

# Risk Assessment

August 2020

Jess Gailey: Craniosacral Therapy and Counselling

Aim: to prevent the transmission of Covid-19

## Current situation in Stroud 25 August 2020

Stroud has a population of about 120,000 covering an area with some small towns and a large rural area with villages. I live and work in the centre of the district. Most of my clients are from Stroud; a couple from elsewhere in Gloucestershire.

“As of 25th August there have been 286 total confirmed cases of Covid 19 in Stroud district. This number is nine higher than we reported last week.” (Stroud Coronavirus Community Response, 2020) The table below is compiled from the updates the SCCR has issued.

Date	Number of cases	New cases this week
7/7	257	
15/7	258	1
22/7	259	1
27/7	264	5
5/8	269	5
12/8	272	3
18/8	277	5
25/8	286	9

The current risk is still low.

# Craniosacral Therapy

## Craniosacral Therapy risks

**Bold** indicates high risk.

Total length of sessions is 1 hour:

- talking with 1 client for up to 15 minutes at beginning and end of session, sitting at the table;
- client lying clothed, supine on treatment couch with couch linen, pillows and coverings.
- the treatment is hands-on touching therapeutically.
- water, tissues and bin are provided; hooks for outside clothing; place to put heavy clothing/shoes for treatment.
- I write up paper notes at the end of the session and tidy the room.

Risks – transmission of virus to therapist, client having treatment, clients receiving treatment in the same room at different times and other users of the building (therapists/clients/staff/visitors) in the treatment room and/or the rest of the building:

- in air droplets and aerosols: through breathing, **talking, coughing, sneezing**, yawning, crying, removing outside clothing;
- through proximity: when starting or finishing, removing shoes and heavy clothing for treatment, collecting money, working on the couch, sitting at the table;
- through people touching: **the treatment itself, shaking hands**, guiding to chair, **hugging**, comforting;
- through touching infected surfaces: eg **couch (including covers, pillows, towels, blankets)**, door handles, chairs, table, **glasses**, water bottle, taps, toilet flush, pens, **money/cheques/cards**, bin, box of tissues, therapist and client clothing, diary, notes.

Specifics of the treatment:

- Initially we are seated and the client tells me about how they are, and what they want today. I will ask them for more details about this. This can be up to 15 minutes.
- the client normally lies on their back (supine) on the couch and is clothed, though they remove their shoes and heavier or tight clothing. This is placed on their chair.
- I stand or sit on a stool next to the couch and hold their the relevant parts of their body. This may be feet, legs, hips, sacrum (hand under the pelvis), rib cage, parts of their back (hands under the body), shoulders, arms, hands, back of neck, over clavicles, head – under the head, the sides of the head, forehead, jaw, brow-line, cheeks. Very occasionally I would touch the front of their neck. For all work at the head I am seated behind or beside the client and would not be leaning over the client's head or neck.
- I move from place to place – I could be up to 10 minutes in one place before moving to another.
- I occasionally ask the client how they are doing and what they are feeling. Otherwise, we do not chat during the treatment.
- At the end, the client lies for a few minutes to reorient themselves, then they come to the chairs and we talk for a few minutes.
- I take payment and arrange another appointment if needed (though this can be done online).

## Vulnerability of client

If client moderately vulnerable, we will discuss the risk and decide together whether treatment is appropriate. If possible I will see them first in the day.

If client is extremely vulnerable, I have decided not to treat; if I choose to with someone, I will do an individual risk assessment.

## Likelihood of therapist/client coming into contact with virus

I have taken careful precautions against contracting the virus throughout, and will continue to do so.

I will assess each client as to how likely they are to have come into contact with the virus (eg job, precautions generally taken, travel). If this is high I will try and see them last in the day.

## Lines of defence

Social distancing

- reduced contact time
- proximity reduced when possible, especially to head, face and neck

## Hygiene

- hand washing and sanitising
- disinfecting hard surfaces
- bagging used clothing and linen
- washing clothing and linen
- not touching face

## Ventilation

- keep window open during session
- open door and windows between sessions

## PPE

- visor – mandatory for therapist
- face coverings – mandatory for therapist and client from 8/8/2020. Client can say they can't wear one (no reason required). Children exempt (my decision).

## Precautions

### Client consultation prior to treatment

15 minutes phone or zoom call day before.

Use Client Risk Assessment to screen for Covid-19 issues; record issues.

Explain the guidelines and ask clients to wash hands/sanitise on arrival and before leaving and wear a mask in the building, and to arrive on time to reduce use of waiting room.

Discuss what the client wants from the session.

### Treatment session at Ownzone

Session 45 minutes.

Follow guidance outlined below.

Keep 2m distance between people while talking, so no handshakes/hugs and at least 2m between chairs.

Close contact – working on head and neck restricted to a short time; record if longer than 10 mins.

Ventilate room by opening window during sessions; window and door between sessions.

Take brief notes after washing or sanitising hands. Record how guidance was followed and any issues.

### Business premises and treatment areas

#### Entrance

Sanitise doorbell/door handle/intercom before and after seeing clients.

#### Corridors/stairs

Sanitise stair rail before and after seeing clients.

#### Waiting area

Not used.

#### Kitchen area

Wash hands before touching glasses.

### *Toilet*

Sanitise before and after use.

## Therapist and treatment room hygiene protocols

### *Visor*

Wear a visor when working on client.

### *Face covering*

Wear a face covering with a filter when in building (put with used linen and wash daily). Ask client to wear a face covering in the building; and to tell me if they can't (no reason needed). Children exempt – it is a strange environment to come for CST, so I would not require them to wear a face covering, too.

### *Clothing – t-shirt/trousers*

Change into clean clothes before seeing clients. Change t-shirt between clients. Change after seeing clients and bag used clothing. Wash daily.

### *Hair*

Tied back before leaving the house.

### *Handwashing*

Wash hands (or sanitise) before and after touching client; before handling clean linen/clothes/visor/mask and after handling used linen/clothes/visor/mask.

Wash hands (or sanitise) after sneezing or touching face.

### *Equipment/room*

Sanitise couch, pillows, seats, door handles, etc before use and after each client.

Sanitise other surfaces touched by therapist at end eg windows, desk, couch when folded.

### *Towels, covers, clothes, etc*

Keep clean linen and clothes in bags before use; keep separate closed bag for used linen and clothes. Wash at 60° if possible; keep in bag once dry.

Change couch linen/pillow cases/towels between clients.

### *Rubbish*

Keep rubbish in separate bag.

# Counselling

25/8 – I have no face-to-face Counselling clients. I will complete the risk assessment when someone has booked an appointment.

Total length of sessions is 1 hour:

- talking with 1 client at a time for 1 hour, seated in separate chairs in private room with shared access and used by other therapists at different times;
- water provided with glasses; also tissues and bin, coat hooks, blankets and cushions;
- occasionally using equipment such as cards, stones/shells, paper and pens, toys;
- occasionally the client will cry, shout or walk around, or want to be comforted;
- if not already done online, I take payment and confirm the next appointment;

- after the client is gone, I tidy and write up paper notes.

Risks – transmission of virus to therapist, client having counselling, clients having counselling in the same room at different times and other users of the building (therapists/clients/staff/visitors) in the treatment room and/or the rest of the building:

- in air droplets and aerosols: through breathing, **talking, coughing, sneezing**, yawning, crying;
- through proximity: when starting or finishing, removing outside clothing, collecting money, **working with equipment**, client moving around the room;
- through people touching: **shaking hands**, guiding to chair, **hugging**, comforting;
- through touching the same items eg pens, equipment, water bottles, **glasses**;
- through touching infected surfaces: eg door handles, chairs, table, water glasses, taps, toilet, pens, **money/cheques/cards**, bin, blankets, **counselling equipment**, box of tissues, therapist and client clothing, diary, notes.

### Client aftercare advice

Ask clients to inform me immediately if they or anyone in their household develops symptoms associated with covid-19 within 7 days of their treatment.

Follow guidance if therapist or client or member of their households develop Covid-19 symptoms in next 7 days.

### Business policies

See Ownzone Covid-19 policy.

### Insurance requirements

Holistic Insurance has agreed that I can practice Craniosacral Therapy and Counselling face-to-face as long as I follow APNT guidelines.

### Works Cited

Stroud Coronavirus Community Response, 2020. *Wednesday 5th August data update*. [Online] Available at: <https://neighbournetworks.uk/2020/08/26/dataupdate/> [Accessed 2 September 2020].