## Rehabilitation and Massage Patient COVID-19 Screening

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we can keep both you and our staff safe.

| <ol> <li>Do you have any of the following symptoms?</li> </ol> | 1. | Do | you have | any o | f the | following | symptoms? |
|--|----|----|----------|-------|-------|-----------|-----------|
|--|----|----|----------|-------|-------|-----------|-----------|

| new continuous cough   | YES/NO |
|--|--------|
| new fever/high temperature   | YES/NO |
| <ul> <li>new loss of, or change in, sense of smell or taste (anosmia)</li> </ul> | YES/NO |

2. Have you tested positive for COVID-19 in the last 7 days?

YES/NO

3. Are you waiting for a COVID-19 test or the results?

YES/NO

- 4. Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days?

  YES/NO
- 5. I understand that Back-in-Action and the healthcare practitioners cannot be held liable should I experience exposure to Covid-19 or any other disease during my visit.

  YES/NO
- 6. I understand that, because the therapy provided involves maintaining prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19. YES/NO
- 7. I acknowledge that I must comply with all set procedures (please see below) to reduce the spread while attending my appointment.
  YES/NO

I will sanitize my hands on arriving at the Clinic, have read the document below and understand and accept the risks of not following the Public Health Guidelines. I am happy to continue with my appointment and understand and accept there is a potential increased risk of exposure to Covid-19 by attending the clinic. I understand that all the services usually provided at *Back-in-Action* may not be available at the moment.

I declare that the information I have provided is true and accurate and I make this declaration conscientiously believing the same to be true.

| Signed     | Date |
|------------|------|
| Print name |      |



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## **Set procedures**

We are asking patients with any symptoms of COVID-19 to stay away until they are recovered and asking anybody with symptoms not to enter the building. We are asking all patients who enter the clinic to wear a mask and are providing one if necessary.

We are asking you to please **sanitize your hands in the Porch** and avoid touching your EYES/NOSE/MOUTH at all costs. Please stay in your car if you arrive before your appointment time.

To reduce crowding around the front desk we are asking you to prepay for your appointments over the phone and book your follow up appointment with your practitioner after your treatment or by contacting Reception later.

Please do not re-enter the reception area on your way out. Please exit via the front door if you were treated upstairs or exit via the rear fire exit door if you were treated downstairs.

## **Hygiene**

We are asking you to respect staff members and other patient's distance in the clinic. We have provided well-spaced chairs in two rooms should you need them. If you prefer you can wait in your car or outside. Therapists are all washing hands in between every patient, as well as cleaning down all contact points. Practitioners will be wearing full PPE but will choose to wear gloves when necessary. All commonly handled items/touch points/hard surfaces are wiped down regularly.

Despite these precautions there is an inherent risk of human to human transmission of the coronavirus (COVID-19), mainly through people who are in close contact with each other (less than 6 feet/2 m for 15 minutes), or through respiratory droplets produced when an infected person coughs or sneezes. For this reason certain types of aerosol generating treatments and exercises may not be available. Whilst it is thought that people are most contagious when they are most symptomatic, it is possible that some may be contagious in the seven days before they show any symptoms. This virus spreads easily more so than the common flu.

Please see below the criteria for you to have a Face-to-Face (F2F) appointment;

- There is risk of serious pathology that requires a F2F appointment for an appropriate assessment.
- The presenting condition is having a significant impact on Activities of Daily Living (ADL's) and/or Quality
  of Life (QOL) and without F2F assessment and treatment this condition will continue to worsen to the
  detriment of the patient; this also applies to key or essential workers as per the Government guidelines,
  who are prevented from returning to work because of their condition.
- There is a suspicion that there are "red-flags" present (peripheral, spinal or systemic) and a F2F assessment is required to confirm, or to advise appropriately.
- The patient cannot be managed via remote consultation

Clinical decisions are made on a patient by patient basis and in the best interests of the patient whilst also ensuring the safety of the treating clinician, staff, other patients and members of the public.

Thanks,

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