



Covid-19 – Policy

- This policy and generic risk assessment is based on current guidance from the Royal College of Speech and Language Therapists (RCSLT), government and NHS guidelines. It aims to balance the priorities of health and safety with ethics and the therapeutic value of the session.
- There is no face-to-face situation that completely eliminates risk. The current government alert level is L4 which means that the transmission is 'high or rising exponentially'. This policy and risk assessment will be reviewed as the situation changes.
- The option of face-to-face sessions is decided on a client-by-client basis. It takes into account the need for social distancing, ventilation, hygiene and personal protection to minimise the possibility of infection. It balances this against the potential risks to a client's development and well-being if therapy is not provided when alternatives (such as teletherapy and/or a home/ school programme) are not viable.
- A risk assessment must be completed before every face-to-face session. Please note this risk assessment may also be individualised according to each client's needs and situation.
- Every risk assessment must be accepted by all those involved and all mitigations confirmed before a session can take place.
- Maintaining confidentiality is a professional standard, however, the test and trace system means public safety and interests override this. If anyone involved in a face-to-face session goes on to develop symptoms, the test and trace system requires us to disclose the names to people we have been in contact with (although not the context in which we have met). Please consider any implications around confidentiality this might have for you.
- The session will be cancelled if any person involved (therapist, client, responsible person) or anyone in their respective households shows any of the main Covid-19 symptoms. It is expected that anyone displaying Covid-19 symptoms will follow government guidelines for self-isolating and complete a Covid-19 test before returning to their place of work/school/college.
- Please cancel a scheduled face-to-face session if any person involved is likely to cough or sneeze more frequently than usual (e.g. has a cold, hayfever or an allergy) as this significantly increases the risk of droplet and aerosol transmission.
- Please ensure that only the client and one responsible adult attend the session.

Covid-19 - Risk Assessment Form

Section 1 – Session Details

Client's Name:	
Parent/ Carer/ School Contact*:	
Therapy Location:	
Date:	

*Referred to as 'Responsible Person' for the remainder of this form.

Section 2 – Identify Involved Person(s)

Involved Person	Applicable (Y/N)	Vulnerable* (Y/N)
Client		
Parent/Carer		
Teacher/Learning Support Assistant		
Other (please specify)		

*Where person is identified as Vulnerable (over 70, pregnant or with an underlying health condition) a face-to-face session will NOT be conducted.

Section 3 – Risk Assessment

The following hazards, consequences and mitigates have been identified as part of a generic risk assessment for therapy sessions. The mitigations should be confirmed for **each therapy session** and determined if the risk is 'as low as reasonably practicable' (ALARP). If the answer is 'no', further mitigations should be identified or the therapy session cancelled.

Hazard 1	Consequence	Mitigation	Complete ?	Risk ALARP?
Contaminated therapy materials transferred to client location.	Client and/or responsible person become ill from contracting virus.	Therapist: Cleaning of all materials before and after each session.		
		Therapist: Only washable or disposable materials used for each therapy session.		
		Therapist: Placing of disposable transparency over assessment manuals. Prompting of client to point or verbally respond rather than touch.		

Hazard 2	Consequence	Mitigation	Complete ?	Risk ALARP?
Contaminated material at client location (e.g. house or classroom surfaces) transferred to therapist.	Therapist becomes ill from contracting virus.	Responsible Person: Contact surfaces (primarily the therapy table and also door handles, seats etc.) cleaned before and between clients.		
Hazard 3	Consequence	Mitigation	Complete ?	Risk ALARP?
Interaction between therapist, client and responsible person.	One or more involved person(s) becomes ill from contracting the virus.	Therapist: Symptom checking each morning before work. To include high temperature, new continuous cough, loss or change in normal taste or smell. This applies to the therapist and all other members of the therapist's household.		
		Therapist: Confirmation e-mail sent to the client 24 hours before the session asking them to confirm that no members of the household are displaying Covid-19 symptoms.		
		Client and Responsible Person: Symptom checking before session. To include high temperature, new continuous cough, loss or change in normal taste or smell. This applies to all members of the household.		
		Therapist: Work clothes changed every day if spending whole day in one location otherwise changed before entering each new location. Bare below the elbow protocol.		
		Therapist: Handwashing before entering and when leaving each location and between clients (if not possible use of anti-bacterial hand-gel).		

		Therapist: Using PPE (a mask and/or face shield) when 1-2 metre separation not possible.		
		Client and Responsible Person: Hand washing before and after the therapy session.		
		Responsible Person: Therapy location ventilated as far as possible (whilst also ensuring client confidentiality). For home visits this ideally means an outside area or the garden.		
		All: Bring tissues and hand-gel for personal use only during the session. Follow 'Catch it-Bin it-Kill it' protocol for coughs and sneezes.		
		Therapist: Provide visual as a prompt to maintain safe distance and hygiene.		
		All: Confirm therapy space allows for 1-2 metre physical separation.		

Statement of Consent:

I have read and understood this policy document. I agree to take precautions as outlined above.

Therapist:	Sarah Murray	Client:	
		Responsible Person:	
Signature:		Signature:	
Date:		Date:	

Repeat Consent:

I confirm that this risk assessment remains valid (please initial)

	Session 2	Session 3	Session 4	Session 5	Session 6
Therapist:					
Responsible Person*:					
Date:					

* If the *Responsible Person* has changed for the repeat session, this should be noted on the form.