

Alton Advanced Bodywork: Coronavirus Risk Assessment* (at CV alert level 4-5, tier 4 or national lockdown)

***Important information regarding clinic closure & the decision to reopen:** East Hants moved into tier 4 on 26th December and the government close contact guidelines (plus CThA correspondence) advised all close contact services (including Sports Massage) to close. With infection rates rising sharply, the new more contagious 'Kent variant' being identified, and hospitals becoming overwhelmed with COVID patients I agreed now was the time to close my practice. I made the decision to not reopen until (at least) February 2021, hoping that this would allow sufficient time for the Xmas surge to pass, and the new tier 4 control measures to take effect bringing down infection rates in East Hants. National lockdown was implemented again on 4th January.

In early January I discovered via CThA correspondence/word of mouth that I could reopen the clinic, for those with clinical need, if I registered with the Complementary and Natural Healthcare Council (CNHC). Nonetheless, I made the decision to postpone joining the CNHC and reopening the clinic until infections rates were considerably lower, as I felt the infection risk to clients & myself was still unacceptably high. I kept a close eye on the news and decided to prolong my closure into February, as the infection rates were still high. I received my first dose of the COVID vaccine on the 29th January, which takes 2 weeks to become effective. On the 16th February, after registering with the CNHC, I reopened the clinic (strictly for those with clinical need) due to much lower infection rates and my COVID vaccine further reducing the risk to myself and clients. The fact that both myself and most of my elderly/vulnerable clients have now been vaccinated has, for the first time, reduced my overall risk summary (with control measures) to 'very low'.

Establishment:	Alton Advanced Bodywork	Assessment No:	04		Assessment Date:	3-6-20 (original) 23-7-20 (review 1) 6-11-20 (review 2) 16-2-21 (review 3)
Section/Department:	Massage/Bodywork Clinic	Assessment Type: Risk assessment review				
		Specific		Generic	Record of Dynamic Assessment	
	Activity/Process: Massage, bodywork, acupuncture, holistic therapies, product sales					
Assessor		Who is at risk*: a) Myself (Therapist) & my household b) Compleet Feet staff c) My clients (& their households-indirectly) d) Compleet Feet's clients (& their households) e) The general public f) Visitors (including contractors, delivery drivers & cleaner)				
Name:	Kipp Clark					
Rank/Grade:	Level 6 Advanced Clinical & Sports Massage Therapist					
Signature:						

HAZARDS* Something which has the potential to (can) cause harm.	Who is at Risk*?	Control Measures* Control measures I will implement, or <i>suggest to Compleet Feet (if indicated)</i> . *Basic infection control measures were already in place in my clinic, and advanced (Coronavirus) ones were implemented in Compleet Feet prior to my return to work on the 15-7-20.	Risk Rating before mitigation methods (Likelihood x Consequence)	New potential hazards created by control by mitigation methods	Residual Risk Rating (risk rating after control measures in place)	Are the control measures achievable? (if not are there alternatives?)	Management Plan		
							Do the control measures reduce the risk to an acceptable level? Accepted?	Indicated control measures for new potential hazard identified.	Further courses of action required. Is business viable?
1. Therapist transmitting Coronavirus to the client during treatment	c & b	<ul style="list-style-type: none"> -Enhanced hand and forearm hygiene as indicated (20 secs inc forearms), plus signage. -Following of government PPE 'donning & doffing' advice, plus signage. -PPE: wearing of a surgical type IIR masks, Margo Med visor (or sealed goggles), washable fluid resistant apron (sanitised between clients) and nitrile gloves during client contact (may be removed for dry needling, as they get in the way) -Daily checking of therapist temperature, clinic cancelled if a fever (over 37.8C) or coronavirus symptoms present. -I will not attend clinic if I have knowingly been exposed to coronavirus in the last 10 days. -I will download the NHS contact tracing app and will consult with the contact tracing service as indicated, following advice. 	2(L) x 3(S) = 6	<ul style="list-style-type: none"> -Contact dermatitis for therapist. -Allergic reaction of clients to cleaning products. -Headache and dizziness for myself due to mask/visor -PPE/couch roll waste disposal & related infection risk. -Allergic reaction/side effects to vaccine. 	1(L) x 3(S) = 3	<ul style="list-style-type: none"> -Yes, mostly. -Frequent closure of clinic due to therapist being exposed to coronavirus (10 days) & lockdowns will result in the business being non-viable financially. -Avoiding potential exposure in breaks will be difficult. 	-Yes	<ul style="list-style-type: none"> -Washing up gloves for cleaning (to protect skin). -Hand lotion to use in clinic. -Mask/visor removed when not treating/consulting with clients. -Hand hygiene after disposal of couch roll/PPE/clinical film. 	<ul style="list-style-type: none"> -Treating less clients and/or charging more may be required, to avoid burnout from extra cleaning etc. -Only treating those with clinical need during lockdown/tier 4+.

		<ul style="list-style-type: none"> -Trying to keep face treatment to a minimum. Keeping my head away from the clients, where possible. Not standing directly over the client's face. -Elderly & vulnerable clients advised to weigh up benefit vs risk (or infection) of hands-on treatment -Clients required to wear face coverings unless medically exempt. COVID-19 pre-treatment form to prompt this. -Limit my exposure to infection by wearing a mask if I go to the shops/for lunch, ensuring hand hygiene, practicing social distancing, avoiding crowded areas. -Clinic uniform to only be worn in the clinic/Compleet Feet. If venturing into town I will change, or cover uniform with other clothing. -70+% alcohol hand gel in clinic, and by clinic door, for quick hand sanitisation requirements of myself/clients. -If a client comes down with Coronavirus within 2 days of seeing me, I will isolate for 10 days from this potential exposure and contact/inform NHS test & trace. 							
--	--	--	--	--	--	--	--	--	--

		<ul style="list-style-type: none"> -Develop a Cliniko cleaning log for between clients and end of day deep clean. -Utilise more sidelying and sitting (from behind) treatment, to reduce therapist face being in the 'high risk zone'. -1 dose of the Pfizer CV vaccine reduces asymptomatic infection by 75% (greatly reducing transmission from therapist>client risk). Kipp vaccinated 29-1-21. -Kipp is now being tested for coronavirus 2x per week (1 PCR & 1 LFD test), which will quickly identify asymptomatic infection, further reducing transmission risk. -Many of my clients (especially elderly and vulnerable ones) are now vaccinated, reducing the risk of them catching coronavirus off me and/or getting seriously ill if they do. 							
2.Therapist transmitting Coronavirus to the client during consultation.	c & b	<ul style="list-style-type: none"> -New client questionnaire etc to be sent via email/sms for clients to complete prior to first appointment. Cliniko Telehealth consultation used for longer new client consultations and aftercare. -Ensure 2m social distancing when not treating/assessing 'hands on'. 	1(I) x 3(S) = 3	-Client/therapist overheating in clinic in summer.	1(L) x 3(S) = 4	<ul style="list-style-type: none"> -Yes mostly. -Emailing forms and Cliniko Telehealth viable for most clients. - Elderly/tech nophobes may require 	Yes	<ul style="list-style-type: none"> -Windows open/shut as required. -Plenty of fluids. -Fan use if hot. 	-Update written Policies and Procedures doc.

		<ul style="list-style-type: none"> -Full PPE in place for treatment. Mask on when client in clinic. -Windows open during summer, clinic 'aired' for over 15 minutes + between clients. -Purchase of Homedics HEPA air filter with UV germ killer. Running during clinics, on moderate power if window shut (ie winter). -Avoidance of hand shaking/hugs/kisses. -My 1st vaccination, and many of my clients being vaccinated, will greatly reduce transmission risk. My twice weekly COVID tests will further reduce transmission risk. 				phone call/face to face consultation & paperwork.			
3. Transmission from client to therapist	a, b, d	<ul style="list-style-type: none"> -Therapist wearing mask, visor, gloves. -Enhanced hand hygiene. -Client will be instructed to wash/sanitise hands before clinic entry granted. -Airing of room between clients and/or air purifier running constantly. -Pre-treatment coronavirus health check form the day before treatment (to check clients have no fever/symptoms & no CV-19 exposure. -Client not to attend the clinic if they have been exposed to coronavirus in the last 14 days. 	2(L) x 2(S) = 4	<ul style="list-style-type: none"> -Contact dermatitis for therapist & client. -Allergic reaction of clients to cleaning products/hand soap/sanitiser. -Headache and dizziness for myself due to mask/visor. -PPE/couch roll waste 	1(L) x 2(S) = 2	<ul style="list-style-type: none"> -Airing room not viable in winter/cold weather. -Clients may ignore potential coronavirus exposure/contact tracing alert if symptom free and eager to get treatment. -Visual & temperature assessment viable, but won't 	<ul style="list-style-type: none"> -Yes, although clients are more likely to attend if mildly symptomatic or recently exposed to CV-19 than myself. 	<ul style="list-style-type: none"> -Hand lotion. -PPE gloves if required. -Mask/visor removal between clients. -Electronic clinical note system purchased. -Spare masks available in clinic for clients. 	

	<ul style="list-style-type: none"> -Encouragement of clients to use NHS COVID-19 app, and to log on using the QR code. -Client must wear a face covering at all times in clinic (unless medically exempt). -Mask can be removed when prone in face cradle; pillow case sling used to catch vapour/droplets from mouth/nose. -Visual assessment of client health. If client appears ill or has (unexplained) respiratory symptoms, I will question them and potentially refuse treatment. -Sanitisation of all touch points, bolsters, couch etc. -Correct hand washing technique signage in toilet. -Cancellation policy to clarify those cancelling due to COVID-19 symptoms, or exposure, will not be charged. -Clients should attend 'on their own' to limit infection risk (unless they need support, or have childcare issues). -Avoidance of hand shaking/hugs. -Client should wait outside the clinic where possible, or on the wipe-clean seat upstairs (in bad weather/after dark). 		<ul style="list-style-type: none"> disposal & related infection risk. -Client/ therapist overheating in clinic in summer. 		<ul style="list-style-type: none"> identify asymptomatic COVID-19 positive individuals. 				
--	--	--	---	--	--	--	--	--	--

		<ul style="list-style-type: none"> -Ensure clients are aware of your new policies and procedures via dedicated webpage. -Water given in disposable paper cups, avoid touching rim. -E-signing of forms via Cliniko. Electronic correspondence. -My 1st vaccination, and a large percentage of my clients being vaccinated, greatly reduced the chance of infection for me. 							
4. Learning that a Coronavirus positive individual has been in the clinic/Compleet Feet (within 2 days of becoming symptomatic).	a, b, c, d, f	<ul style="list-style-type: none"> -Thorough airing of clinic for 2+ hours with air purifier running. -After airing, deep clean in full PPE with Duo-max, then borrow Compleet Feets 'fogger' to decontaminate clinic. -Contact Test & Trace for advice. Pass on clients details as required and isolate if instructed to do so. -Shut the clinic until deep clean/fogging completed, for longer if T&T instructs me to. -Contact any clients who were at the clinic during/after the infected individual was there, to warn them of potential exposure. -Keep client details for 21 days post appointment/clinic visit, in 	4(L) x 3(S) = 12	<ul style="list-style-type: none"> -Contact dermatitis and COSHH risks from cleaning products. -Fogging causing lung irritation? 	3(L) x 3(S) = 9	<ul style="list-style-type: none"> -Yes, mostly. -Shutting the clinic while paying business rent with no government support will be very costly. 	<ul style="list-style-type: none"> -I cannot stop asymptomatic people entering the building while still treating clients 'hands on'. I can reduce the risk of infection greatly though and discourage symptomatic/exposed individuals. 	<ul style="list-style-type: none"> -Hand lotion. -PPE gloves. -Using non-COSHH products (Duo Max) 	<ul style="list-style-type: none"> -Consider temperature checks in lockdown/alert level 5 situations.

		case Test and Trace need to contact them about a positive individual contaminating the clinic.							
5. *Transmission between Compleet Feet staff and myself (inc staff area)	a, b, c, d	<p>*CF control measures already in place.</p> <ul style="list-style-type: none"> -Keep 1m+ social distance, wherever possible. -Hand hygiene before/after using of kettle/staff area/computers/filing areas etc. -Avoidance of touching face, and hand hygiene when it occurs. -Wiping down of kettle/staff area/computers/filing areas etc with antimicrobial wipes after use. -Transmission risk between CF staff and myself is much lower since our vaccinations, with VF staff being vaccinated throughout February. -Use personal allocated coffee cups. -Check CF touch point clean includes staff area. -Suggest 'wipe down' seats in staff area. -Suggest all staff wipe down kettle/ computers /filing areas etc after use. -Suggest separating seats (ie.2m) in staff area. -Request CF staff sanitise hands (plus signage) when they enter my clinic building. 	3(L) x 3(S) = 9	<ul style="list-style-type: none"> -Contact dermatitis. -Check new seating/arrangement is safe/functional. 	2(L) x 3(S) = 6	<ul style="list-style-type: none"> -Keeping 1m+ distance with other staff difficult/will require effort. -I can only rely on myself to sanitise touched items etc, others may not. -I doubt staff will sanitise staff room equipment regularly and 2 seats are right next to each other. 	<ul style="list-style-type: none"> -Yes, although the staff room does pose a transmission risk due to close seating, lunch and tea making equipment. 	<ul style="list-style-type: none"> -Hand lotion. -New seating check. -Seating layout risk assessment (suggest moving seats apart). 	<ul style="list-style-type: none"> -Discuss with Compleet Feet what infection control procedures are currently in place. -Avoid eating lunch in staff area. -Put wipes in staff room by kettle (actioned).

6. *Transmission from Compleet Feet staff to my clients	a, b, c, d	<p><i>*CF control measures already in place.</i></p> <ul style="list-style-type: none"> -Advise clients not to go into Compleet Feet unless they need their services/advice. -CF waiting area to not longer be used for my clients. -Limit CF staff attendance into my building/clinic - hands must be sanitised & masks worn. -Vaccination of staff and/or prior COVID infection reduces risk significantly. 	2(L) x 3(S) = 6		1(L) x 3(S) = 4	<i>*Many CF control measures already in place.</i>	-Yes		-Avoidance of short cut viable apart from with infirm clients or in extreme weather.
7. AAB Clinic viral contamination via client's clothes/ personal items	a, c, f	<ul style="list-style-type: none"> -A BLUE 64L plastic box will be used for client's clothes & bag. -A BLUE 3L box will be used for client's wallet, phone, keys, mask etc. -Boxes will be sprayed with biocidal sanitiser between clients and at the end of the day cleaned with Du0-max. -Wipe down chairs to replace fabric ones, sanitised between clients & end of day. -Clients instructed to leave used towels/linens on the treatment couch, or place them in the RED lidded box. 	3(L) x 3(S) = 9	<ul style="list-style-type: none"> -Lifting risk for therapist back lifting boxes. -Contact dermatitis. -Consider risk of trapping fingers is folding chairs. 	2(L) x 3(S) = 6	-Yes.	-Yes.	<ul style="list-style-type: none"> -Use correct lifting technique. -Don't overload boxes. -Hand lotion. -Chairs checked and safe/sturdy. 	
8. AAB Clinic viral contamination via objects/deliveries entering premises.	A, c, f	<ul style="list-style-type: none"> -Open parcels outside clinic. -Sanitising of new items brought into clinic, as required. 	2(L) x 3(S) = 6	-Poor weather outside clinic/slip hazard.	1(L) x 3(S) = 3	<ul style="list-style-type: none"> -Yes, apart from in bad weather. -Airing may be difficult in 	-Yes.	-Open in porch area of clinic if weather bad.	

		-Airing of clinic after new items brought in, removal of boxes/packing, binning waste immediately.				cold weather or if treating client straight after opening package/new item brought in. -CF staff may just put deliveries in clinic room.			
9.Risk to skin/eyes/lungs from extra cleaning products & hand hygiene.	a, b, c	-Eye protection (3M glasses) to be used when cleaning. -Mask in place to reduce inhaled vapours -Using non-toxic, non-COSHH cleaners (Duo Max). -Purchase of hand cream to use as required (in bathroom & clinic). -Used of rubber cloves when doing cleaning. -Airing of room after spray cleaning/mopping. -Avoidance of bleach and alcohol-based products where possible; environmentally friendly alternatives used. -Hand hygiene after cleaning.	3(L) x 2 (S) = 6	Contamination of hand cream bottle-sanitise.	2(L) x 2(S) = 4		-Yes, if PPE used when required and hand cream available.	-Sanitise hand cream bottle after use/between clients. -Do a COSHH risk assessment as part of a 'general clinic risk assessment'	
10. Risk of transmission via clinical waste/PPE	a, b, e, f	-Yellow clinical bin used to store waste containing PPE, for 72 hours, prior to disposal.	2(L) x 3(S) = 6	-Client/general public access to clinical bin.	1(L) x 3(S) = 3	-Yes, mostly -Yes, yellow bin will be used to store clinic	-Yes	-Keep clinical bin at back of clinic and lock	-Use CF's large exterior clinical bin.

		<ul style="list-style-type: none"> -Waste which may have been contaminated with coronavirus MUST be stored for 72 hours before disposal. Deep clean of any possible areas of contamination/clinic bins after disposal. -Government 'donning & doffing' advice to be followed, and related signage displayed. -Small pedal bin liners to be placed in a large, biodegradable, general waste sack (double bagging). -PPE/gloves worn if handling waste known to be contaminated. -Not overfilling bags & ensuring an airtight seal is used on waste bags. -Washing hands before/after waste handling/disposal. 		-Transport of stored waste to exterior bin.		<p>waste in larger general waste bin liner.</p> <p>-72 hour storage may present issue if more clinic waste requires storage (where do we store this if clinical bin full?).</p>		clinic when not in use.	
11. Risk of transmission via linens/laundry	a, c, f	<ul style="list-style-type: none"> -A GREEN clean laundry, lidded box to be used to transport clean linens/uniform to the clinic. -A RED dirty laundry, lidded box to be used to transport used laundry home for washing. -Linens to be washed at 60C, separate from household washing. -Clinic laundry to remain in red box until washing machine if free > direct 	3(L) x 3(S) = 9	<ul style="list-style-type: none"> -Lifting risk. -COSHH risk of laundry detergents. 	1(L) x 3(S) = 3	<ul style="list-style-type: none"> -Yes. -Drying numerous sheets difficult at home, in poor weather. 	-Yes.	<ul style="list-style-type: none"> -Correct lifting procedure. -Don't overload boxes/laundry baskets. -Avoid skin contact of laundry detergent > wash hands. 	

		loading into machine, then hand hygiene. -Full PPE worn if handling laundry known to be contaminated.							
12. Risk of transmission via uniform	b, c, d	-Waterproof apron, wiped down with Duo Max biocide, between clients. -Uniform washed at 60C, separate from home laundry. -Changing/covering clothes if visiting shops/coffee shop. These will be stored in a clear lidded box when not in use (hand hygiene after changing, changing in toilet). -Clean uniform daily -Purchase clinic shoes.	2(L) x 3(S) = 6	-Contact dermatitis. -Change of clothes becoming contaminated while shopping.	1(L) x 3(S) = 3	-Yes, will require time/effort. -60C wash may damage printed transfers/mask/apron -40C wash will still kill coronavirus, just potentially not all bacteria. -Changing clothes will require effort, but doable.	-Yes, with clean uniform & apron.	-Hand cream. -Change back into uniform in clinic toilet. -Hand hygiene after removing 'civvie' clothes (before putting on uniform). -Place civvies straight in the specified clear lidded box.	
13. Viral contamination of paper notes & stationary	a, c	-Investing in a client management software programme including clinical notes, forms and diary (Cliniko subscription). -Avoid touching paper notes/files during clinic if possible. -Wash hands before/after touching notes. -Wipe down plastic notes sleeves/pens after using. -Keep notes/paperwork covered or in files to reduce contamination risk.	2(L) x 2(S) = 4	-Contact dermatitis.	1(L) x 2(S) = 3	-Yes, effort/diligence required.	-Yes, especially if an electronic notes system is employed.	-Hand lotion	

		<ul style="list-style-type: none"> -Add pen, stapler, notes to 'sanitise between clients' list. -Purchase plastic drawers for notes, supplements, rehab stuff etc - actioned. 							
14. Viral contamination of Izettle and money	a, c	<ul style="list-style-type: none"> -Wash hands before, sanitise after, cash/card transaction with client. -Sanitise card machine/phone after use. -Encourage card payment or accept BACS/Izettle link payment. -Discourage use of cash. -If cash is used, do not handle during clinic. Clients must bring correct money and place this in the specifies clean plastic envelope. -Use contactless of smart phone-pay where possible. 	3(L) x 3(S) = 9	<ul style="list-style-type: none"> Electrocution > wiping down plugged-in electrical items. -Contact dermatitis. 	1(L) x 3(S) = 3	<ul style="list-style-type: none"> -Yes, wash before, use alcohol gel after may be more viable. -Payment in advance of treatment or at a different time to treatment would be difficult to keep track of logistically. 	<ul style="list-style-type: none"> -Yes (with cash use discouraged). 	<ul style="list-style-type: none"> -Unplugging during sanitisation. -Don't use wet cloth. -Hand cream. 	<ul style="list-style-type: none"> -Check voltage of Izettle machine- low voltage established.
15. Transmission via 'touch points' in my clinic	a, b, c, f	<ul style="list-style-type: none"> -Sanitising of all 'touch points' after each client, and at end of day. -An extensive list of possible 'touch points' to be compiled and displayed/referred to when sanitizing between clients. -Sanitisation to be logged on client treatment notes. -Toilet, upstairs waiting area and outside 'waiting chair' to be sanitised (if used). -BLUE client possessions boxes to be used and sanitised between clients. 	3(L) x 3(S) = 9	<ul style="list-style-type: none"> -Contact dermatitis. -Client allergy to cleaning products. -Paperwork contamination. -Slip risk from floor cleaning. 	1(L) x 3(S) = 3	<ul style="list-style-type: none"> -Yes, an extra 15 minutes (on top of my current 10-minute turnaround time) will be required for extra procedures/sanitising. -More time after clinic for deep clean will need to be 	<ul style="list-style-type: none"> -Yes, with sanitisation between clients. 	<ul style="list-style-type: none"> -Hand lotion. -Use electronic note system. -Use wet floor sign. 	

		-End of day 'deep clean' including mopping with Duo Max floor cleaner and sanitising surfaces/sinks.				implemented (45 mins).			
16. Transmission via bolsters, pillows, treatment couch	a, c	-Thorough sanitising of massage couch between clients (particular attention to face cradle, arm rests, hand grips) using Duo Max. Left wet to increase contact time. -All bolsters/pillows used to be wiped down with Duo Max between clients. -End of day 'deep clean'. -Couch roll used on sanitised couch. Stored under couch to avoid contamination. -Sanitised face cradle to be covered with disposable non-PVC cling film & pillow case sling. -Fabric bolsters and pillows no longer to be used. -Fabric pillows & bolsters replaced with 'wipe clean' versions, sanitised between clients.	3(L) x 3(S) = 9	-Contact dermatitis or allergic reaction to cleaning products. -Sweat rash/discomfort from lying on wipe clean pillows/bolsters.	1(L) x 3(S) = 3	-Yes, more time/effort required. -Extra time between client & at end of day.	-Yes	-Hand cream. -Cover bolsters in towel/paper for comfort/skin protection.	
17. Transmission via clinical tools	a, c	-All tools used to be sanitised between clients. -Only 'wipe clean', hard surfaced tools to be used in treatment. -Ensuring any area touched by the therapist, client's skin, or clinical tools, is sanitised.	2(L) x 3(S) = 6	Electrocution of therapist. -Contact dermatitis.	1(L) x 3(S) = 3	-Yes, ensure all points on machines touched by myself also sanitised.	-Yes.	-Unplug before sanitising. -Hand lotion.	
18. Transmission via furniture & hand towel in toilet	a, b, c, d, f	-Fabric covered chair to be replaced with 'wipe clean' alternative.	3(L) x 3(S) = 9	Contamination of paper		-Yes, cleaning of client seat	-Yes, with towel removed/n	-Sanitise hand towel dispenser	

		<ul style="list-style-type: none"> -Avoid clients using my therapy stool. -Sanitisation of furniture between clients. -Fabric towel in toilet to be replaced with paper hand towel dispenser-actioned. -Replace bin in toilet with a peddle bin, to avoid touching bin lid-actioned. 		towel dispenser.		incorporated .	ew client chair.	regularly/bet ween clients.	
19. Transmission via products/supplements for sale	a, c	<ul style="list-style-type: none"> -Remove product display organiser. -Sanitise product packaging if touched by myself/clients. -Purchase plastic drawers to store supplements/products for quick access. 	2(L) x 3(S) = 6		1(L) x 3(S) = 3	Yes	Yes		
20. Legionella risk	a, b, c, f	<ul style="list-style-type: none"> -Run hot and cold water taps for 5 minutes in clinic (& toilet?) to 'flush' any bacteria through > when clinic has been unused for 2+ weeks. -Flush toilet when clinic has been shut for 2+ weeks. 	2(L) x 4(S) = 8	<ul style="list-style-type: none"> -Flooding risk. -Contact dermatitis. 	1(L) x 4(S) = 4	-Yes.	-Yes, with control measures.	-Don't leave taps unattended while running.	
21. Poor ventilation increasing transmission risk	a, b, c, d, f	<ul style="list-style-type: none"> -Open windows between clients and while deep cleaning (if warm enough) -Open doors for deep clean. -Purchase an air purifier with UV germ killer. Run whenever windows must be shut due to low outside temperature. -Open window slightly in cool weather, where possible. 	3(L) x 3(S) = 9	-Trapped fingers in doors/windows.	2(L) x 3(S) = 6	-Yes. Purifier needed for colder weather.	-Yes, especially in warmer weather.	<ul style="list-style-type: none"> -Jam doors open. -Keep windows secured. -Open foldable chair ready for client. 	

22.Risk of treating clients post (serious) Coronavirus infection.	a, c	<p>-Refusal to treat people until they have been clear of symptoms for 14 days.</p> <p>- Refusal to treat those who have had serious Coronavirus illness (ie been hospitalised) for 3 months post discharge, unless a doctor confirms there is no medical reason which contraindicates treatment.</p> <p>-Enquire if the individual has had any post infection complications such as 'sticky blood', thrombosis, stroke, pulmonary embolism, rashes and/or if they have been put on medication (eg.blood thinners, steroids).</p> <p>-Consideration of all factors as to whether to proceed with treatment.</p>	3(L) x 4(S) = 12	-No	2(L) x 4(S) = 8	<p>-Yes, this might upset clients who want treatment and feel they should be able to get it as they have 'recovered'.</p> <p>-Doctors might be slow/unwilling to give treatment the 'all clear' (unlikely to in writing).</p>	<p>-Yes, as long as they have not been hospitalised with Coronavirus, or their doctor gives permission to treat them.</p>		<p>-Check with professional body/Jing for guidance.</p>
Summary	TOTAL:	<p>Low risk without extra control measures 163/550</p>		<p>Very low risk with control measures 89/550</p>	DECISION:	TREAT WITH CAUTION (at alert level 4-5)			

Review: When would be a suitable review date for this assessment?

- 16-5-21: A three monthly risk assessment review is appropriate at present.
- A risk assessment review is also appropriate when 60% of the population have received the vaccine as herd immunity might begin enhance protection to society.
- If the alert level drops to 3 (or 2).
- A review may be appropriate if effective medical treatment became available, which greatly reduced infection risk, severity of illness or mortality rate.

- If there is reason to doubt the effectiveness of the risk assessment, or possibility of COVID transmission on the premises.
- Following significant changes to the task, property or clinic layout. Or moving premises.
- If a new coronavirus strain/s begin to spread widely in the UK, on which the current vaccines are significantly ineffective.
- If we have another surge in infections locally, a new risk assessment might be needed.

Important note concerning risk mitigation via control measures:

Most risks I have identified I have been able to reduce to a low, or very low (acceptable, from my perspective) level with control measures involving cleaning protocols, hygiene protocols, PPE, social distancing (where possible) and clinic/equipment adaptations. Where I am only able to take risk down to a moderate risk (eg. Hazard 4), is where I have to rely on visitors to the clinics (eg. Clients/customers) behaviours, which are outside of my control. For instance, I can request no one comes into the clinic if they have been symptomatic/exposed to Coronavirus within 10 days. However, people may break these rules (eg. Ignoring a slight cough, or ignoring an alert via the NHS contact tracing app that exposure has occurred) and I can only rely on 'myself' sticking to them. Likewise, other people's infection control/hand hygiene standards may be lower than my own, meaning they are at greater risk of getting infected and/or spreading coronavirus (both in, and outside of the clinic). I can however, do everything in my power to ensure compliance with my policy's, sanitise (potentially) contaminated surfaces, and discourage symptomatic/exposed individuals coming to the clinic. My policies will therefore make it considerably less likely that, should a coronavirus positive individual enter Alton Advanced Bodywork and/or Compleet Feet, they will infect others.

I will close the clinic if I am unable to keep the overall risk rating (RR) of the clinic at low, or very low. Or if instructed to by the police/relevant government bodies.

Assessment Review

Review Date:	23-7-20	Review Date:	6-11-20	Review Date:	16-2-21	Review Date:	
Name:	Kipp Clark	Name:	Kipp Clark	Name:	Kipp Clark	Name:	
Signature:		Signature:		Signature:		Signature:	

How I evaluated the risks*

*The likelihood (probability or chance) that someone will be harmed (eg. Infected) by the 'hazard'.

Calculating 'risk rating': **Likelihood (L) x severity if actualised (S) = RISK RATING (RR)**

Likelihood: 0 - cannot happen
1 - very unlikely
2 - unlikely
3 - quite possible
4 - likely
5 - very likely

Severity: 0 - No health impact/bad consequences
1 - Minor health impact/consequences
2 - Moderate health impact/consequences
3* - Considerable health impact/consequences
4* - Severe health impact/consequences (death possible)
5 - Death or permanent disability, severe consequences

*For my risk assessments I have entered the severity as '3' (formerly 4) for all hazards which may lead to client/Compleet Feet customer infection. This is because Coronavirus is a severe illness, but our elderly and extremely vulnerable clients have (mostly) been vaccinated now, so are no longer likely to get severe illness. However, for hazards which may lead to myself/Compleet Feet staff infection, I have entered a '2' (formerly 3) severity, as we are generally in lower vulnerability groups, and have now received our vaccinations.

Risk Rating table (eg. for virus transmission):

Risk Rating	Risk level	Description of transmission risk* in premises/during treatment (*without control measures in place)	Treatment with extensive control measures acceptably low risk/ethical
21-25 (Tot: 441-550)	Very high risk	Unacceptably high, dangerous risk of transmission level.	NO
16-20 (Tot: 331-440)	High risk	High level of transmission risk.	NO

11-15 (Tot: 221-330)	Moderate risk	Moderate/medium level of transmission risk.	NO, not unless extra control methods can bring the average RR of the clinic down to a 'low risk'.
6-10 (Tot: 111-220)	Low risk	Low level of transmission risk	YES, clients should be made aware a low risk of infection still exists, which cannot be removed.
0-5 (Tot: 0-110)	Very low risk	Very low risk of transmission	YES

$5(L) \times 5(S) = 25$ (max risk rating) $22 \times 25 = 550 / 5 = 110$ (per risk level)

No of hazards identified: 22

Appendices:

Governments, five-level, colour-coded alert system*:

*This system demonstrates the level (risk) of transmission, and how widespread Coronavirus infection is in England. This determines how tough social-distancing measures should be:

Level five (red) - a "material risk of healthcare services being overwhelmed" - extremely strict social distancing/lockdown

Level four - a high or rising level of transmission - enforced social distancing

Level three - the virus is in general circulation - social distancing relaxed

Level two - the number of cases and transmission are low - minimal social distancing

Level one (green) - Covid-19 is no longer present in the UK - no social distancing

What determines the 'level':

- Covid-19's reproduction (R) number, **a scientific measure** of how fast the virus is spreading.
- The number of confirmed coronavirus cases at any one time.
- In time, the government hopes, the level will reflect the threat in specific areas of England and be used to determine local restrictions.

Coronavirus alert levels

UK at level 4

Stage of outbreak		Measures in place
Risk of healthcare services being overwhelmed	5	Lockdown begins
Transmission is high or rising exponentially	4	Social distancing continues
Virus is in general circulation	3	Gradual relaxation of restrictions
Number of cases and transmission is low	2	Minimal social distancing, enhanced tracing
Covid-19 no longer present in UK	1	Routine international monitoring

Source : UK government



Routes of transmission I must consider:

- Therapist > client
- Client > therapist
- Complete feet staff to myself & vice versa
- Transmission between clients (ie mine & Compleet Feet's
- Transmission from Compleet Feet staff to my clients
- Transmission via 'touch points'
- Transmission via clinic equipment/linens/bolsters.
- Transmission via products/clinical tools.
- Transmission via viral particles on clothing/objects entering the premises.
- Transmission via clinical/PPE waste.