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| RISK | ASSESSMENT OF RISK / ACTIONS TAKEN TO MINIMISE RISK | DATE | INITIALS |
| Pre-treatment |  |  |  |
| Client attendance at clinic |  |  |  |
| Client entrance to premises |  |  |  |
| Reception desk |  |  |  |
| Waiting area |  |  |  |
| Bathroom facilities |  |  |  |
| Surface areas including desk, retail space and walls in clinic/reception |  |  |  |
| Client seating |  |  |  |
| Storage of client’s belongings |  |  |  |
| Massage couch, linen, equipment |  |  |  |
| Following treatment |  |  |  |
| Cleansing of premises |  |  |  |
| Ventilating clinic/practice room |  |  |  |
| Therapist’s hygiene protocols |  |  |  |
| Use of massage medium |  |  |  |
| Personal Care |  |  |  |
| Client Consultation |  |  |  |
| Payment |  |  |  |
| Covid-19 specific contra-indications |  |  |  |
| Mobile Visits |  |  |  |