

Coronavirus **COVID-19**



Coronavirus
COVID-19

Return to Professional Practice

A Guide for Touch Therapists

Joint guidance from the **ANMT** and the **IMTA** to assist members return to safe practice while observing government and health guidelines



For daily updates visit [gov.ie](https://www.gov.ie)



Version 4.0
ANMT

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Introduction

The recommendations and guidance provided in this document have been developed and collated from a range of sources including Irish government agencies and other professional associations and organisations involved in touch therapy, both nationally and internationally.

The aim of providing this information is to ensure that all those involved in the touch therapy profession have clear and accurate guidelines which are supported by evidence from various sources to ensure the health, safety and wellness for practitioners and the general public.

These recommendations and guidelines specify requirements to implement, maintain and improve practitioners ability to protect against, prepare for, respond to and recover from COVID-19 related disruptions if or when they arise. They explain the necessary information regarding coronavirus and identify the measures that should be taken to ensure structured and safe re-openings of touch therapy clinics.

This document incorporates current advice about measures to reduce the spread of COVID-19 in the community issued by the National Public Health Emergency Team (NPHEM).

As the advice issued by NPHEM continues to evolve, this document and the measures employers and workers need to address may also change. Therefore, it should be noted that the content of this document is non-exhaustive and is also subject to change.

Employers and professional therapists should however keep up to date with the latest measures introduced by Government and any advice issued as a result.

The advice and guidance for Ireland takes account of guidance from the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization, and decisions of the National Public Health Emergency Team (NPHEM).

For more general matters related to occupational health and safety (OSH) requirements, please refer to the relevant legislation, guidance and advice available on the website of the Health and Safety Authority.

The following protocol describes the measures required to be put in place by employers and adhered to by workers to reduce the risk of spread of COVID-19 in the workplace.

This is a living document.

Definitions

COVID-19

New name for new disease, coined as an abbreviated form of coronavirus disease 2019.

Contact Tracing

Process of identifying persons who may have come into contact with infected person & the subsequent Risk Assessment.

Risk Assessment

Overall process of risk identification, risk analysis and risk evaluation.

Social distancing

Practice of implementing measures to maintain safe distance for preventing the spread of disease.

Isolation

Separation of infected individuals and healthy individuals.

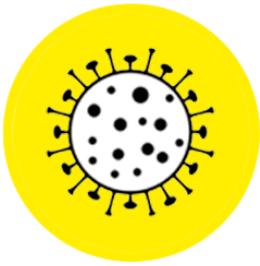
Direct Contact

Person to person contact or spray of droplets during coughing or sneezing.

Direct Contact Log

Person to person contact log of all site employees and visitors which will assist in contact tracing if or when a positive case might arise.

Coronavirus



How COVID-19 spreads

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects, such as desks, tables or telephones.

People could catch COVID-19 by touching contaminated surfaces or objects, and then touching their eyes, nose, or mouth.

People are most likely to spread infection around the time that they start to have symptoms. People with severe disease may be more infectious. Some people have become infected from people before those people had symptoms. People usually become sick about five to six days after they become infected but people may become sick as early as 1 day after infection or as late as 14 days after infection.

Most people with COVID-19 will have mild disease and will recover but some develop more serious illness. People at higher risk of developing more serious illness include older people, people who are immunocompromised and those with certain other medical conditions. Important symptoms of infection include fever, cough and shortness of breath. We now know that many frail older people may not have these symptoms when they first become ill. In some case they may just feel generally unwell, lose their appetite, become confused and have an unexplained change in their baseline condition.

Risk of serious illness rises with age: people over 40 seem to be more vulnerable than those under 40. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

It is still not understood how long the virus survives on surfaces in different conditions. Studies indicate that it can persist on surfaces for hours and up to several days in the absence of effective cleaning. If disinfection is required it must be performed in addition to cleaning, never as a substitute for cleaning.

SYMPTOMS OF CORONAVIRUS

It can take up to 14 days for symptoms of coronavirus (COVID-19) to appear. They can be similar to the symptoms of cold and flu.

Common symptoms of coronavirus include:

- a fever (high temperature - 38 degrees Celsius or above)
- a cough - this can be any kind of cough, not just dry
- shortness of breath or breathing difficulties
- loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Compare symptoms of coronavirus, flu and cold

Symptoms	Coronavirus Symptoms range from mild to severe	Flu Abrupt onset of symptoms	Cold Gradual onset of symptoms
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Shortness of breath	Common	No	No
Lost or changed sense of smell or taste	Common	Rare	Rare
Fatigue	Common	Common	Sometimes
Aches and pains	Common	Common	Common
Sore throat	Sometimes	Sometimes	Common
Headaches	Sometimes	Common	Rare
Runny or Stuffy Nose	Sometimes	Sometimes	Common
Feeling sick or vomiting	Rare	Sometimes	No
Diarrhoea	Rare	Sometimes in children	No
Sneezing	No	No	Common

Source: <https://www2.hse.ie/conditions/coronavirus/symptoms.html>

If you have any of these symptoms, you should behave as if you have the virus and self-isolate for 14 days. People in your household will need to restrict their movements.

You may also need to be tested for coronavirus. Find out when you should call your GP to be assessed for a test.

Scientists are also discovering that some people's symptoms are so mild that they have had coronavirus without realising it.

Who are at-risk groups?

There are some groups of people who may be more at risk of serious illness if they catch Coronavirus (COVID-19).

These groups include:

- People over 75 are particularly vulnerable
- All people aged 60 years and over
- People (adults and children) with long-term medical conditions including people with cardiac and respiratory conditions
- People whose immune system is impaired due to disease or treatment including cancer patients
- Patients with any condition that can affect respiratory function (breathing)
- Residents of nursing homes and other long-stay settings including disability, mental health and older persons services
- All over 50-year olds within the specialist disability health services
- All people in the specialist disability health services with an underlying health problem

What should I do if I'm feeling unwell?

If you are experiencing flu-like symptoms like fever and/or cough, you should immediately self-isolate regardless of travel or contact history.

If you are experiencing these symptoms and are concerned you have been in contact with a person infected with Coronavirus (COVID-19), self-isolate and contact your GP (family doctor) by phone. **Do not go to your GP surgery in person.**

Your GP will assess you and decide if a test for Coronavirus (COVID-19) is necessary.

You can also call HSELive on 1850 24 1850 for further guidance.

Self-isolating Guidelines

The following guidelines should be followed by people who have to self-isolate due to Coronavirus (COVID-19).

STAY AT HOME

Do not go to work, college, school, religious services, social gatherings or public areas. Do not use public transport or taxis until you are well.

KEEP AWAY FROM OTHER PEOPLE AS MUCH AS YOU CAN

Avoid physical contact with other people in your household. Stay in a room with the window open. If possible, you should use a separate toilet and bathroom to the rest of the household. If this is not possible, make sure these areas are kept clean.

WASH YOUR HANDS OFTEN

Keep your hands clean by washing them regularly with soap and water. This is one of the most important things you can do.

COVER YOUR COUGHS AND SNEEZES

When coughing and sneezing, cover your mouth and nose with your bent elbow or tissue. Put used tissues into a closed bin and wash your hands.

AVOID SHARING THINGS

You should avoid sharing dishes, drinking glasses, cups, eating utensils, towels, bedding or other items with other people in your home. After you use these items, they should be washed in a dishwasher or alternatively with soap and hot water. Don't share games consoles or remote controls.

MONITOR YOUR SYMPTOMS

If your symptoms develop or get worse, phone your GP. If it is an emergency, call an ambulance on 112 or 999 and tell them that you may have Coronavirus (COVID-19).

AVOID HAVING VISITORS IN YOUR HOME

If possible, do not allow visitors into your home or answer your door to callers.

HOUSEHOLD CLEANING

Many cleaning and disinfectant products sold in supermarkets can kill Coronavirus (COVID-19) on surfaces. Clean the surface as usual with a detergent, disinfectant or disinfectant wipe. Wear disposable gloves and a plastic apron if available and throw them out afterwards. Wash your hands after removing gloves and apron.

LAUNDRY

Wear gloves while handling dirty laundry and wash with detergent at a temperature above 60 degrees Celsius or at the highest temperature suitable for the fabric (whichever is higher). Clean all surfaces around the washing machine and wash hands thoroughly after handling dirty laundry.

MANAGING RUBBISH

Use plastic bags for collecting rubbish including used tissues, gloves, masks and aprons. Dispose of rubbish bags when three-quarters full by tying the bag. Place the first bag in a second bag, which you should then also tie.

Risk Assessment

Reopening your clinic

Prior to re-opening your clinic, practitioners should

1. Prepare and complete a risk assessment.
2. Complete a COVID-19 response plan

What is a Risk Assessment?

Risk Assessment is the process of identifying and assessing the risks to your business and prioritising your resources to reduce or eliminate the most significant risks. A risk assessment is a written document that records a three-step process:

1. Identifying the hazards in the workplace(s) under your control.
2. Assessing the risks presented by these hazards.
3. Putting control measures in place to reduce the risk of these hazards causing harm.

There are five important terms you need to understand when doing a risk assessment for your business:

HAZARD:

Anything with the potential to cause injury or ill health, for example chemical substances, dangerous moving machinery, or threats of violence from others.

RISK:

Risk is the chance that someone will be harmed by the hazard. It also takes account of how severe the harm or ill health could be and how many people could be affected.

Because risk is a combination of chance (or likelihood) and severity, it is worthwhile considering both of these terms.

CHANCE (OR LIKELIHOOD):

Chance is a measure of how likely it is that an accident could happen. When people are working safely there is less chance that an accident will occur.

SEVERITY:

Severity is a measure of how serious an injury or health effect could be, as a consequence of unsafe working or of an accident. The severity can be influenced by the following:

- the environment
- the number of people at risk
- the steps already taken to control the hazard

CONTROL MEASURES:

Control measures are simply what steps you are going to take to remove the hazards, or at least reduce the risk of them causing harm to as low a level as possible.

How to complete a COVID-19 business continuity risk assessment and prepare a safety statement

To complete a business continuity Risk Assessment, you need to establish the key characteristics of the business and consider how COVID-19 impacts upon these. Risk assessment does not need to be complicated. In most small firms such as therapy clinics, the hazards are few, and the risks they present can be controlled by taking simple, common sense steps.

There are three basic steps to completing a risk assessment:

1. Look at the hazards.
2. Assess the risks.
3. Decide on the control measures and implement them.

BeSmart.ie

BeSMART.ie is a free online tool provided by the Health and Safety Authority (HSA) that will guide you through the entire risk assessment process using simple language and easy-to-follow instructions. On completion you will have a workplace-specific safety statement that can be downloaded, edited, printed and implemented in your workplace. This is a simple and effective method for practitioners to use and can be completed online.



As part of your re-opening plan practitioners should review their Safety Statement and risk assessments and identify any aspects of their clinical setting that might have to be modified to comply with the Government's Return to Work Safely Protocol or any changes that were made as part of your COVID-19 response plan.

How does it work?

Completing your safety statement on BeSMART.ie is simple and straightforward. You will be guided through a four-step process, starting with searching for your business type and ending with printing off your safety statement. BeSMART.ie does all the hard work for you, simply register, select your business type and then work your way through a series of questions about the hazards in your workplace, answering 'yes', 'no' or 'not applicable'. You then need to walk around your clinic, consult with your co-workers and other practitioners and make sure that no hazards have been missed (a blank template will allow you to risk assess any hazards specific to your workplace that have not been covered and you can search for additional hazards at the end of the process). When you have finished you can download, edit and print your safety statement.

Response Plan

The prompt identification and isolation of potentially infectious individuals is a crucial step in protecting yourself, your patients and others within your clinical setting. A practitioner should not attend work or conduct any treatments if displaying any symptoms of COVID-19.

Recovery

Getting your clinic ready in case COVID-19 is detected within your area or premises.

Develop a contingency and business continuity plan for an outbreak in the area where you clinic operates. The plan will help prepare your organisation for the possibility of another outbreak of COVID-19 in its workplaces or community. The plan should attempt to address how to keep your business running even if a significant number of therapists, staff, patients and suppliers cannot come to your place of business, either due to local restrictions or because they are ill. This is now the time to look at alternative options to enable you to continue with your practice in the event of another outbreak or other emergency situation. For example, invest in learning more about TeleHealth to enable you to do online consultations, wellbeing webinars for patients and other e-commerce opportunities.

Communicate to your staff and/or co-workers about the plan and make sure they are aware of what they need to do, or not do, under the plan. Emphasise key points such as the importance of staying away from work even if they have only mild symptoms or have had to take simple medications (e.g. paracetamol, ibuprofen) that may mask the symptoms.

Ensure your plan addresses the mental health and social consequences of a case of COVID-19 in the clinical setting or in the community and offer information and support.

Consider how to identify persons who may be at risk and support them - without inviting stigma and discrimination. This could include persons who have recently travelled to an area reporting cases, or other personnel who have conditions that put them at higher risk of serious illness (e.g. diabetes, heart and lung disease, older age).

Dealing with a Suspected Case

- **Develop a plan for what to do if you, a patient or a colleague becomes ill with suspected COVID-19 in your clinic.**
- **Ensure you have a dedicated team member appointed to respond to and coordinate the matter**
- **Identify a designated isolation area in advance, the designated area and the route to the designated area should be easily accessible and also be accessible for people with disabilities.**
- **Limit the number of people who have contact with the sick person, and contact the local health authorities. Maintain a distance of 2 meters from the symptomatic person at all times.**
- **Where possible provide the person with a mask, particularly if the person must exit through a common area.**
- **Facilitate the person presenting with symptoms to remain in isolation if they cannot immediately go home safely. Public transport of any kind should not be used**
- **Provide where reasonably possible: Ventilation i.e. a window, tissues, hand sanitiser, PPE and clinical waste bags**
- **Arrange for appropriate cleaning of the isolation area and work areas involved. Additional advice on dealing with a suspected case is available from the NSAI.**

COVID-19 Return to Work Protocol – Touch Therapy Practitioner Dealing with a Suspected Case of Covid-19

These checklists have been prepared to help touch therapy practitioners to get their clinics up and running again in a way that will help prevent the spread of COVID-19. Further information can be found at www.Gov.ie, www.hse.ie, www.hpsc.ie and www.hsa.ie

No	Control	Yes/No	Action needed
PROCEDURES AND INFORMATION			
1	Have you a system in place to identify and isolate co-workers or others who start to display symptoms of COVID-19 in the workplace?		
2	Have you a COVID-19 contact / group work log in place to facilitate contact tracing?		
3	Have you informed co-workers of the purpose of the log?		
4	Have you consulted with co-workers on the purpose of the isolation procedure and when it should be used?		
5	Have you displayed the COVID-19 posters in suitable locations highlighting the signs and symptoms of COVID-19 ?		
Instructions if a person(s) develops signs and symptoms of COVID-19 at work			
6	Have you instructed your co-workers and clinic staff about what they need to do if they develop signs and symptoms at work?		
7	Have you provided your co-workers and clinic staff with up to date public health information on COVID-19 issued by the HSE , HPSC and GOV.ie ?		
REPORTING			
8	Have you made your co-workers and clinic staff aware of reporting procedures if they develop signs and symptoms at work for COVID-19?		
RESPONSE TEAM			
9	Have you appointed a manager to deal with any suspected case of COVID-19?		
10	Have you allocated individuals to support a response team(s) to deal with a suspected case of COVID-19 in the workplace and trained this team in what actions to take?		

No	Control	Yes/No	Action needed
ISOLATION AREA(S)			
11	Have you identified a place that can be used as an isolation area, preferably with a door that can be closed, in the event of a suspected case of COVID-19?		
12	Is this isolation area accessible, including to workers with disabilities?		
13	Is the route to the isolation area accessible?		
14	Have you a contingency plan for dealing with more than one suspected COVID-19 case? e.g. If more than one person is displaying signs and symptoms of COVID-19, are there additional isolation areas?		
15	Are the following available in the isolation area(s)? <ul style="list-style-type: none"> • ventilation, e.g. fresh air ventilation/ability to open a window • tissues • hand sanitiser • disinfectant and/or wipes • gloves, masks • waste bags • pedal-operated, closed bin 		
ISOLATING A PERSON(S) DISPLAYING COVID-19 SYMPTOMS			
16	Are procedures in place for the clinic manager or a member of the isolation team to accompany the affected person to the isolation area, along the isolation route, while maintaining physical distancing (2 metres) from them?		
17	Is the manager and response team familiar with this procedure?		
18	Have others been advised to maintain a distance of at least 2 metres from the affected person at all times?		
19	Is there a disposable mask available for the affected person to wear while in a common area and when exiting the building?		
ARRANGING FOR THE PERSON TO LEAVE THE CLINIC - EXIT STRATEGY			
20	Have you established, by asking them, if the affected person feels well enough to travel home?		
21	If the affected person considers themselves able to travel home, have you directed them to do so and to call their GP and self-isolate at home?		

No	Control	Yes/No	Action needed
22	If the affected person feels unable to go home, has the manager/isolation team let them remain in isolation, and enabled them to call their GP?		
23	Has the affected person been advised to avoid touching other people, surfaces and objects?		
24	Has the affected person been advised to cover their mouth and nose with the disposable tissue(s) provided when they cough or sneeze, and to put the tissue in the waste bag provided?		
25	Has transport home or to an assessment centre been arranged if the affected person has been directed to go there by their GP?		
26	Has the affected person been advised not to go to their GP's surgery or any pharmacy or hospital?		
27	Has the affected person been advised they must not use public transport?		
28	Has the affected person been advised to continue wearing the face mask until they reach home?		
FOLLOW-UP			
29	Have you carried out an assessment of the incident to identify any follow-up actions needed?		
30	Are you available to provide advice and assistance if contacted by the HSE?		
DISINFECTION			
31	Have you taken the isolation area and any work areas where the person was involved out-of-use until cleaned and disinfected?		
32	Have you arranged for cleaning and disinfection of the isolation area and any work areas involved, at least one hour after the affected person has left the building?		
33	Have the cleaners been trained in dealing with contaminated areas and supplied with the appropriate PPE?		
ADDITIONAL INFORMATION			
NAME DATE		SIGNATURE	

Preparing to re-open your clinic

Any decisions to re-open a clinic shall be done in compliance with the national Government guidelines and public health advice through the appropriate agencies. In this regard, employers and practitioners, must take the following steps to ensure a safe return to work.

Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings. Now is the time to re-assess what items should be in your clinic and treatment rooms. Declutter and remove non-essential items that will require repeated cleaning and disinfecting, if they are not needed for the treatment then remove them.

Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No additional disinfection beyond routine cleaning is recommended at this time.

Commercial or household grade products may be used for routine cleaning such as washing surfaces with soap and water to remove visible soil, dusting and cleaning glass surfaces with a glass cleaner.

Some cleaning and disinfection products may require ventilating the space by opening the doors and windows to reduce the airborne presence of cleaning chemicals.

Some cleaning and disinfection products may require wearing cleaning gloves, eye protection and a face covering.

Guidelines for cleaning, disinfecting and disease prevention in specific areas



RECEPTION / WAITING AREA / HALLWAYS

- Declutter and remove items from the reception area that may become contaminated and require repeated disinfecting e.g magazines, leaflets, tea/coffee station etc.
- Remove additional furniture - tables and chairs and space remaining chairs 2 metres apart
- Ventilate the reception area as often as possible by opening doors and windows to circulate fresh air
- Place signs at eye level of patients to inform them about respiratory hygiene and cough etiquette, hand hygiene, symptoms of COVID-19 and physical distancing. Posters are available from the governments website (gov.ie) that you can print out and display in your clinic
- Disinfect high touch surfaces that are handled frequently throughout the day such as door handles, hand rails, light switches, pens / pencils, clipboards and payment machines
- Provide tissues and foot pedal waste baskets for the practice fo respiratory hygiene and cough etiquette
- Provide alcohol based hand sanitiser to patients entering the clinic and ask them to sanitise their hands upon arrival
- Wash floors at the end of the day with a good quality cleaning disinfecting product
- Vacuum carpeted floors when there are no people in the space but use a face covering when vacuuming as vacuums can disperse respiratory particles into the air.

TREATMENT ROOM

- **Declutter and remove items from the treatment room that may become contaminated such as extra chairs, decorative items, non-washable fabrics and coverings, books, equipment and props that is not necessary etc.**
- **The practitioner and client should wear a face covering during the session. The client must also be instructed to wear their own face mask from the time they enter the clinic until they leave. They should arrive to the clinic wearing their own face covering**
- **Cover the massage table with a heavy duty plastic sheet or table protector. Disinfect the plastic sheet over the massage table in between treatments. If a plastic sheet is not used, clean the massage table with soap and water between clients and wipe with a disinfectant**
- **Prepare the massage table with clean linens for each client**
- **Provide a clean face rest for each client**
- **Ventilate the treatment room between clients by opening doors and windows to allow fresh air to circulate**
- **Disinfect high touch surfaces between clients**
- **Wash floors at the end of the day with a good quality cleaning disinfecting product**
- **Vacuum carpeted floors when there are no people in the space but use a face covering when vacuuming as vacuums can disperse respiratory particles into the air**
- **Ensure you have a sufficient stock of clean fresh linen that can be used for each new patient throughout the day. Each patient must have freshly clean linen provided for their treatment.**

TOILETS / CHANGING ROOMS

- **Disinfect high touch surfaces regularly throughout the day. These include door handles, stall doors, toilet seat, counter tops, light switches, toilet handle and fixtures, toilet paper dispenser and hand dryer / paper towel dispenser.**
- **Place signs at eye level in the restrooms to inform patients about proper hand washing**
- **Place signs indicating that the toilet lid should be closed before flushing**
- **Deep clean the toilets and general area at the end of the day by cleaning the toilet bowl, toilet seat, lid, the walls around the toilet and all surfaces with appropriate products and disinfectants. Use gloves, face and eye mask and disposable apron to protect yourself whilst cleaning**
- **Dispose of the cleaning cloths and personal protective clothing afterwards by placing in a bag and tying the bag prior to placing it into an external rubbish bin.**

LINEN MANAGEMENT

Linens include massage sheets, face- rest covers, pillow cases, bolster covers, hand towels, bath sheets or towels, hair wraps, bathrobes, blankets, and any other cloth material used to cover surfaces or cover the client during a treatment session.

Soiled linens are defined as any cloth material used during a therapy session that makes contact with the client's skin or hair. Any linen that touches a client's skin or hair must be properly laundered before use with another client.

- **Wear a face mask while handling soiled linens when COVID-19 is present in the community**
- **If blood or body fluid is present on the linens, wear gloves when handling the linens and store the linens in a leak proof bag separately from other soiled linens**
- **At the conclusion of a treatment session, identify, gather, and remove all soiled laundry from the session room. Do not leave soiled linens in the session room**
- **Do not shake soiled linens as this may disperse contaminated respiratory droplets into the air**
- **While COVID-19 is present in a community, store linens in a closed container**
- **Wash soiled linens with detergent in hot water and dry it completely using heat. Wash linens promptly (by the end of the workday)**
- **Linens soiled with blood or body fluid are washed separately with hot water, detergent, and fabric-safe bleach and then dried with heat**
- **Practitioners should immediately wash or disinfect their hands after handling soiled linens**
- **Before handling clean linens, massage practitioners should disinfect their hands with an alcohol-based hand sanitiser**
- **Clean linens are stored in the treatment room (not in the laundry area where they might come into contact with soiled linens) in a closed container until use.**

COVID-19 Return to Work Safely Protocol – Touch Therapy Cleaning and Disinfection

These checklists have been prepared to help touch therapy practitioners to get their clinics up and running again in a way that will help prevent the spread of COVID-19. This checklist will help you to put additional cleaning and disinfection measures in place at your workplace.

Further information can be found at www.Gov.ie, www.hse.ie, www.hpsc.ie and www.hsa.ie

No.	Topic	Yes/No	Action Required
1	Have you a system in place for checking and keeping up to date with the latest public health advice from Government and to adjust your cleaning procedures in line with that advice?		
2	Have you a system in place of thorough and regular cleaning of frequently touched surfaces?		
3	If disinfection of contaminated surfaces is required, has it been done following cleaning?		
4	Have the following frequently touched surfaces been included in your cleaning plan: for example <ul style="list-style-type: none"> • treatment tables and therapy equipment • door handles and light switches • toilets and toilet doors, taps • remote controls • kettles, coffee machines, toasters, microwave, fridge handles • kitchen surfaces and cupboard handles? 		
5	Are frequently touched surfaces visibly clean at all times and cleaned at least twice a day?		
6	Are washrooms and surfaces in communal areas being cleaned at least twice a day and whenever visibly dirty?		
7	Have you provided co-workers with cleaning materials such as disinfectant or wipes to keep their own workspace clean?		
8	Have you told co-workers what they need to do to keep their own treatment areas clean?		
9	Practitioners are responsible for cleaning personal items that have been brought to work and are likely to be handled at work or during breaks. e.g. mobile phone. Have you told co-workers and staff to clean personal items that they have brought to work, such as mobile phones, to avoid leaving them down on communal surfaces or they will need to clean the surface after the personal item is removed?		

No.	Topic	Yes/No	Action Required
10	Have no-touch bins been provided, where practical?		
11	Have arrangements been made for the regular and safe emptying of bins?		
12	Have you sufficient cleaning materials available to allow for increased cleaning?		
13	Have cleaning staff been trained in the new cleaning arrangements?		
14	Have staff been instructed to read and follow instructions on the product label/ Safety Data Sheet for any cleaning product(s) before use and that where relevant appropriate PPE is worn by cleaners?		
15	If cleaning staff have been instructed to wear gloves when cleaning are they aware of the need to wash their hands thoroughly with soap and water, both before and after wearing gloves?		
16	Is there is system in place for the disposable of cleaning cloths and used wipes in a rubbish bag? Current HSE guidance recommends waste such as cleaning waste, tissues etc. from a person suspected of having COVID-19 should be double bagged and stored in a secure area for 72 hours before being presented for general waste collection.		
17	Is there a system in place to make sure reusable cleaning equipment including mop heads and non-disposable cloths are clean before re-use?		
18	Is there a system in place to ensure that equipment such as buckets are emptied and cleaned with a fresh solution of disinfectant before re-use?		
19	Is there a system in place for ensuring that clean fresh linen is provided for each new appointment and that linen used from previous treatments and /or soiled linen have been removed from the treatment room and stored in a plastic bag inside inside a container?		
NAME DATE		SIGNATURE	

Scheduling Appointments

Effective scheduling will affect every aspect of your clinical practice and it is essential to include additional measures addressing COVID-19. If multiple practitioners work at one facility, it is important to stagger the treatment schedules to prevent crowding in reception or communal areas. Promote physical distancing as much as possible between patients and other people attending the clinic before and after the treatment session.

Allow plenty of time in between clients to ensure cleaning and disinfecting of communal areas, equipment and treatment rooms are carried out.

A COVID-19 declaration should be added to your booking protocol, this should include an overview of your new COVID-19 policies and procedures, a COVID symptom check and details on cancellation policies and advanced consultation form.

Advanced TeleHealth Consultation Form

It is recommended that practitioners ask patients to complete their consultation form in advance of attending the clinic. This will take up less time in the clinic room, reducing the face to face contact time. Ideally, the consultation can either be conducted virtually online (refer to TeleHealth Informed Consent guidelines <https://anmpt.ie/wp-content/uploads/2019/04/TeleHealth-Informed-Consent-and-Patient-Information.pdf>) between the practitioner and patient or if this is not possible, it can be completed by the patient in their own time and emailed in advance to the clinic for the practitioner to review and make notes prior to the treatment. The therapist should follow up with the patient on arrival to obtain further information if any COVID-19 symptoms have been displayed since they completed their consultation form.

TeleHealth NMT

TeleHealth NMT involves the use of electronic communications to enable Neuromuscular Therapists to provide health promoting neuromuscular therapy, without personal hands-on contact, at different locations. Details gained during an individual TeleHealth session regarding patient/client assessment information may be used for the purpose of improving patient/client health care.

With the patients signed permission the consultation and additional TeleHealth NMT sessions may require the need to share patient/client information between the TeleHealth NMT and primary care practitioners, specialists, and/or sub-specialists following appropriate permission form the patient/client.

The information provided by the patient/client may be used for assessment, neuromuscular therapy interventions, follow-up recommendations for health promotion, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video consultations
- Output data from devices and sound and video files
- Live recording of the TeleHealth session
- Email specific to the treatment

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient/client identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

EXPECTED BENEFITS (NOT LIMITED TO):

- Increased access to neuromuscular therapy care by enabling a patient/client to remain in his/her remote site, such as their home, while the Neuromuscular Therapist obtains necessary subjective information, carries out necessary assessments, receives additional information/data and consults from a distant site
- Provide efficient assessment and evaluation and offer self-care management strategies that the patient/client can easily self-administer
- Obtaining expertise at a distance from a qualified Neuromuscular Therapist
- No need for the patient/client to travel to a clinical practice
- Reassurance for the patient/client that they have continued communication with a Neuromuscular Therapist

POSSIBLE RISKS

As with any therapeutic intervention, there are potential risks associated with the use of TeleHealth NMT. These risks include, but may not be limited to:

- In a small number of cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate clinical decision making by the Neuromuscular Therapist
- Delays in assessment, evaluation and treatment could occur due to deficiencies or failures of audio-visual equipment
- In very rare instances, security protocols could fail, causing a breach of privacy of personal and medical information

COVID-19 Patient Declaration Form

To help prevent the spread of COVID-19 in the clinic and local community, we ask each patient to complete and sign this form before attending for treatment. On review of the form, your practitioner may contact you to ask you not to attend the clinic at this time and will discuss a suitable future appointment for your treatment. N.B.

Every question **must** be answered.

We have taken extra measures to safeguard our patients prior to arrival. We kindly ask you to complete this declaration for the safety of you, our patients and therapists.

Patient Name:	Therapist Name:		
Patient Address:			
Question	YES	NO	
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?			
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?			
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?			
Have you been advised by a doctor to self-isolate at this time?			
Have you been advised by a doctor to cocoon at this time?			
Do you consider yourself to be in the category of people at higher risk from coronavirus? If you are unsure whether or not you are in an at-risk category, please visit https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html			
If your situation changes after you complete and submit this form you agree to inform your therapist and / or clinic management.			
Please enter any other information you feel is relevant.			
Patient Signature		Date	
Therapist Signature		Date	

Clinic Policies

Patients should be advised prior to arrival about the clinic's specific measures relating to COVID-19. This should be included in the confirmation email or text message and saved for regular and consistent use.

Confirming Appointments

All appointments should be confirmed before 24 hours and within 36 hours of the treatment time.



TELEPHONE CONFIRMATION

'I can confirm that we have received your advanced consultation form by email. May I please check if this information has remained the same or if there are any changes that you would like to make us aware of?'

TEXT MESSAGE / WHATSAPP CONFIRMATION

Text message reminders should include a check for any newly developed symptoms within the last 7 days.

Examples of text messages below:

- **First Text** '*<Patient or Client Name> you are booked for <treatment/package> on <date> at <Time>. Please arrive at least 15 minutes prior. Should you need to cancel please call <Number>.*
- **Second Text** '*Your Safety is our Priority. If you have felt unwell in the last 7 days, please call the Clinic before arrival on <Number>. Thank you <Therapist Name>'*
- **Or** '*If you have any of the following within the last 7 days, please contact the clinic before arrival; Cough, Fever, Breathlessness, Headaches, Sore Throat. Please call <Number>'*

If this text cannot fit into your appointment reminder, a second text should be generated specific to COVID-19.

EMAIL CONFIRMATION

The below text should be included into your email reminders. These should be on clinic headed paper or templates. Recommended font size can be reduced from 10 to 9.5 to allow for the additional text.

COVID-19

In the interests of your health and safety, we have taken extra measures to safeguard our patients prior to arrival. We kindly ask the following:

For the safety of our patients, therapists, and all who enter this clinic, if you or a member of your household has developed any of the following symptoms; Cough, Fever, Breathlessness, Sore Throat, Headaches within the last 7 days please contact the clinic prior to arrival of your appointment, so we can obtain further information.

As a gentle reminder, if you or any member of your household has recovered from any of these symptoms within the last 14 days we recommend you call the clinic prior to arrival. If you have any questions, please do not hesitate to contact us and we look forward to welcoming you (back) to the clinic.

Patient arrival procedures

The World Health Organisation acknowledges that wearing a medical mask is one of the prevention measures that can limit the spread of COVID 19. There is evidence that suggests masks can prevent the spread of infectious droplets and also prevent the contamination of the environment by these droplets. We would suggest the use of appropriate face coverings in the clinic environment. It is critical that local supplies of medical disposable masks are prioritised for health care workers and so it is recommended that therapists wear a re-usable face coverings which can be washed at 60 degrees and worn again.

The patient may also be provided with a mask upon arrival however it is advisable to ask patients to arrive to clinic wearing a face mask or suitable face covering.

Ask patients to wait in their cars or outside (if appropriate) until you text or call them to come in.

Greet patients at the door, avoid handshakes or hugging and instead create a new welcome ritual upon arrival for each patient, this could include a disposable warm towel and hand sanitiser.

Remove all shared reading material in the waiting room.

If the patient arrives wearing gloves, kindly request that they remove the gloves before entry as gloves may be contaminated with respiratory droplets from the patient touching their nose or face. Ask the patient to wash their hands in warm soapy water and/or use the hand sanitising gel before entering the treatment room.

Demonstrate how to put on and take off the face mask / covering correctly (using your own mask as an example). Hands should be sanitised before putting on the face mask/covering.

High risk patients

Unless otherwise directed by the patient's primary healthcare provider, patients at higher risk of severe illness from COVID-19 should not receive touch therapy treatment whilst the virus is present in their communities. Whilst information is still limited, patients with the following underlying conditions are at higher risk for severe illness from COVID-19:

- **People over 65**
- **Chronic lung disease**
- **Moderate to severe asthma**
- **Heart conditions**
- **Compromised or suppressed immunity**
- **Severe obesity (body mass index of 40 or higher)**
- **Diabetes**
- **Chronic kidney disease**
- **Liver disease**

COVID-19 Return to Work Safely Protocol – Touch Therapy

Planning and Preparing

These checklists have been prepared to help touch therapy practitioners to get their clinics up and running again in a way that will help prevent the spread of Covid-19. Additional information on health safety guidelines can be found at www.Gov.ie, www.hse.ie, www.hpsc.ie and www.hsa.ie

No	Control	Yes/No	Action needed
1	Have you a system in place to keep up to date with the latest advice from Government and to adjust your plans and procedures in line with that advice?		
2	Have you prepared / revised your business COVID-19 response plan?		
3	Have you a system in place to provide your co-workers, staff and patients with information and guidance on the measures you have to put in place to help prevent the spread of the virus and what is expected of them?		
4	Have you consulted with your co-workers and/or staff on measures, provided a system for them to raise issues or concerns and to have them responded to?		
5	Have you identified the control measures you will need to put in place to minimise the risk to yourself, co-workers and patients being exposed to COVID-19?		
6	Have you reviewed and updated your risk assessments and safety statement to take account of any controls to help prevent the spread of COVID-19?		
7	Have you updated your emergency plans, in particular to take account of physical distancing?		
8	Have you sent your existing patients and first time patients a COVID-19 patient declaration form to be completed and returned to you in advance of attending the clinic?		
9	Have you read and provided information to patients on the HSE guidance on people most at-risk and asked them to tell you if they fall into any of these categories?		
11	Have you told co-workers, staff and patients that they must stay at home and not attend the clinic if sick or if they have any symptoms of COVID-19 ?		
12	Have you a system in place to monitor compliance with COVID-19 control measures in the clinic?		
13	Have you updated yourself, co-workers and staff with regards to ongoing training to include all information relating to COVID-19?		

No	Control	Yes/No	Action needed
14	Have you organised to carry out meetings, training and information sessions online or by phone as far as possible?		
15	Has the clinic, including all equipment, workstations, benches, doors and frequent touched surfaces points, been thoroughly cleaned ?		
16	Have you provided hand sanitization stations in the clinic and treatment rooms?		
17	Have you evaluated the need and budget for new purchases including, screens, additional uniforms, personal protective equipment (ppe), sanitization items?		
19	Have you conducted a physical review of the space to ensure all essential systems are operational including electrical, water, ventilation, treatment equipment?		
20	Have you advised co-workers, staff and patients to clean their hands before and after using public transport before arriving to the clinic?		
Personal Protective Equipment (PPE)			
23	Have you identified, selected and sourced the PPE needed for yourself and co-workers and staff and arranged enough supplies of it?		
24	Have you arranged to train yourself and co-workers in the proper fitting, use, removal, cleaning, storing and disposal of PPE?		
25	Have you and/or your first aiders been given updated training on infection prevention and control re hand hygiene and use of face masks?		
26	If you have mechanical ventilation does it need cleaning or maintenance before the clinic reopens?		
27	Does your hot water system need flushing at outlets e.g. showers, backwashes etc. following low usage to prevent Legionnaire's Disease?		
28	Have you evaluated the changes that need to be made in the clinic reception, hallways, treatment rooms and rest rooms?		
30	Have you evaluated the need for floor markings / signage to assist patients with navigating to and from the clinic / treatment room?		
31	Have you provided for appropriate waste collection points and ensure these are emptied regularly throughout the day and at the end of the day?		

No	Control	Yes/No	Action needed
32	Have you updated your internal communications policies and procedures to include information on new sanitation guidelines, clinic updates and guidelines and communicate changes to co-workers and other staff members?		
33	Have you updated your external communication policies and procedures to include updates on your website, social media about re-opening timeline, guidelines, patient information, new sanitation practices, expectations on what may be different, changes to payment process and booking / rescheduling / cancellation of appointments.		
34	Have you updated your consultation documents and health screening procedures to include COVID-19 specific health issues and permissions for contact tracing purposes in the event of possible exposure to COVID-19.		

ADDITIONAL INFORMATION



ANMT

NAME

SIGNATURE

DATE

Changes to treatment procedures

Whilst COVID-19 is present in the community, the following precautions are advised during treatment procedures:

- Both practitioner and patient should wear a face mask / covering during the treatment. The patient must also wear a face mask from the time they enter to the time they leave the clinic
- Friends and family of patients are not permitted to wait in the reception area or in the clinic unless they are the patient's legal guardian
- Provide a container for patients clothes and possessions which can be sterilised between appointments
- Intra-oral or facial massage is to be avoided at this time because it increases the risk of COVID-19 exposure and can not be performed due to the wearing of face masks
- If possible process the patient's payment and re-booking for the next session before the session or using an online payment and booking system
- Practitioners should disinfect their hands directly after handling payments and paperwork as these surfaces may be contaminated
- Patients and practitioners should wash and sanitise their hands before they leave treatment room and before passing through common areas of the clinic
- Escort the patient to the exit encouraging them to avoid touching as many surfaces as possible
- Consider purchasing appropriate disposal equipment to ensure the safe disposal of all waste products and PPE appropriately after each treatment
- Offer greater flexibility with cancellation policies in order not to deter clients from cancelling if they feel unwell
- All cleaning, sterilisation and actions taken must be documented in a record. Prepare a simple Daily Cleaning and Sanitation Checklist template which you can use daily

COVID-19 Return to Work Safely Protocol – Touch Therapy

Control Measures

These checklists have been prepared to help touch therapy practitioners to get their clinics up and running again in a way that will help prevent the spread of COVID-19. By putting in place control measures, you can help to protect yourself, your co-workers and patients. Further information can be found at www.Gov.ie, www.hse.ie, www.hpsc.ie and www.hsa.ie

No	Topic	Yes/No	Action Required
Hand Hygiene Facilities:			
1	Are there enough hand washing and hand sanitising stations in place to accommodate workers, visitors/ customers adhering to hand hygiene measures?		
2	Are hand washing and hand sanitising stations in convenient locations that can be easily and frequently accessed? Have you considered: <ul style="list-style-type: none"> • all entry/exit points • high traffic areas • the need for workers to wash their hands before, during or after a work task • the distance workers are from hand washing /hand sanitising facilities including wash/bathrooms • the number of workers and any shift arrangements 		
3	Have you made arrangements to ensure hand hygiene facilities are regularly checked and well-stocked e.g. hot running water, soap dispensers, paper towels, touch-free bins and hand-sanitiser?		
Hand sanitising			
4	Does the alcohol-based hand sanitiser have at least 60% ethanol or 70% isopropanol as the active ingredient?		
5	Are there stations at entry/exit points to the workplace?		
6	Are there stations in areas that have high touchpoints or high footfall?		
Public awareness around hand hygiene in the Clinic			
7	Have you informed co-workers, staff and patients about the importance of hand washing?		
8	Have you trained/shown co-workers, staff and patients how to wash their hands (with soap and water for at least 20 seconds) and dry them correctly? (HSE video resource available)		

No	Topic	Yes/No	Action Required
9	Have you shown patients how to use hand sanitiser correctly and where hand-sanitising stations are located?		
10	Have you displayed posters on how to wash hands correctly in appropriate locations?		
11	Have you told co-workers, staff and others when they need to wash their hands? This includes: <ul style="list-style-type: none"> • before and after eating and preparing food • after coughing or sneezing • after using the toilet • before smoking or vaping • where hands are dirty • before and after wearing gloves • before and after being on public transport • before leaving home • when arriving/leaving the clinic • before and after treatment sessions • after touching potentially contaminated surfaces • if in contact with someone displaying any COVID-19 symptoms 		
Respiratory hygiene			
12	Have you informed co-workers, staff and patients of good respiratory measures to limit the spread of the virus: <ul style="list-style-type: none"> • avoid touching the face, eyes, nose and mouth • cover coughs and sneezes with an elbow or a tissue • dispose of tissues in a covered bin 		
13	Have you made tissues available in the clinic reception area and suitable waste bins for their safe disposal?		
14	Is there a system in place to regularly empty bins so they don't over fill?		
Physical Distancing			
15	Have you looked at how you can change the layout of your clinic area to allow for physical distancing in waiting and other communal areas?		
16	Can you rearrange working times and shifts to minimise the number of therapists working in the clinic together?		
17	Can you rearrange break areas and times to comply with physical distancing? (e.g. placing tables and chairs further apart, staggering breaks)		
18	Can you provide a one way system for entering and exiting the clinic, where practical?		

No	Topic	Yes/No	Action Required
19	Have you put floor markings in place to remind everyone in the communal areas of the clinic of the 2 metre physical distance required?		
20	Have you staggered entry times into the clinic including the entry of patients, other therapists and staff members?		
21	Have you told co-workers and staff members to clean and disinfect surfaces and shared equipment, not to shake hands and to avoid any un-necessary physical contact?		
Personal Protective Equipment (PPE) [Guidance open to change]			
22	Note: PPE use cannot take the place of other preventative measures. For COVID-19, practitioners should check public health advice. Gloves are generally not required for infection prevention and control and are not a substitute for hand hygiene.		
24	Has the correct PPE been identified based on the risk assessment and safety requirements of practitioner and patient?		
25	Is there a sufficient supply of relevant PPE required to allow a safe return to practice?		
26	Have you trained co-workers and staff members in the correct fitting, use, removal, cleaning, storing and disposal of PPE?		
27	Have you made arrangements for the cleaning, inspection, maintenance and disposal of PPE, where appropriate?		
28	Have you determined which, if any of your patients are at higher risk from COVID-19? Check out HSE At Risk groups .		
29	Have you advised at risk or vulnerable patients to stay at home and conduct a TeleHealth consultation?		
Changes to Work Practices			
30	Have you considered other changes to treatment procedures to minimise the spread of COVID-19?		
31	Have you arranged for safe delivery of products and supplies to the clinic?		
32	Are there arrangements in place to inform other co-workers, staff and patients to the clinic about measures to help prevent the spread of infection?		

No	Topic	Yes/No	Action Required
33	Is there a system for recording visits to the clinic by co-workers, patients and others in the event that information is required for contact tracing for potential exposure to COVID-19. (COVID-19 Contact log)		
34	Is there a system in place to record the daily cleaning, sterilisation and sanitation of the clinic and treatment rooms?		
35	Have you provided a sealed container for patients to store their clothing and possessions in during the treatment?		
NAME		SIGNATURE	DATE



ANMT

Effective hand-washing

Duration of the procedure: at least 20 seconds



1 Wet hands with water



2 Apply plenty of soap



3 Rub your hands together, palm to palm



4 Rub the back of each hand with the palm of the other hand, with fingers interlaced



5 Rub palm to palm with fingers interlaced



6 Rub with the backs of fingers to opposing palms, with fingers interlaced



7 Rub each thumb clasped in the opposite hand using a rotational movement



8 Rub the tips of the fingers in the opposite palm using a circular motion



9 Rinse your hands well with water



10 Dry your hands thoroughly with a single-use towel



11 Keep the towel in your hand and use it to turn off the tap



Your hands are now
clean and safe!

Guidelines for practitioner hygiene

Hygiene is defined as the practice or principles of keeping oneself or the environment clean in order to maintain health and prevent disease. Correct practitioner hygiene reduces the spread of infectious pathogens to others and increases the likelihood that the practitioner remains healthy.

The most important action we can take to protect ourselves from COVID-19 (Coronavirus) is regular hand washing and good respiratory hygiene.

General advice for practitioner hygiene:

- wash your hands frequently with soap and water or use an alcohol-based hand rub if your hands are not visibly dirty
- practice good respiratory hygiene, that is, when coughing and sneezing, cover your mouth and nose with flexed elbow or tissue – discard tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water
- maintain physical distancing, that is, leave at least 2 metres (6 feet) distance between yourself and other people, particularly those who are coughing, sneezing and have a fever
- avoid touching your eyes, nose and mouth – if you touch your eyes, nose or mouth with your contaminated hands, you can transfer the virus from the surface to yourself

Hand Hygiene

Having clean hands is the best way to stop the spread of harmful germs.

CLEAN YOUR HANDS

Use soap and water or alcohol hand rub to clean your hands regularly.

HOW TO WASH YOUR HANDS WITH SOAP AND WATER

- Wet your hands with warm water and apply soap
- Rub your hands together until the soap forms a lather
- Rub the top of your hands, between your fingers and under your fingernails
- Do this for about 20 seconds
- Rinse your hands under running water
- Dry your hands with a clean towel or paper towel
- If you have dry skin or a skin condition, apply moisturiser after washing your hands and at night.

HAND HYGIENE AT HOME



You should wash your hands:

- after coughing or sneezing
- before and after eating
- before and after preparing food
- if you were in contact with someone who has a fever or respiratory symptoms (cough, shortness of breath, difficulty breathing)
- before and after being on public transport, if you must use it
- before and after being in a crowd (especially an indoor crowd)
- when you arrive and leave buildings including your home or anyone else's home
- if you have handled animals or animal waste
- before having a cigarette or vaping
- if your hands are dirty
- after toilet use
- Keep your hands in good condition. Moisturise them often. Any basic product that is not perfumed or coloured is OK.

Cleaning your hands can help you avoid:

- colds and flu
- tummy bugs that cause diarrhoea, such as norovirus
- eye infections such as conjunctivitis
- superbugs such as MRSA and VRE

Many of these infections are common in children. Parents and childcare workers should always make sure children clean their hands regularly.

HAND HYGIENE IN THE CLINIC

Follow the HSE's protocol for proper hand washing directly before every treatment session, directly after every treatment session, directly after using the toilets, directly after handling soiled linens, and directly before and after eating while at work. Increased hand washing helps protect against infectious diseases.

USE OF ALCOHOL -BASED SANITISERS



- Alcohol-based hand sanitisers (hand sanitiser) used in a clinical setting should contain between 60-95% alcohol.
- Apply enough hand sanitiser to cover your hands, forearms, and elbows.
- Rub the hands together and rub the hands over the forearms and elbows using friction until the product is completely dry.
- Note that hand washing with liquid soap and water is preferable to the use of hand sanitiser, but hand sanitiser may be used when soap and water are not available.
- Be aware that hand sanitiser is less effective when applied to greasy hands (e.g., when hands are covered by massage lubricant).
- Use hand sanitiser directly before you touch a client to begin a massage and directly after you complete a massage before you leave the session room.
- If liquid soap and water is not readily available, use hand sanitiser directly after handling soiled massage linens.
- Use hand sanitiser directly before you handle clean massage linens to prepare the massage table.
- Use hand sanitiser directly before you put on a face mask and directly after you remove a face mask.
- Use hand sanitiser directly before you put on medical gloves and directly after you remove medical gloves.
- Use hand sanitiser directly after you absentmindedly or inadvertently touch your face, mouth, nose, facial hair, or hair during a massage session and before you resume massage.
- Use hand sanitiser directly after you sneeze into an elbow.
- Use hand sanitiser directly after handling anything that is potentially contaminated.

Respiratory Hygiene and Cough Etiquette



The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- **Cover your mouth and nose with a tissue when coughing or sneezing**
- **Use the nearest waste receptacle to dispose of the tissue after use**
- **Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand-wash) after having contact with respiratory secretions and contaminated objects/materials.**

You should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for clients/patients and visitors.

- **Provide tissues and no-touch receptacles for used tissue disposal**
- **Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available**

Safe use of face coverings



Updated guidelines were released Friday 5th June 2020 by the WHO on how to wear fabric masks. See <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

CLOTH FACE COVERINGS

A cloth face covering is a material you wear that covers the nose and mouth.

Wearing a cloth face covering in public may reduce the spread of COVID-19 (Coronavirus) in the community. It may help to reduce the spread of respiratory droplets from people infected with COVID-19 (Coronavirus).

Cloth face coverings may help to stop people who are not aware they have the virus from spreading it.

If you have COVID-19 (Coronavirus) or have symptoms of the virus, you must self-isolate. Do this even if you wear a face covering.

Cloth face coverings are made from materials such as cotton, silk, or linen.

You can buy them or make them at home using items such as scarfs, t-shirts, sweatshirts, or towels.

If you wear one, you should still do the important things necessary to prevent the spread of the virus. These include:

- **washing your hands properly and often**
- **covering your mouth and nose with a tissue or your sleeve when you cough and sneeze**
- **not touching your eyes, nose or mouth if your hands are not clean**
- **social distancing (keeping at least 2 metres away from other people)**

When to wear one

You may choose to wear a cloth face covering:

- **when staying 2 metres apart from people is difficult - for example, in a therapy session, in shops, shopping centres or public transport**
- **in an enclosed space with other people such as a treatment room**

A cloth face covering should cover the nose and go under the chin and:

- **fit snugly but comfortably against the side of the face**
- **be secured with ties or ear loops**
- **include at least 2 layers of fabric**
- **allow for breathing without restriction**

Who should not wear one

Cloth face coverings are not suitable for children under the age of 13 and anyone who:

- **has trouble breathing**
- **is unconscious or incapacitated**
- **is unable to remove it without help**
- **has special needs and who may feel upset or very uncomfortable wearing the face covering**

Do not criticise or judge people who are not able to wear a face covering.

How to use Face Coverings



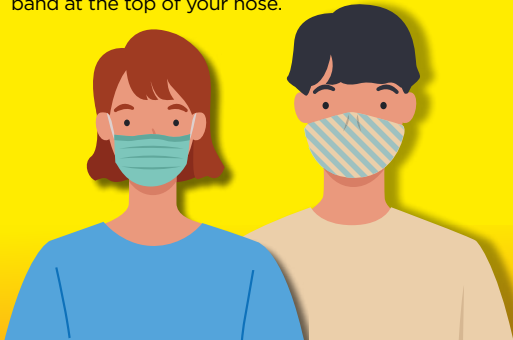
Coronavirus
COVID-19
Public Health
Advice

ALWAYS CLEAN YOUR HANDS BEFORE **AND** AFTER WEARING A FACE COVERING

Correct Covering

Medical masks should be reserved for health workers or patients in treatment.

If you have been advised to wear a medical mask, always have the coloured side showing and the metal band at the top of your nose.



Check Your Fit

Check that the face covering is made from a fabric that you are comfortable wearing.



Check that it is easy to fit and completely covers your nose and mouth, all the way down under your chin.

Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit. Do not touch or fidget with the face covering when it is on.



DO NOT:

Wear the face covering below your nose.



DO NOT:

Leave your chin exposed.



DO NOT:

Wear it loosely with gaps on the sides.



DO NOT:

Wear it so it covers just the tip of your nose.



DO NOT:

Push it under your chin to rest on your neck.



FOLLOW THESE TIPS TO STAY SAFE:

ALWAYS wash your hands before and after handling your face covering.

ALWAYS change your face covering if it is dirty, wet or damaged.

Carry unused face coverings in a sealable clean waterproof bag, for example, a ziplock.

Carry a second similar type bag, to put used face coverings in.

CHILDREN UNDER 13 should not wear face coverings.

ALWAYS wash cloth face coverings on the highest temperature for cloth.

Safe Removal



Use the ties or ear loops to take the face covering off.

Do not touch the front when you take it off.

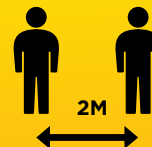


Disposing Of Single-Use Mask



Always dispose of single-use masks properly in a bin.

Don't forget to clean your hands and keep social distance.



Stay safe. Protect each other.



Rialtas na hÉireann
Government of Ireland

COVID-19

HAND HYGIENE BEFORE AND AFTER USING A MASK



Coronavirus
COVID-19
Public Health
Advice

Safe use of Masks

THE MASK YOU NEED

DO: REMEMBER TO WEAR THE CORRECT MASK FOR THE TASK:

Wear **Surgical mask:** for droplet precautions, or when providing care within 2 meters of any patient, or when working within 2 meters of another healthcare worker for more than 15 minutes.



Only wear **FFP2 (Fit Checked) or FFP3 mask (Fit Tested)** for aerosol generating procedures.



WEARING THE MASK

DO: Wear your mask so it comes all the way up, close to the bridge of your nose, and all the way down under your chin.



DO: Press the metal band so that it conforms to the bridge of your nose.



DO: Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit.



DO NOT: Wear the mask below your nose.



DO NOT: Leave your chin exposed.



DO NOT: Wear your mask loosely with gaps on the sides.



DO NOT: Wear your mask so it covers just the tip of your nose.



DO NOT: Push your mask under your chin to rest on your neck.



ONCE YOU HAVE ADJUSTED YOUR MASK TO THE CORRECT POSITION, FOLLOW THESE TIPS TO STAY SAFE:

- ALWAYS change your mask when you answer the telephone or you take a drink/break.
- ALWAYS change mask when leaving a cohort area or exiting a single patient isolation room
- NEVER fidget with your mask when it's on.
- ALWAYS wash your hands before and after handling a mask.
- ALWAYS change mask if it is dirty, wet or damaged
- NEVER store your mask in your pocket.

REMOVING THE MASK



Use the ties or ear loops to take the mask off.

Do not touch the front of the mask when you take it off.

DISPOSING OF THE MASK



Dispose of mask in a healthcare risk waste bin.

IF HEALTHCARE RISK WASTE SERVICE IS NOT AVAILABLE:

The mask, along with any other PPE used, needs to be double-bagged and stored for 72hrs in a secure location, then put in the domestic waste.



How to wash one

- Wash daily in a hot wash over 60 degrees with detergent
- If using a washing machine, you should be able to wash and machine dry it without damage or change to shape
- You do not need to sterilise cloth face coverings. Wash it in a washing machine or by hand as you would any other item of clothing.
- Wash hands before and after use.

When to throw it out

You should throw out a cloth face covering when it:

- no longer covers the nose and mouth
- has stretched out or damaged ties or straps
- cannot stay on the face
- has holes or tears in the fabric

How to use a cloth face covering properly

Do:

- clean your hands properly before you put it on
- practice using it so you are comfortable putting it on and taking it off
- make sure it is made from a fabric you are comfortable wearing
- cover your mouth and nose with it and make sure there are no gaps between your cloth face covering
- tie it securely
- carry unused masks in a sealable clean waterproof bag(for example, a ziplock bag)
- carry a second similar type bag to put used masks in

Don't:

- touch a mask or face covering while wearing it - if you do, clean your hands properly
- use a damp or wet medical mask or reuse a medical mask
- share masks
- do not lower your mask to speak, eat and smoke or vape - if you need to uncover your nose or mouth take the mask off and put it in the bag for used masks
- do not discard masks in public places

Taking off a cloth face covering

- remove it from behind - do not touch the front of the mask
- do not touch your eyes, nose, and mouth
- clean your hands properly
- put disposable masks in a bin straight away

Disposable gloves



Do not wear disposable gloves instead of washing your hands.

The virus gets on them in the same way it gets on your hands. Also, your hands can get contaminated when you take them off.

Disposable gloves are worn in medical settings. They are not as effective in daily life.

Wearing disposable gloves can give you a false sense of security.

You might:

- **sneeze or cough into the gloves - this creates a new surface for the virus to live on**
- **contaminate yourself when taking off the gloves or touching surfaces**
- **not wash your hands as often as you need to and touch your face with contaminated gloves**

Touch Therapy and Gloves

Practitioners use nitrile or vinyl, un- powdered gloves anytime the potential exists to come into contact with blood or body fluids including when a client has broken skin in an area where massage is provided or when the practitioner has broken skin on the hands or forearms.

Considerations for COVID-19 do not require special glove use. Gloves might be worn when handling potentially contaminated laundry, but are not necessary so long as the practitioner practices correct hand hygiene. Heavy duty nitrile cleaning gloves can also be worn, sanitised and reused, reducing environmental waste.

Protective Clothing



While COVID-19 is present in the community, cover your clothing with protective aprons, short-sleeved lab coats, or disposable medical gowns. Change these protective garments between clients.

Alternatively, purchase multiple pairs of scrubs and change them between clients.

It is recommended that practitioners change out of work clothes and work shoes into street clothes and washing work garments at the clinic to avoid the transport of potentially contaminated items to the practitioners home.

If circumstances do not permit laundering on site, work clothes should be removed and contained for laundering, prior to entering the home environment.

Practitioners should have clinic shoes at the entrance of the clinic so that they can exchange footwear before entering the clinic. Shoes that are worn outside and at home should not be worn in the clinic.

Self-Monitoring for Signs and Symptoms of COVID-19

The practitioner should self-monitor for the signs and symptoms of COVID-19 every day.

Take your temperature before the workday and then again in the afternoon (when viruses tend to spike temperature).

COVID-19 causes a wide range of symptoms. Treat any new symptom as suspicious. The most common symptoms are mild cold or flu-like symptoms, especially a cough, sore throat, and shortness of breath.

Should a practitioner develop a temperature or symptoms of illness, they should cancel their appointments and self-isolate for 14 day or seek to obtain COVID-19 testing so they can be cleared of infection and return to work.

Exposure or Expected Exposure to COVID-19

In the event that a practitioner suspects that they have been exposed to COVID-19 they should self-isolate until they can obtain testing and be cleared of infection.

If a patient calls to report that they have tested positive for COVID-19 within 2 weeks of the treatment session, the practitioner should self-isolate until they can obtain testing and be cleared of infection.

What should you do if you feel unwell?

If you are experiencing flu-like symptoms like fever and/or cough, you should immediately self-isolate regardless of travel or contact history.

If you are experiencing these symptoms and are concerned you have been in contact with a person infected with Coronavirus (COVID-19), self-isolate and contact your GP (family doctor) by phone. Do not go to your GP surgery in person, pharmacy or hospital.

Your GP will assess you and decide if a test for Coronavirus (COVID-19) is necessary. You can also call HSELive on 1850 24 1850 for further guidance.

Keeping well during self-isolation

Infectious disease outbreaks, like the current Coronavirus (COVID-19), can be worrying and can affect your mental health. While you may be anxious, there are many things you can do to support and manage your mental health during such times.

Keep yourself mobile by getting up and moving around as much as possible. If you have a garden or backyard go out and get some fresh air, but keep more than 2 metres away from other people.

Self-isolation can be boring or frustrating. It may affect your mood and feelings. You may feel low, worried or have problems sleeping.

You may find it helps to stay in touch with friends or relatives by phone or on social media. See yourmentalhealth.ie for more advice.

Where to go for more information?

On the following pages you can find links, email addresses and telephone numbers where you can get further information regarding a range of aspects. You can click on any of the [underlined links](#) to go directly to the relevant webpage or to send an email.

Advice for Employers and Workers

- The Health and Safety Authority Workplace Contact Unit at wcu@hsa.ie and Tel: 1890 289 389.
- The Health Service Executive, HSE live at Tel: 1850 241850 <https://www.hse.ie/eng/hselive/>
- Department of Business, Enterprise and Innovation Business Support Call Centre - for information on the government supports available to businesses and enterprises affected by COVID-19 - <https://dbei.gov.ie/en/>. The Call Centre can be contacted at Tel: 01 631 2002 and Email: infobusinesssupport@dbei.gov.ie
- Workplace Relations Commission (WRC): https://www.workplacerelations.ie/en/news-media/workplace_relations_notices/covid-19-update.html Information and Customer Service Tel: 059 9178 990
- National Standards Authority of Ireland (NSAI): <https://www.nsai.ie/> Tel: 01 807 3800

Information on Public Health and Occupational Health and Safety

- Health & Safety Authority: www.hsa.ie
- Health Service Executive: <https://www2.hse.ie/coronavirus/>
- Health Protection Surveillance Centre (HPSC): <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- European Commission: https://oshwiki.eu/wiki/COVID-19:_Back_to_the_workplace_-_Adapting_workplaces_and_protecting_workers
- EU OSHA: <https://osha.europa.eu/en/highlights/covid-19-back-workplace-safe-and-healthy-conditions>
- World Health Organization (WHO): <https://www.who.int/health-topics/coronavirus>
- World Health Organisation (WHO) Getting Your Workplace Ready guide: <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>
- European Centre for Disease Prevention and Control (ECDC): <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

Information on Business Continuity and Supports

- NSAI Workplace Protection and Improvement Guide: <https://www.n sai.ie/covid-19workplaceprotection/>
- NSAI Retail Protection and Improvement Guide: <https://www.n sai.ie/covid-19retailprotection/>
- Information on business continuity voucher from IDA, EI and LEOs: <https://dbei.gov.ie/en/News-And-Events/Department-News/2020/March/26032020.html>





This document has been prepared by the ANMT in conjunction with the IMTA for the benefit of their members.



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