

Valid Consent to Treatment Form and Notice of Risk Assessment

With regard to the Risk of Transmission of Covid-19

Please read this consent form, discuss it with your therapist and if you wish to proceed with treatment sign where indicated at the end.

During these times of uncertainty surrounding the global Covid-19 outbreak and the easing of lockdown, I wish to share this information with you and inform you of the steps I have taken to keep you and the rest of our community safe and healthy as I resume my therapy practice. My clients' and indeed my own family's health and wellbeing has been and continues to be my number one priority.

New procedures

I am now taking extra precautions to maintain a healthy and safe environment for giving treatments in line with current advice from the UK Government, Public Health England (PHE) and my Local Health Authority. These include, but are not limited to: vetting the suitability for all requests for treatment over the phone, taking infrared temperature checks upon arrival (if available), the wearing of designated PPE during the session by both client and therapist and sanitizing frequently touched objects, such as treatment tables, door handles, and light switches after each client. I am also regularly washing and sanitizing my hands with soap and water and or hand gel.

I am rigorously following the guidelines laid out by the UK Government and my professional body, the Craniosacral Therapy Association (CSTA).

How the Virus spreads.

This virus is very contagious. It is thought to spread mainly from person-to-person through people who are in close contact with one another (within about 2m or 6 feet) or through respiratory droplets produced when an infected person coughs or sneezes. It is now thought that people may be most contagious with coronavirus before and during the first week of COVID-19 symptoms.

Whilst I am taking every further precaution to limit your risk of exposure to coronavirus, I cannot guarantee that there is no risk to you as a result of attending the clinic and/or receiving treatment.

Therefore, I am requesting that any symptomatic clients follow NHS guidance and stay away from visiting the practice at this time.

Also any clients attending the practice should sign this consent form to confirm they are not presenting with any of the main symptoms of Covid-19, including:

- a high temperature within the last seven days (**feeling hot to touch on your chest and back**)
- a new, continuous cough (**coughing a lot for more than an hour or 3 or more coughing episodes in 24 hours or a worsening of a pre-existing cough**)
- a loss or change to your sense of smell or taste
- or have knowingly been in contact recently (the last seven days) with anyone who has been symptomatic of having Covid-19.

Likewise, I also confirm that I am free of the symptoms and have not recently (within the last seven days) been in contact with anyone that has.

NHS Test and Trace

I am required to assist NHS Test and Trace with requests for data (including name, contact number, dates and times of visit) if needed, up to 21 days after the treatment, as this could help contain clusters of outbreaks. NHS Test and Trace will ask for these records only where it is necessary, either because someone who has tested positive for COVID-19 has listed my premises as a place they visited recently, or because my premises have been identified as the location of a potential local outbreak of COVID-19.

If I get the call, I would have to disclose anyone I have been with for more than 15 minutes. As a result, depending on the circumstances and length of time that has elapsed, you might be asked to be tested, to take extra care with social distancing or to self-isolate. This is a risk that we would be taking in being in contact for sessions.

The information given will only be used where necessary to stop the spread of Covid-19. You may opt-out if you do not want your details shared for the purposes of Test and Trace (by crossing out the relevant consent sentence below).

Levels of risk

I believe my practice has a robust risk assessment with enhanced procedures for potential face-to-face contact with most clients who are not at risk if they contract Covid-19. However, for those who are in the 'at risk' group (clinically vulnerable) the threshold for making a decision to provide care is set higher. You are deemed to be 'at risk' if you are;

- Aged 70 +
- Non-severe Lung condition (Asthma, COPD, Emphysema or Bronchitis)
- Are pregnant
- Prone to Infections
- Heart disease, diabetes, chronic kidney or liver disease
- Neurological conditions (MS, Parkinson's, MND or Cerebral Palsy)
- Take medicines that suppress the Immune System
- Obese (have a BMI of 40 or more (Source: NHS)).

You are strongly advised to read and discuss this document carefully with me, your therapist, and then make an informed consent on attending the practice.

Consent:

- I have read and understood the foregoing Risk Assessment.
- I confirm, to the best of my knowledge I am free of the symptoms of Covid-19 and have not recently been in contact with anyone who has.
- I understand that there is a risk of transmission of the corona virus leading to Covid-19 (the disease) as a result of attending this practice and / or receiving treatment.
- I agree for my details to be shared with NHS Test and Trace should they request them within 21 days of my appointment.
- I agree, in the event that I develop symptoms of Covid-19 in the following 5 days after attending this practice, to inform the therapist of my changed status. This is to facilitate tracing anyone else who may have been potentially exposed to the corona virus. I will only undertake do this in the understanding that the therapist maintains client confidentiality at all times.
- I acknowledge I have discussed, or have been given the opportunity to discuss, with my therapist the nature of the contents of this consent. I have had the opportunity to ask all the questions I wish to at this time and that all my questions were answered to my satisfaction.
- I understand that I can choose to change my appointment to another date without incurring costs.
- I consent to the Craniosacral Therapy treatment offered or recommended to me today by my therapist.

Name: _____
(Please print name of client)

Client Signature

Name: _____
(Please print name of Therapist)

Therapist signature

(1) Date (First Signing) : ____/ __/ 20__

Following page records re-confirmed understanding of Risk Assessment and Consent on subsequent treatment dates.

