PPE
		Paper, face cushion cover and/or Towels contaminated/ Medium	<ul style="list-style-type: none"> Dispose of paper, folding in to contain any contamination. Store face cushion cover in container for washing. Store any towels used in container for washing and clean and sanitise between uses. 	Handling Laundry and waste
		Contamination in air Medium	<ul style="list-style-type: none"> Ventilate room for 30 mins between clients 	
		Surfaces are contaminated/ Medium	Use 'End of shift' or 'Before client' procedure to decontaminate surfaces.	Cleaning and covering surfaces
End of day/shift	Therapist	Bin has contaminated waste/ Medium	<ul style="list-style-type: none"> Wear gloves. Remove bin liner taking care to keep contents within. 	Handling Laundry and waste

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			<ul style="list-style-type: none"> Draw the draw strings and place in appropriate clinic bin area. 	
		Contaminated Towels and Face Cushion covers/ Medium	<ul style="list-style-type: none"> Wear gloves. Use draw string plastic bag (Single use) Only remove bag from storage if taking straight to cleaners. 	Handling Laundry and waste
		Contamination of paper notes/ Low	<ul style="list-style-type: none"> Take out notes and complete before returning to the storage drawer. Take care not to place notes or clip board on any surfaces. notes. Use electronic notes. 	Handling Paper/Electronic Notes
		Contamination of therapists clothing/ Medium	<ul style="list-style-type: none"> Change back into outdoor clothes, putting work clothes into your own bag to take home for washing. Clean and sanitise Therapist Clothes Container ready for next use. 	Changing Clothes Washing Clothes
		Contamination in air from clients or therapist Medium	<ul style="list-style-type: none"> Ventilate room for 60 mins between therapists 	
		Contamination of surfaces/ Medium	Clean and sanitise all surfaces before leaving: <ul style="list-style-type: none"> Couch, esp. face hole and below, inc. floor Face cushion and pillows Chair Worktop and sink/taps Wax/oil container Floor Door handles Inside and out Door 	Cleaning and covering surfaces
Therapist is infected	Therapist/clients/clinic staff	Infects others in clinic	Use of lateral Flow Test kits x 2 per week	

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Reducing risk before during and after massage

In order to minimise the risk of contamination, from outside the clinic, being brought into the treatment room, either by the therapist or the client, the following procedure should be followed.

1. Start of shift/day tasks
 - a. On arriving at the clinic go straight to bathroom and wash hands.
 - b. If there is laundry, handle appropriately and take to cleaners. Retrieve any clean laundry and store appropriately. (see [Handling Laundry and Waste](#))
 - c. Enter therapy room and change into clean work clothes brought with you, putting outdoor clothes into therapist clothes storage box. Wipe this down and store on the shelf in hall cupboard. (see [Changing Clothes](#))
 - d. Prepare notes and client list and return these to storage drawer. (see [Handling Paper/Electronic Notes](#))
 - e. Check bin liner, masks, alcohol gel, thermometer, aprons, and cleaning materials.

2. Pre client tasks
 - a. Sanitise all surfaces. (See [Cleaning and Covering Surfaces](#))
 - b. Remove disposable apron and if required change your mask. (See [Donning, Doffing and Disposing of PPE](#))
 - c. You can use waiting time for sanitising product and ventilating room to write client notes if applicable. (see [Handling Paper/Electronic Notes](#))
 - d. Wipe down surfaces to remove any excess sanitiser and then cover as appropriate. (See [Cleaning and Covering Surfaces](#))
 - e. Put on a new apron. (See [Donning, Doffing and Disposing of PPE](#))

3. Bringing client into room

Clients will not be allowed into clinic until previous client has left and suitable gaps between clients will be organised in advance to accommodate this. It is important to stick to timings to make this work.

 - a. Open clinic door and take client temperature. (see [Taking Client Temperature](#))
 - b. Bring client straight to the therapy room opening and closing therapy room door for them.
 - c. Ask them to wash their hands straight away. (See [Hand Washing](#))
 - d. Consultation and Covid disclaimer should have been filled in during Telephone Consultation and a treatment plan drawn up to minimise face to face time required. (see [Handling Paper/Electronic Notes](#))
 - e. ~~Leave client to get changed and ask them to put their clothes and all their belongings into~~
Leave client to get changed and ask them to put their clothes and all their belongings into ~~f.e.~~ Leave client to get changed and ask them to put their clothes and all their belongings into client clothing container and put the lid on.

4. Working with client in the room
 - a. On return to room wash or sanitise your hands. (See [Donning, Doffing and Disposing of PPE](#))
 - b. When working on client avoid close or face to face positions and touching your own face.
 - c. If the client is supine you should wear [a visor](#).
 - d. After treatment wash hands.
 - e. Ask client to get changed and leave the room.

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5. Bringing client out of the room
 - a. On return to room, sanitise hands.
 - b. Ask client to wash or sanitise hands before they leave. (See [Hand Washing](#))
 - c. Open the door for client as they leave and see them to reception.

6. Post client tasks
 - a. Dispose of paper coverings and store single use washable covers and towels. (see [Handling Laundry and Waste](#))
 - b. If you have another client see procedure for Pre-Client Tasks.

7. End of shift/day tasks
 - a. Sanitise all surfaces. (See [Cleaning and Covering Surfaces](#))
 - b. If wearing PPE items, from previous client, remove these at this point, putting them in room bin. (See [Donning, Doffing and Disposing of PPE](#))
 - c. Empty bin and put into clinic waste storage. (see [Handling Laundry and Waste](#))
 - d. Sanitise bin.
 - e. You can use this waiting time to write client notes if applicable. (see [Handling Paper/Electronic Notes](#))
 - f. Get changed into outdoor clothes, packing work clothes into your own bag to take home and wash. (See [Washing Clothes and other Fabrics](#))
 - g. Sanitise Therapist Clothes container and leave to air dry in therapy room.
 - h. If time is appropriate to take washing to cleaners and collect clean laundry. (see [Handling Laundry and Waste](#))

Items required:

Item required	Details	Item Required	Details
Laundry Storage	Plastic container with lid with drawstring plastic liners.	Non-Contact Thermometer	Used to take temperature on entering the room.
Client Clothes Storage	Plastic container with lid.	Gloves	To be used by therapist for cleaning, removing paper and laundry
Therapist Clothes Storage	Plastic container with lid.	Aprons	For Therapist to protect work clothes from contamination
Draw string bin bags.	To fit foot pedal bin.	Face Masks	For therapist – Fluid Repellent surgical mask
Foot operated pedal bin.	For paper waste.	Surface cleaner/ Sanitising Spray	Used to clean and sanitise all wipeable surfaces
Alcohol gel	Sanitise hands where washing is not appropriate	Washable Face cushion covers	Extra protection for vulnerable area
Poster for hand washing		Poster for PPE	Donning and Doffing
Signs or treatment room door	“Allow therapist to open/close door”	Eye protection	Safety Goggles

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Hand Washing

Background

Handwashing is essential in preventing spread of infection and should be done by both client and therapist in on entering the clinic and if any actions are carried out that could allow transfer of infection onto the hands. Good handwashing is essential and a guide to this is included and should be followed by both clients and therapists. A poster will be displayed by sink to help as a visual aid/reminder.

Procedure

Hands should be washed in the following circumstances:

- Arrival at the clinic
- After getting changed
- After setting up room
- Directly before treatment
- Directly after treatment
- After cleaning the room

Alcohol gel may be used in place of hand washing if:

- Hands are free of any soiling, i.e. wax/oil, dirt
- Hands were recently washed but contact with a surface may have allowed contamination.

Poster



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Items required

Item required	Details	Item Required	Details
Pump action soap dispenser	Antibac or not is acceptable. Already in place.	Paper towels	Single use. Already in place.
Alcohol hand gel	If hands are free of soiling and washing is not appropriate.	Poster	Visual aid reminder of good practice.

Reference

www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/

Cleaning and Covering surfaces

Background

The usual coverings for the massage couch would require to be changed between clients and washed before use and this is seen a prohibitive both from a time and a cost point of view. The aim is to create an environment in the room that minimises opportunities for infection to reside and also to be easily and effectively cleaned.

Cleaning is done in two parts. The first part removes any surface dirt, oil, grime etc with the second part disinfecting the cleaned surface. Disinfectants are inactivated easily if there is surface dirt etc, so in order to ensure a surface is thoroughly disinfected it is important to clean surfaces with soap and water or detergent first.

Procedures

Cleaning surfaces

1. Remove any soiling using soap and water or detergent, and clean paper towel (i.e. wax/oil or dirt)
2. Dry with paper towel or allow to air dry.
3. Dispose of any paper towels used.
4. Spray with sanitiser and then wipe with paper towel, ensuring all of the surface is wet, esp. around all edges, and corners.
5. Ensure all surfaces are wet and remain wet for at least 30 sec.
6. Dispose of any wipes or paper towel used.
7. After leaving for at least 30 sec you can remove excess sanitiser with clean paper towel before covering.
8. Dispose of any paper towel used.

Surfaces to be cleaned

- Couch, special attention to face hole and surfaces below face hole (couch structure and floor)
- Face cushion
- Pillows and other supports
- Taps, sink and surrounds
- Soap and oil dispensers
- Chair

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- Door and cupboard handles
- Bin (outer surfaces)
- Client clothes storage container, inside and out
- Therapist Clothes storage container, inside and out
- Tablet and stylus

Covering surfaces

1. Use only disposable paper covering
2. Apply a single layer to whole of couch
3. Double layer at face hole, pushing second layer into sides of face hole.
4. Apply single use, washable cover to face cushion.

Removing Coverings

When removing covers, care should be taken to try and contain any contamination within the covering. To do this, coverings should be removed by starting at the edges and folding in towards the centre containing any infection within the parcel that you create. These should then be immediately placed in the appropriate storage container.

1. Remove face cushion cover and place in washing storage.
2. Remove couch covering and place in bin.

Items required

Item required	Details	Item Required	Details
Reusable face cushion covers or single use disposable covers	Cotton washable covers, one per client and then washed before reused.	Paper towels	Single use. Already in place.
Couch roll	Single use. Already in place.	Poster	Visual aid reminder of good practice.
Detergent or Soap	Used to removed oil or dirt before sanitising	Sanitising spray	Use with paper towel to ensure all areas of surfaces are thoroughly wet.
Surface wipes	Use on own to disinfect small surfaces		

Reference

<https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19>

Changing Clothes

To minimise the risk of Covid being brought into the clinic on clothes the therapist and clients are required to remove outdoor clothing on arrival and store this in a plastic container. Clothing will remain sealed in the container until the client or therapist get changed to leave. The container will then be cleaned before reuse.

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If the therapist is coming straight from their home bubble and not using public transport they are not required to change their clothes!

Procedure

If clothes contain traces of COVID then removing them appropriately can reduce the risk of spreading it. To do this you should follow these principals:

- For your own protection avoid clothes that need to be pulled over your head as this can put any infection in direct contact with your face.
- Try to grip clothing at an edge that is less likely to have been infected.
- Take off clothing so they are inside out and become little parcels, containing any infection within.
- Avoid contact with any surfaces before and during getting changed.
- Place removed garments directly into storage box and avoid touching the outer surfaces of the box.
- Storage box must be cleaned inside and out between uses.

Items required

Client Clothes storage box and Therapist Clothes storage box.

Donning, Doffing and Disposing of PPE

Background

This guidance and list of required items of PPE is based on Government guidance that can be found in the links below. It is formed on the assumption that the treatment situation will fall within the bounds of the guidance issued for Health and Social Care workers, in a non-aerosol generating procedure.

Risks and Requirements

Risk	Requirement	Risk	Requirement
Infection entering nose or mouth from airborne particles or touch	Fluid resistant surgical mask (Single or sessional use)	Infection of therapists' clothes from particles brought in by a client	Single use apron
Infection getting onto and/or damage to hands while cleaning	Single use gloves	Infection entering eyes from airborne particles, splashes or touch	Eye Protection (Single use or reusable)

Procedures

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Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.




- 1 Put on your plastic apron, making sure it is tied securely at the back. 
- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin. 
- 3 Put on your eye protection if there is a risk of splashing. 
- 4 Put on non-sterile nitrile gloves. 
- 5 You are now ready to enter the patient area. 

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove. 
- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water. 
- 3 Snap or unfasten apron ties the neck and allow to fall forward. 

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

- 4 Once outside the patient room. Remove eye protection. 
- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water. 
- 6 Remove surgical mask. 
- 7 Now wash your hands with soap and water. 

Items required

Item required	Details	Item Required	Details
Fluid Resistant Surgical mask	Can be used for multiple clients but must be disposed of at end of shift	Disposable apron	Put on before and removed after cleaning for each client
Disposable Gloves	Single use, for cleaning between Clients to protect hands.	Eye Protection	Protection is from risk of splashes and more risk when client face to face or supine.
Poster	Reminder on the wall of how to don/doff.		

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Reference

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

Handling Laundry and Waste

Background

Laundry and waste should be treated as potentially contaminated and handled to minimise any risk of cross contamination.

Procedure

Handling paper waste

- Paper waste from cleaning should be placed directly into the pedal bin in the room.
- Paper waste from coverings should be folded in on themselves, edges into the middle to contain any potential contamination within the created package and placed directly into pedal bin in room.
- Pedal bin should be emptied at end of day/shift or as required.
 - Gloves should be worn
 - Remove bin liner taking care not to touch contents as far as possible.
 - Use draw strings to close bin liner and place in clinic waste storage.

Handling Laundry

- Face cushion coverings and any towels used should be folded in on themselves, edges into the middle to contain any potential contamination within the created package and placed directly into laundry Storage bin.
- Laundry Bin should be emptied at end of morning shift.
 - Gloves should be worn
 - Remove bin liner taking care not to touch contents as far as possible.
 - Use draw strings to close bin liner and take to cleaners (Johnsons)
 - Retrieve any clean laundry and put it away in correct places.

Items required

Item required	Details	Item Required	Details
Laundry Storage Container	Plastic lidded container	Foot pedal bin	Large enough to store used paper towel and couch roll
Liners for pedal bin	Should have draw strings	Liners for Laundry bin	Should have draw strings
Clinic Waste Storage	Put sealed bag into clinic waste		

Washing Clothes and Fabrics

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When bringing work clothes home, they should be treated as potentially contaminated, and either suitably stored or washed immediately.

Procedure

1. Transport clothing in a single use bag or washable container.
2. If not washing immediately store in a washable, lidded container that should be washed between uses (see [Cleaning and Covering surfaces](#)).
3. Wear gloves (if this is not possible, use good handwashing technique!) to transfer work clothes directly into washing machine.
4. Wash on the hottest setting the clothes allow.

Items required

Single use sealable bag or washable container for transport.

Reference

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings#:~:text=Wash%20items%20in%20accordance%20with,the%20cleaning%20guidance%20above.>

Handling Paper/Electronic Notes

Background

Current use of paper notes does create opportunities for contamination and as all notes are currently paper, they will need to be consulted in the short term at least. We can now use electronic notes going forward but we will still need to consult paper notes for historical client info. There will be a client notes history form that should be completed in Cliniko to summarise the treatment history for clients and this should be filled in where you have time before seeing the client. This should mean that you will not need to refer to paper notes next time round.

Procedure

- 1. At the start of shift get tablet and any paper notes required from filing cabinet**
 - a. Wash hands before accessing filing cabinet.
 - b. Get any information that you need before seeing client. If you have time complete notes history form so paper notes are not required next time.
 - c. Place any paper notes on to clip board.
 - d. Wash hands and place clipboard back in filing cabinet.
 - e. Store tablet on the tablet shelf.
- 2. After seeing client there should be enough time to clean the room and write notes.**
 - a. After cleaning wash your hands.
 - b. Use tablet to write notes. Add note to paper notes to say notes history form has been completed in cliniko, if you had time to complete this.
 - c. Wash hands and file any paper notes.
 - d. Place any remaining notes on clipboard and store in filing cabinet.
- 3. At the end of shift ensure all notes are completed, filed and tablet and clipboard are returned to cabinet.**
 - a. Wash hands.
 - b. File notes
 - c. Return clipboard and tablet.

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Taking Clients Temperature

Background

Fever can indicate that a client may have covid-19 and taking client temperatures upon arrival could help to identify clients who may have covid-19 without knowing it. If a client presents with a fever you should ask them to leave immediately (in as nice a way as you can!) and seek medical advice. You should then follow procedures set out in [Identifying Covid Symptoms and Actions](#).

Procedure

1. Turn on thermometer and wait for screen to display XXX.
2. Press and hold trigger button and hold whilst pointing at the clients forehead.
3. Hold about 3cm from forehead, avoid touch client with thermometer.
4. Release trigger after 1 second and thermometer will take a reading and show temp with fever indicator:
 - a. No Fever – Screen is **GREEN**
 - b. Low Fever – Screen is **YELLOW**
 - c. High Fever – Screen is **RED**
5. If no fever indicated, no further action is required.
6. If a fever (mild or high) is indicated client must be asked to leave and procedures followed for suspected case of Covid-19. (see [Identifying Covid Symptoms and Actions](#))

Pictogram



Risk Assessment and Procedures for Covid 19 at Therap-ease for those working in Room 3

Written by Peter Mordaunt

Version 1. ~~32-22-07-2020~~ 22-04-2021



Items required

Non-contact Thermometer

Identifying Covid Symptoms and Actions

Background

In order to prevent infection and contamination in the clinic it is important to try to identify Covid-19 symptoms and stops clients with symptoms or confirmed cases entering the clinic. By raising awareness of symptoms in both clients and clinic staff the risk should be reduced.

Main Symptoms

- a high temperature
- a new, continuous cough – this means coughing a lot, for more than an hour, or 3 or more coughing episodes in 24 hours
- a loss or change to sense of smell or taste – this means they cannot smell or taste anything, or things smell or taste different to normal.

Procedure

- A disclaimer will be sent to all clients before appointments asking them if they have or have had any of the main symptoms and advising them to get tested (and test negative) before coming to the clinic if they have.
- On arrival at the clinic the client's temperature will be taken with non-contact thermometer, by the therapist, before they can enter.
- If a client presents with any of the above symptoms they should be asked to leave and get medical advice and request a Covid test as soon as possible. The less time you spend with them before identifying possible symptoms the better, as you may not have to isolate if this time is short enough.
- WHAT TO DO IF CONFIRMED CASE OR SUSPECTED CASE HAS BEEN IN THE CLINIC
 - Therapist – you will be contacted by Test & Protect
 - You will almost certainly be required to self-Isolate – Test & protect will confirm this and how long for, but likely to be 14 days.
 - You will be required to provide information about clients seen in the relevant time frame and information about cleaning and safeguarding.

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Other symptoms

Other symptoms include shortness of breath or difficulty breathing, muscle aches, chills, sore throat, headache, or chest pain. But COVID-19 can also cause symptoms you might not expect, including:

- **Gastrointestinal symptoms.** COVID-19 might cause mild gastrointestinal symptoms, including a loss of appetite, nausea, vomiting and diarrhea. These symptoms might only last one day. Some people with COVID-19 have diarrhea and nausea prior to developing fever and respiratory symptoms.
- **Skin changes.** Younger people with less severe COVID-19 might develop painful, itchy lesions on their hands and feet that resemble chilblains, an inflammatory skin condition. Sometimes called COVID toes, this symptom typically lasts about 12 days. COVID-19 also has been reported to cause small, itchy blisters, more commonly appearing before other symptoms and lasting about 10 days. Others might develop hives or a rash with flat and raised lesions. These skin changes might last a week, appear at the same time as other symptoms and are associated with more severe infections.
- **Confusion.** COVID-19 also has been reported to cause confusion in older people, especially those with severe infections.
- **Eye problems.** COVID-19 might cause eye problems such as enlarged, red blood vessels, swollen eyelids, excessive watering and increased discharge. The infection also might cause light sensitivity and irritation. These symptoms are more common in people with severe infections.

Reference

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/coronavirus-in-children/>

<https://www.bbc.co.uk/news/health-52493574>

<https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/coronavirus-unusual-symptoms/faq-20487367>