

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.

If the treatment is for a child under 16 years, the parent or legal guardian will complete and sign this consent form on the child's behalf.

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, wearing designated PPE (including a visor and face mask) during the session, 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 and will ask you to do the same upon entry and exit. You should wear a face covering as stipulated by the government, unless you are exempt.

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. 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, or those who have tested positive for coronavirus, follow NHS guidance and stay away from visiting the practice at this time. If you have any symptoms, the government recommends that you get a test.

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 ten 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
- or have knowingly been in contact recently (the last ten 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 ten days) been in contact with anyone that has.

NHS Test and Trace

I am now required by law to collect client contact details (including name, contact number, dates and times of visit) and provide these to the NHS Test and Trace 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.

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' groups ('high risk: clinically extremely vulnerable' or 'moderate risk: clinically vulnerable') the threshold for making a decision to provide care is set higher. You are deemed to be 'at risk' if you are:

- *High Risk – clinically extremely vulnerable*
- Have had an organ transplant • are having chemotherapy or antibody treatment for cancer including immunotherapy • are having an intense course of radiotherapy for lung cancer • are having targeted cancer treatments that can affect the immune system • have blood or bone marrow cancer • have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medication • have been told by a doctor that they have a severe lung condition • have a condition that means they have a very high risk of getting infections • are taking medicine that makes them much more likely to get infections • have a heart condition and are pregnant
- *Moderate Risk – clinically vulnerable*
 - 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: <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>).

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 as a result of attending this practice and / or receiving treatment.
- I understand that if requested by NHS Test and Trace within 21 days of my appointment, my details will be shared with NHS Test and Trace should they request them.
- 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 or Herbal Medicine 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____

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

Re-confirmed understanding of Risk Assessment and Consent on subsequent treatment date(s), as previously signed:

Date and times of appointments:
