**Alton Advanced Bodywork: Coronavirus Risk Assessment (at risk level 2-3)**

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| **Establishment:** | Harrogate Massage Therapy | **Assessment No:** | **01** |  | **Assessment Date:** | **3-6-20** |
| **Section/Department:** | Massage/Bodywork Clinic | **Assessment Type:** |
| **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) My clients (& their households-indirectly)  |
| **Name:** | **Kristen McKenzie** |
| **Rank/Grade:** | **NCBTMB Therapeutic Massage Therapist** |
| **Signature:** |  |
|  |  |
| **HAZARDS\***Something which has the potential to (can) cause harm. | **Who is at Risk\*?** | **Control Measures\***Control measures I will implement. \*Basic infection control measures were already in place in my clinic. | **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 | -Enhanced hand and forearm hygiene as indicated (see policy), plus signage.-Following of government ‘donning & doffing’ advice, plus signage.-Wearing of a washable mask with a PM 2.5 carbon filter in clinic.-Hygiene/mask protocols in place.-Daily checking of temperature, clinic cancelled if a fever or coronavirus symptoms present.-I will not attend clinic if I have knowingly been exposed to coronavirus, for 2 weeks (NHS tracing app utilised). -Room vaporiser with Ravensara (antiviral) essential oil.-Avoidance of treating the face (near mucous membranes) where possible.-Refusal to treat clients in the ‘high risk’ (extremely vulnerable) category. Anyone advised to ‘shield’ by a medic cannot be treated for the near future.-Those in the ‘moderate risk category’ (over 70’s & those with certain existing health conditions) to be advised to carefully consider treatment benefit vs infection risk. -Avoid unnecessary infection risk myself (eg. packed lunch, cut out coffee shops, wear mask in public places). -70+% alcohol hand gel in clinic, for quick hand sanitisation requirements.-If a client comes down with Coronavirus within 6 days of seeing me, I will isolate for 14 days from this potential exposure. | 3(L) x 4(S) = 12 | -Contact dermatitis for therapist.-Allergic reaction of clients to cleaning products.-Headache and dizziness for myself due to mask.-PPE/couch roll disposal & related infection risk. | 1(L) x 4(S) =4 | -Yes, mostly.-Frequent closure of clinic due to therapist being exposed to coronavirus (2 weeks), local lockdowns, therapist illness or alert level being raised to 4 will result in the business being non-viable financially.-Full avoidance of face treatment will make me unable to treat certain conditions effectively.-Refusal to treat high risk, and less moderate risk clients attending will reduce profits substantially-Always packing a lunch and avoiding coffee shops will require self-discipline. | -Yes | -PPE gloves if requires (to protect skin).-Hand lotion to use in clinic.-Mask removed when not treating/consulting with clients.-Hand hygiene after disposal of couch roll/PPE. | -Consider dropping form 2 > 3 clinic days per week.-Change of career may be indicated if not profitable.-Check you are covered to treat ‘moderate risk’ clients.-Ask for professional guidance for ‘moderate risk’ clients & over 70’s. |
| 2.Therapist transmitting Coronavirus to the client during consultation.  | c & b | -Email clients the consultation form to complete prior to their first appointment or do a Zoom/phone initial consultation.-Ensure 2m social distancing when not treating/assessing ‘hands on’.-Mask in place.-Avoid using fans/air conditioning.-Avoidance of hand shaking/hugs. | 2(l) x 4(S) = 8 | -Client/ therapist overheating in clinic in summer. | 1(L) x 4(S) = 4 | -Yes mostly.-Emailing form of Zoom consultation viable for most, elderly/technophobes may require phone call/face to face consultation.-Avoidance of a fan in summer will make the clinic hot/stuffy potentially. | Yes | -Windows open/shut as required.-Ventilation instillation considered.-Plenty of fluids.  |  |
| 3. Transmission from client to therapist  | a, b, d | -Therapist wearing mask.-Enhanced hand hygiene.-Client will be instructed to wash hands before clinic entry granted.-Wearing of safety goggles if working near head (supine).-Airing of room between clients, and at end of day.-Client contact the day before treatment to check they have no fever/symptoms & no household member is symptomatic.-Clients asked not to attend the clinic if they have been exposed to coronavirus in the last 2 weeks.-Encouragement of clients to use tracing app.-Visual assessment of client health. If client appears ill or has (unexplained) respiratory symptoms, I will refuse treatment.-Disclaimer used every treatment stating client is symptom free and exposure free.-I will check the client’s forehead temperature with a ‘touch free’ thermometer. Treatment will be refused if temperature over 37.8C.-If face treatment is required, client will be asked to wash face with a baby wipe.-Sanitisation of all touch points, bolsters, couch etc.-Avoid using fans/air conditioning.-Government hand washing signage in toilet.-Update 24 hour 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.-Avoidance of hand shaking/hugs. | 3(L) x 3(S) = 9 | -Contact dermatitis for therapist & client.-Allergic reaction of clients to cleaning products/hand soap.-Headache and dizziness for myself due to mask.-PPE/couch roll disposal & related infection risk.-Client/ therapist overheating in clinic in summer.-Signing disclaimer creates a potential contamination risk. | 2(L) x 3(S) = 6 | Remembering to put on goggles near head might be challenging.-Airing room not viable in winter/cold weather.-Contacting client day before will require effort and may clash with childcare/work.-Clients may ignore potential coronavirus exposure/contact tracing alert of symptom free and eager to get treatment.-Visual/ temperature assessment viable, but won’t identify asymptomatic COVID-19 positive individuals.-Avoidance of fan achievable as clinic below ground (cool). -Clients may not be able to attend clinic on own if they are a child, infirm or have a mental disability. | -Yes, slightly higher than the risk of me infecting clients as they are unmasked, more likely to attend if symptomatic/exposed and less likely to follow hygiene procedures.  | -Hand lotion.-PPE gloves if required.-Mask removal between clients.-Electronic note system purchased.  |  |
| 4. Learning that a Coronavirus positive individual has been in the clinic. | a, b, c, d, f | -Shut the clinic for 3 days post infected individual entering premises.-Thorough airing of clinic.-Deep cleaning of clinic & contents with Duo-Max antiviral cleaner.-Contact any clients who were at the clinic the during/after the infected individual to warn them of potential exposure.-PPE/gloves used for cleaning. | 4(L) x 4(S) = 16 | -Contact dermatitis and COSHH risks from cleaning products. | 3(L) x 4(S) = 12 | -Yes, mostly.-Shutting the business for 3 days will create more profit loss, but is viable. | -Risk is borderline as I have been unable to get it down to ‘low’. However, when all risks are considered the overall transmission risk is low/acceptable. | -Hand lotion.-PPE gloves.-Using non-COSHH products. |  |
| 5. HMT Clinic viral contamination via client’s clothes/personal items | a, c, f |  -A BLUE 64L lidded plastic box will be used for client’s clothes & bag.-A BLUE 3L lidded box will be used for client’s wallet, phone, keys etc.-Boxes will be wiped down with antimicrobial wipes between clients & end of day.-Wipe down chairs to replace fabric ones, wiped down between clients & end of day. | 3(L) x 4(S) = 12 | -Lifting risk for therapist back lifting boxes.-Contact dermatitis.-Check new chair safety.-Consider risk of trapping fingers is folding chairs. | 2(L) x 4(S) = 8 | -Yes. | -Yes. | -Use correct lifting technique.-Don’t overload boxes.-Hand lotion.-New chair risk assessment. |  |
| 6. HMT Clinic viral contamination via objects/deliveries entering premises. | A, c, f | -Open parcels outside clinic.-Sanitising of new items brought into clinic, as required.-Airing of clinic after new items brought in. | 2(L) x 4(S) = 8 | -Poor weather outside clinic/slip hazard. | 1(L) x 4(S) = 4 | -Yes, apart from in bad weather.-Airing may be difficult in cold weather or if treating client straight after opening package/new item item brought in.  | -Yes. | -Open in porch area of clinic if weather bad.-Get a ‘wet surface sign’. | -Order wet surface sign. |
| 7.Risk to skin/eyes/lungs from extra cleaning products & hand hygiene. | a, b, c | -Eye protection (3M glasses) to be used when using spray cleaners.-Using non-toxic, non-COSHH cleaner (Duo Max).-Purchase of quality pump action hand cream to use as required.-Used of rubber cloves when doing deep cleaning.-Airing of room after spray cleaning/mopping.-Avoidance of bleach and alcohol-based products; environmentally friendly alternatives used.-Gloves used for end of day deep cleaning > hand hygiene. | 3(L) x 2 (S) = 6 | Contamination of hand cream pump-sanitise.  | 2(L) x 2(S) = 4 |  | -Yes, if PPE used when required and hand cream available. | -Sanitise hand cream pump after use/between clients. |  |
| 8. Risk of transmission via clinical waste/PPE | a, b, e, f | -Yellow clinical bin used to store waste containing PPE, prior to disposal.-Waste which may have been contaminated with Coronavirus (PPE, couch roll, cleaning items etc) to be stored for 72 hours prior do disposal outside of clinic.-Government ‘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.-Date/time labelling of waste bags to be stored for 72 hours prior to disposal. | 2(L) x 4(S) = 8 | -Client/ general public access to clinical bin.-Transport of stored waste to exterior bin. | 1(L) x 4(S) = 4 | -Yes, mostly-Yes, yellow bin will be used to store clinic waste in larger general waste bin liner.-72 hour storage may present issue if more clinic waste requires storage (where do we store this if clinical bin full?). | -Yes | -Keep clinical bin at back of clinic and lock clinic when not in use.-Transport bin liner in plastic bin. | -*Discuss contaminated waste storage/yellow clinical bin with CF management-Consider protocol for waste transportation.* |
| 9. Risk of transmission via linens/laundry | a, c, f | -A GREEN clean laundry, lidded box to be used to transport linens to the clinic.-A RED dirty laundry, lidded box to be used to transport 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 loading into machine > hand hygiene.-PPE worn if handling laundry known to be contaminated. | 3(L) x 4(S) = 12 | -Lifting risk.-COSHH risk of laundry detergents. | 1(L) x 4(S) = 4 | -Yes. | -Yes. | -Correct lifting procedure.-Don’t overload boxes/laundry baskets.-Avois skin contact of laundry detergent > wash hands. |  |
| 10.Risk of transmission via uniform  | b, c, d | -Waterproof apron, wiped down with antimicrobial wipes between clients.-Apron washed with Duo-Max antimicrobial cleaner after each shift.-Uniform washed at 60C, separate from home laundry.-Changing clothes if visiting shops/coffee shop (avoid if possible).-Clean uniform daily. | 2(L) x 4(S) = 8 | -Contact dermatitis.-Change of clothes becoming contaminated while shopping. | 1(L) x 4(S) = 4 | -Yes, will require time/effort.-60C wash may damage printed transfers/shrink.-40C wash will still kill coronavirus, just potentially not all bacteria.-Changing clothes will require effort, I can wear ‘civvies’ into work (or leave set there). | -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 nylon laundry bag. |  |
| 11. Viral contamination of paper notes & stationary | a, c | -Wash hands before touching notes.-Wipe down plastic notes sleeves when using notes.-Keep notes in folder (covered) until use.-Avoid client touching their notes, where possible.-Add pen, stapler, notes to ‘sanitise between clients’ list. | 2(L) x 3(S) = 6 | -Contact dermatitis. | 1(L) x 3(S) = 3 | -Yes, effort/diligence required. | -Yes, especially is an electronic notes system is employed. | -Hand lotion | -Switching to a secure computer note system would be a better option> investigate suitable options.-Consider alternative to ‘signing’ paperwork/Disclaimers. |
| 12. Viral contamination of Sumup and money | a, c | -Wash hands before cash/card transaction with client.-Wash hands after handling money.-Sanitise card machine after use.-Encourage card payment or accept BACS/IZettle link payment.-Discourage use of cash, or correct money > envelope protocol to be used. | 3(L) x 4(S) = 12 | Electrocution > wiping down plugged in electrical items.-Contact dermatitis. | 1(L) x 4(S) = 4 | -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. | -Yes with cash use discouraged. | -Unplugging during sanitisation.-Don’t use wet cloth.-Hand cream.  | -Check voltage of Sumup machine. |
| 13. Transmission via ‘touch points’ in my clinic | a, b, c, f | -Sanitising of all ‘touch points’ after each client, and at end of day.-An extensive list of possible ‘touch points’ to be complied and considered when sanitizing between clients.-Sanitisation to be logged on client paperwork.-Toilet are and upstairs waiting area to be sanitised (if used).-BLUE client possessions boxes to be used and sanitised between clients.-End of day ‘deep clean’ including mopping with Duo Max floor cleaner.  | 3(L) x 4(S) = 12 | -Contact dermatitis.-Client allergy to cleaning products.-Paperwork contamination.-Slip risk from floor cleaning. | 1(L) x 4(S) = 4 | -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 implemented (15>30 mins). | -Yes, with sanitisation between clients. | -Hand lotion.-Use electronic note system.-Get wet floor sign. |  |
| 14. 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 antimicrobial wipes.-Duo-max cleaner to also be used on hand/face area.-All bolsters/pillows used to be wiped down with antimicrobial wipes between clients.-End of day ‘deep clean’.-Couch roll and face roll used on sanitised couch.-Fabric bolsters and pillows no longer to be used.-Fabric pillows replaced with ‘wipe clean’ hospital versions.-Small pillows to be bagged/replaced, allowing sanitisation between clients. | 3(L) x 4(S) = 12 | -Contact dermatitis or allergic reaction to cleaning products.-Sweat rash/discomfort from lying on wipe clean pillows/bolsters. | 1(L) x 4(S) = 4 | -Yes, more time/effort required.-Extra time between client & at end of day. | -Yes | -Hand cream.-Put clean towel/sheet over bolster/pillow | -Purchase new knee bolster & wipe clean pillows.-‘Bag up’ fabric memory foam pillow. |
| 15. 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 or client’s skin is sanitised. | 2(L) x 4(S) = 8 | Electrocution of therapist.-Contact dermatitis. | 1(L) x 4(S) = 4 | -Yes, ensure all points on machines touched by myself also sanitised. | -Yes. | -Unplug before sanitising.-Hand lotion. |  |
| 16. Transmission via furniture & hand towel in toilet | a, b, c, d, f | -Fabric covered chair to be replaced with ‘wipe clean’ alternative.-Avoid clients using my therapy stool.-Fabric towel in toilet to be replaced with paper hand towel dispenser.  | 3(L) x 4(S) = 12 | Contamination of paper towel dispenser. | 2(L) x 4(S) = 8 | -Yes, cleaning of client seat incorporated. | -Yes, with towel removed/new client chair. | -Sanitise hand towel dispenser regularly/between clients. | -Purchase hand towel dispenser.-Remove fabric hand towel. |
| 17. Transmission via products/supplements for sale | a, c | -Remove product display organiser. Pack away products in covered box in store cupboard.-Sanitise product packaging if touched by myself/clients. | 2(L) x 4(S) = 8 | -Lifting hazard ‘getting out box’. | 1(L) x 4(S) = 4 | -Yes, will affect ease/amount of product sales however. |  | -Correct lifting procedure, don’t lift box-drag. | -Remove product display.-Profit reduced. |
| 18. Poor ventilation increasing transmission risk | a, b, c, d, f | -Open windows between clients and while deep cleaning.-Open doors for deep clean. | 3(L) x 4(S) = 12 | -Trapped fingers in doors/windows. | 2(L) x 4(S) = 8 | -Yes in warm/hot weather. They would not be achievable in cold weather as they would make the treatment room unacceptably cold.  | -Yes, especially in warmer weather. | -Jam doors open.-Keep windows secured. | -Consider installing ventilation in clinic > expensive. |
| 19.Risk of treating clients post (serious) Coronavirus infection.  | a, c | -Refusal to treat people until they have been clear of symptoms for 14 days.- Refusal to treat those who have had serious Coronavirus illness (ie been hospitalised) without their doctors’ permission.-Enquire if they have had any post infection complications such as ‘sticky blood’, thrombosis, stroke, pulmonary embolism and/or if they have been put on medication (eg.blood thinners).-Consideration of all factors as to whether to proceed with treatment. | 3(L) x 4(S) = 12 | -No | 2(L) x 4(S) = 8 | -Yes, they might upset clients who want treatment and feel they should be able to get it as they have ‘recovered’.-Doctors might be slow/unwilling to give treatment the ‘all clear’. | -Yes, as long as they have not been hospitalised with Coronavirus, or their doctor gives permission to treat them. |  | -Check with insurance company for cover.-Check with professional body/Jing for guidance. |
| **Summary** | **TOTAL:** |  **Moderate risk overall** 193/600 |  |  **Low risk with control measures**101/600 | **DECISION:** | TREAT WITH CAUTION (at alert level 2-3) |

**5(L)x5(S)=25 (max risk rating) 24 x 25 = 600 600 / 5 = 120 (per risk level)**

**No of hazards identified: 19**

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| **\*Opening clinic on coronavirus ‘alert level’ 4-5** | a,b,c,d,e,f | **ALL CONTROL MEASURES LISTED FOR ABOVE HAZARDS/RISKS.** | 4(L) x 4(S) = 16 | -Increased clinical contamination/infection risk in alert level 4-5. | 3(L) x 4(S) = 12 | **\*On Coronavirus alert level 4-5 I believe the ‘risk rating’ will still be ‘moderate’, even with extensive control measures. I therefore only deem opening my clinic ‘an acceptable level of risk’ if the alert level is 3 or less.** | -**No**, opening for ‘hands on’ treatment would not be appropriate on alert level 4-5 as the risk of transmission would be unacceptable. | Don’t treat until alert level drops to 3. | **DECISION:****Don’t treat clients on alert level 4-5 due to ‘moderate’ transmission/coronavirus risks** |

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

* 4-12-20: A six monthly risk assessment review is appropriate at present.
* A risk assessment review is also appropriate if an effective vaccine is rolled out nationwide. However, changes to my Coronavirus policy (eg. infection control protocols) will only be appropriate when a minimum of 60% of the English population have become immunised (the minimum required for CV-19 herd immunity).
* A review would be appropriate if an effective medical treatment became available, which greatly reduced infection risk, severity of illness or mortality rate.
* A review would be appropriate if I myself became infected with Coronavirus, prior to my return to work (having been clear of symptoms for one week).
* If there is reason to doubt the effectiveness of the assessment, an accident or possible transmission on the premises.
* Following significant changes to the task, property or clinic layout. Or moving premises.
* Following the introduction of new Coronavirus/infection control guidelines/legislation at government level.

**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 within 7 days, or been exposed to Coronavirus within 14 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 Harrogate Massage Therapy will infect others.

***I will close the clinic if the alert system (ie. transmission risk) is 4 or above. I will also close the clinic if I am unable to keep my average risk rating at low or very low.***

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| **Assessment Review** |
| **Review Date:** |  | **Review Date:** |  | **Review Date:** |  | **Review Date:** |  |
| **Name:** |  | **Name:** |  | **Name:** |  | **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 permeant disability, severe consequences

\*For my risk assessments I have entered the severity as ‘4’ for all hazards which may lead to client infection. This is because Coronavirus is a severe, potentially fatal illness (and I see elderly/vulnerable clients). However, for hazards which may lead to myself, I have entered a ‘3’ severity, as I am generally in lower vulnerability groups, so less likely to get severely ill.

**Risk Rating table (eg. for virus transmission):**

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| --- | --- | --- | --- |
| **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: 481-600)** | **Very high risk** | **Unacceptably high, dangerous risk of transmission level.** | **NO** |
| **16-20****(Tot: 361-480)** | **High risk** | **High level of transmission risk.** | **NO** |
| **11-15****(Tot: 241-360)** | **Moderate risk** | **Moderate/medium level of transmission risk.** | **YES, but not for clients advised to ‘shield’. Clients should be informed a small infection risk is still present with control measures in place.**  |
| **6-10****(Tot: 121-240)** | **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: 0-120)** | **Very low risk** | **Very low risk of transmission** | **YES** |

***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**

**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**](https://www.bbc.co.uk/news/health-52473523) 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.



**Routes of transmission I must consider:**

* Therapist > client
* Client > therapist
* 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.