

RETURN TO PRACTICE GUIDELINES – REGISTERED MASSAGE THERAPY

The purpose of the following document is to provide a guideline on the health and safety measures we are taking to reduce the risk of transmission of COVID-19. While we understand that we cannot eliminate the risk of transmission, we have the following procedures in place to reduce exposure to clients and staff.

This plan will:

- 1) Describe pre-screening processes to protect patients and therapists who will come into close contact during treatment delivery,
- 2) Outline the physical space of our practice setting, including distancing measures (2 metres / 6' wherever possible),
- 3) Detail hand hygiene and cleaning protocols,
- 4) Ensure that communications to patients and colleagues are clear, shared by all, and consistent,
- 5) Adapt as needs emerge and new information is available, and
- 6) Minimize risk to all.

SECTION I: PRESCREENING & DAY OF SCREENING REQUIREMENTS

PRESCREENING

- Patients will be informed about their responsibilities at the time of booking. Document screening will be done at appointment reminder, when they arrive at the clinic for the appointment and when they first enter the treatment room.
- 24 hours prior to the booked appointment, the patient will be required to complete the online BC COVID-19 Symptom Self-Assessment Tool and to stay home if they experience any symptoms of COVID-19. This will be sent out in both email and text format. If in the event a patient cannot complete the form, they are expected to call the clinic to go over the Self-Assessment Tool.
 - Tool can be found at: <https://bc.thrive.health/covid19/en>.
- The therapist will use the BC COVID-19 Self- Assessment Tool themselves, daily, and commits to cancelling all appointments if symptoms appear.

- Symptoms of COVID-19 are similar to other respiratory illnesses and seasonal allergies. An appointment must be cancelled immediately if either the patient or the therapist presents even with mild symptoms that may be signs of COVID-19 which include:
 - Fever
 - Cough
 - Chills
 - Shortness of breath
 - Sore throat or pain with swallowing
 - Stuffy or runny nose
 - Loss of sense of smell
 - Headache
 - Muscle aches
 - Fatigue
 - Loss of appetite
- COVID-19 symptoms may range from mild to severe. Patients are required to cancel appointments if they experience what they determine to be “just the sniffles”, “seasonal allergies”, or “just feeling under the weather” on the day of their appointment.
- As part of this form, patients must commit to understanding that while we’ve taken all possible measures to minimize risk of viral transmission, the nature of massage therapy means that physical distancing is not possible in the treatment room.
- Patients with higher risk profiles and/or weakened immune systems should consider alternatives for care and postpone treatment.
 - The therapist and patient must both agree that the benefits of massage therapy outweighs the potential risks involved.
- Patients who develop even mild illness or symptoms should cancel booked appointments, even without notice.
 - No patients will be charged with a late cancellation fee if they cancel due to illness.
 - Patients who do not show up without notice or explanation will be required to pay full treatment fee.
- Patients requiring assistance are asked to contact the clinic prior to appointment time to discuss with staff.

UPON ARRIVAL TO CLINIC:

- Patients are asked to remain in his/her vehicle until 5 minutes before start time of treatment.
- Patients are asked to, where applicable, fill out paperwork online or to print out to limit / avoid use in the clinic area.
- The administration staff will be asking the patients results of COVID assessment tool. Admin will ask the following questions to patients upon entry:
 - Are you experiencing any of the following: fever, new or worsening cough, shortness of breath or difficulty breathing?
 - Have you had close contact with anyone with acute respiratory illness or have you travelled outside of BC or Canada in the past 14 days?
 - Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?
 - Do you have 2 or more of the following symptoms: sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, headaches, unexplained fatigue/malaise. Diarrhea, abdominal pain or nausea/vomiting?
 - If the individual is over 65 years of age are they experiencing any of the following: delirium, falls, acute functional decline, or worsening of chronic conditions?
 - If yes to any of the questions, no treatment can be provided. Patients should be instructed to call 811, go to <https://bc.thrive.health/> or to contact their physician for further guidance and advice. Patients will be later rescheduled when they are safe to be treated.
- Masks, either disposable or cloth, must be worn at all times within clinic space. If the patient has a mask, they are asked to bring it with them and wear it when they arrive. If the patient does not have a mask, a single-use mask will be provided for a cost and the patients will be asked to wear it upon entering the clinic space.
- Patients are asked to immediately wash hands for a minimum of 20 seconds or use hand sanitization stations.

Section II: Physical Distancing

RECEPTION AREA / ENTRY INTO CLINIC SPACE

- Patients are to remain in the car or outside of the clinic until 5 minutes before appointment, no earlier or later.

- Patients are asked to limit items to what is necessary upon entry into clinic (eg. car keys, wallet).
- Only 1 patient / person is permitted in the clinic space at any given time. Patients are asked to come alone unless otherwise required for mobility, personal assistance, or minor's needing guardian consent.
- Reception staff will be protected by a plexiglass shield. Appropriate PPE will be available when they are unable to practice physical distancing from patients and staff or when cleaning.
- New clients are encouraged to complete intake forms online or print and complete before coming into clinics.
- There will be appropriate markers on the floor indicating 2 meters apart.
- Chairs in the waiting room have been reduced and placed 6 feet apart and cleaned regularly.
- Clutter has been minimized and all items that cannot be washed have been removed.
- If needed, reception will provide a disposable cup for water to minimize high contact points.
- Shifts between practitioners have been staggered to create an environment that supports social distancing of patients in common areas.
- Signage has been placed at the front door asking patients to not enter the clinic if they have any signs, symptoms, or travel risk associated with COVID-19.
- Fiskco Health + Performance will not be taking walk-ins at this time. If anything is needed please call (604) 946-3713.
- Hand washing and sanitizing stations are available upon entry into the clinic.
- Practitioners and staff will be working in dedicated areas and equipment will not be shared where possible (eg. pens, clipboards, etc).

WITHIN TREATMENT ROOM

- It is not possible to maintain physical distance while in the treatment room.
- Patients will be asked to keep all personal belongings within a plastic bin, which can and will be sanitized between patients.

RESTROOM FOR PATIENT USE

- The restroom will be reserved for emergency use only.
- The restroom has been equipped with touchless soap dispensers and paper towels and proper handwashing guidelines.

- Soap and fresh paper towels for drying will be available at all times.
- A waste bin has been placed next to the restroom door so patients may use paper towels to open the door and discard it before re-entering clinic space.
- Restroom will be thoroughly cleaned between 2 x a day and after each use by a patient
- Common contact points will be wiped down each time the therapist uses the washroom to wash hands.

Section III: Hygiene

RECEPTION AREA / ENTRY INTO CLINIC

- Immediately upon entering the clinic space, patient must either:
 - Go directly to handwashing sink without touching anything within clinic and wash their hands with soap and water for at least 20 seconds and then dry thoroughly, or,
 - Use the hand sanitizer that is provided at reception.
- If hands are visibly soiled, patients must opt for washing hands at handwashing sink.
- The therapist will be engaging in proper hand washing between every patient - after massage, before touching patient, after coughing, sneezing or face touching, after using chemicals, after touching other items / surfaces in clinic.
- Hand washing protocols will be posted visibly in the reception area and at sinks.
- Payment will be encouraged through touchless methods (through JaneApp). Cash will not be accepted at this time. If needed, a wireless Point of Sales system with tap is available for card use. The POS machine will be sanitized prior to use.
- Email receipts will be encouraged, unless otherwise noted.
- Frequent cleaning of the front desk and high touch areas throughout common areas and entry ways will be implemented in proportion to movement of patients through the clinic area.

IN THE TREATMENT ROOM

- All items that cannot be washed, wiped or sanitized have been removed. All porous materials that cannot be laundered or changed after every use must be removed from the treatment area (eg. oil holsters, table warmers, heating pads, fabric chairs, pillows, etc).
- Pillows, linens and items that are not being used are enclosed in cabinets.

- All linens, blankets, hand towels and otherwise utilized materials used in treatments will be laundered or removed after every use.
- The therapist will open the door to the treatment room and allow the patient to enter. The therapist will open / close the door before, during, and after treatment is required reducing the need for the patient to touch the door.
 - Patients are permitted to open the door for themselves after treatment to let themselves out of the treatment room.
 - Tissue is available inside the treatment room that patients may use as a barrier when opening the door.
 - Hand sanitizer is available within the treatment room; patients will be asked to wash / sanitize their hands after treatment.
- A clear bin that is able to be sanitized between use will be provided for patient clothing and personal items.
- Good ventilation will be ensured while cleaning for safety of staff and therapists.
- Every surface that has been touched will be sanitized and cleaned between every treatment (eg. oil bottles, treatment tools, linens, treatment table, desks, chairs, doorknobs, light switches, etc.)

Section IV: Treatment Modifications

- Adequate time for proper cleaning / disinfecting between clients of all surfaces in the treatment room will be instilled.
- Only one client is being treated at a time.
- No postural drainage will be performed at this time to avoid potential for aerosolized particles.

Section V: Clinic Cleaning Procedure

- Appropriate time has been scheduled between clients to allow for thorough cleaning of treatment room and clinic space.
- Visibly soiled surfaces will be cleaned by disinfection with a Canada Health Approved for use against COVID-19 disinfectant as listed: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>.
- Common areas will be cleaned and disinfected at least twice a day, including washrooms.

- All high touch surfaces will be cleaned and disinfected between patients, regardless of appearances. High touch surfaces include (but are not limited to):
 - Light switches, door knobs, POS machine, electronic devices, table surfaces, chairs, stools, faucets, etc.
 - The treatment table, table levers, face cradle, lotion bottles.
 - No hydrotherapy supplies, thermophores, table warmers or covers will be used.
- All linens, including blankets and pillow cases are single use only and will be laundered using high heat, detergent, and bleach between each use.
- Appropriate PPE (gloves, mask) will be worn when handling dirty and clean laundry.
- A disinfected plastic bin is placed in the treatment room. Patients will be asked to keep all personal belongings in this bin during treatment. Post-treatment, the bin will be sanitized for next use.

Section VI: Personal Protective Equipment

- The therapist will wear a face mask within the clinic at all times in the clinic.
- The therapist will wear non-latex gloves if/when appropriate.
 - Gloves may be appropriate when over-use of cleaning and/or chemicals causes skin irritation, or when therapist's hands or skin are otherwise injured.
 - Hands will be washed prior to putting the gloves on and immediately removing them.
 - Gloves are also considered appropriate and will be worn by the therapist at the patient's request.
- Patients are required to wear a facemask in the clinic at most times. Removal will be at discretion of therapist and patient.
 - If patients have their own mask, they are requested to bring it. If they do not have a mask, a single-use non-medical mask will be provided to them at time of treatment for a fee.

CMTBC **REQUIRES** the following:

A) That all new procedures be available to patients and that these procedures and document are available on the website and in communications (e.g.: via a link)

B) At the outset, it is our responsibility to advise our patient that **informed consent is required**. This includes ensuring that our patient understands that while we have taken measures to minimize risk of viral transmission, the nature of massage therapy means that physical distancing is not possible in the treatment room. Our professional ethics, honesty and clear communication underpin the informed consent discussion. Consistent with CMTBC's Consent Standard of Practice, it is our responsibility to explain both the risks and the potential benefits of treatment, and to make decisions in your patient's best interests.

Our informed consent forms (SEE APPENDIX A) include this new language and ensure patients are aware of the risks of COVID-19 transmission. Patients at greater risk (due to medical complications such as COPD, Blood Clotting, Immunosuppression or other): we will take additional precautions, discuss alternatives for care, postpone treatment – explore options. RMTs may provide massage therapy when the patient and therapist agree that the benefits of care delivery outweigh the risk to the patient.

C) Advise our patient prior to arrival at our practice about provisions we've made for personal protective equipment and our rationale. If they have a mask, ask them to bring it with them and wear it when they arrive.

Fiskco has determined that all therapists will be wearing masks. Therapists may be wearing scrubs that can be changed should the therapists' clothing come into contact with patients. Fiskco requests that all patients wear masks to reduce possible transmission between therapist and patient. Your RMT's understand that wearing a mask during a massage may not always be possible and that these situations require close communication between therapist and patient and will be navigated on a case-by-case basis to ensure that quality of care and safety are addressed. The RMTBC (Registered Massage Therapist Association of British Columbia) strongly recommends the use of masks and availability of changes of clothes between patients to prevent transmission.

D) One day prior to your appointment, your therapist will call to connect personally with you to ask you to complete the BC COVID-19 Symptom Self-Assessment. We will tell you to stay home if you are experiencing any symptoms of COVID-19, including fever, chills, cough, shortness of breath, sore throat, loss of sense of smell. If you are experiencing these symptoms and have not been tested for COVID-19, you will be recommended to do so; start by calling 8-1-1. Patients must confirm they have not travelled outside British Columbia in the previous 14 days. RMT and clinic staff will use the BC COVID-19 self-assessment tool DAILY, and stay home/cancel appointments if experiencing COVID-19 symptoms.

E) Your therapist will complete a daily self-screening log (SEE SELF-SCREENING LOG FROM RMTBC - APPENDIX B)

SCREENING UPON ARRIVAL

E) We will ensure that all practitioners who share the practice environment have a common understanding of new operating procedures and that all practitioners consistently apply the procedures. Upon arrival, the RMT and patient should run through self-assessment outcomes again – confirm safety and trust in moving forward.

- Your therapist will ask you the following questions:
For the safety of our staff and our patients that you (the patient) answer these questions to the best of your ability.
- 1. Are you experiencing any of the following: a fever, a new cough, a worsening chronic cough, shortness of breath or difficulty breathing?
- 2. Have you had close contact with anyone with acute respiratory illness or have you travelled outside of Canada in the past 14 days?
- 3. Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?
- 4. Do you have 2 or more of the following symptoms:
 - Sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, headaches, unexplained fatigue/malaise, diarrhea, abdominal pain, or nausea/vomiting?
- 5. If the person is over 65 years of age, are they experiencing any of the following: delirium, falls, acute functional decline, or worsening of chronic conditions?
- If the response to any of the screening questions is yes, the patient cannot have a treatment. Instruct the patient to do one of the following: call 811, go to <https://bc.thrive.health/> or to contact your primary health care provider.

F) The RMT should cancel treatment if the patient doesn't meet the pre-screening criteria on physical presentation at the practice environment.

G) Pre- and during clinic visit: We will ensure the patient feels empowered to make their own decision on what they need to feel safe in order to receive treatment.

H) Patients at greater risk: if pre-screen results indicate a "go ahead" for treatment, we will assess the necessary precautions on arrival when RMT sees the patient's presentation.

DOCUMENTS NEEDED for SECTION 1:

- New Consent Form
- Daily logs of therapist and staff COVID-19 self-assessment (APPENDIX B: RMTBC Doc)
- COVID-19 Self-Assessments for patients to sign off on (**Appendix C**: A consent and COVID-19 screening questions for use by massage therapists RMTBC Doc)

SECTION 2: PHYSICAL DISTANCING REQUIREMENTS

RECEPTION & ENTRY INTO THE CLINIC

- a) RECEPTION & ENTRY have clearly-understood distancing protocols including but not limited to limiting patients in the clinic. Reducing touchable surfaces in the reception area, installing sneeze-guards, staggering start times, reducing traffic into and out of the clinic.
- b) Patients will be required to:
 - i) arrive unaccompanied unless the patient is a minor who requires parent/guardian, or infirm and needs assistance (see recommended protocol, below).
 - ii) Patients are required to wait outside (in their car, or an area suggested by RMT or clinic staff) and not in reception – and will be called when it's time to enter.
- c) RMTs will:
 - i) Greet patients and open the door for them / or, the door is open for easy entry to the clinic and RMT greets patients at entry.
 - ii) At the end of treatment, accompany the patient to the exit and open the door for them (using a hand towel or other sanitized barrier).

TREATMENT ROOM

- a) It is not possible to maintain physical distancing in the treatment room.
- b) Pre-screening, physical distancing, hand hygiene, and enhanced cleaning help reduce the risk of transmission, and enable return to practice while minimizing risk of harm.

WASHROOM

Washrooms are available to patients for urgent use only. Will be cleaned / sanitized after every use by reception staff.

SECTION 3: HAND HYGIENE

a) RECEPTION/ENTRY

- i) Patients will be required to:
 - 1) Upon entry wash hands with soap and water for at least 20 seconds, followed by thorough drying – must be done on arrival into and departure from the clinic, and before touching door/s. Hand sanitizer will also be available.
- ii) Therapists are required to:
 - 1) Wash hands often, using soap and water for a minimum of 20 seconds each time.
- iii) Safety posters from BC Centre for Disease Control will be attached next to the sink, setting out proper handwashing guidelines (soap and water, 20 seconds washing, and dry hands thoroughly).

b) TREATMENT ROOM

- i) Your RMT is required to open the door to the treatment room and allow the patient to enter; RMT opens/closes doors before, during, and after treatment as required, using hand towel/sanitized barrier as needed, and washing hands as appropriate.
- ii) Hand washing should occur before and after treatment (both RMT and patient).

SECTION 4: FACE TOUCHING AVOIDANCE

a) Your therapist is required to:

- i) share information about the reason for 'no face touching'; coronavirus can be spread by touch if a person has used their hand/s to cover a cough or a sneeze.

- ii) Suggest patients use a tissue (and have tissues available) if an itch must be addressed. Therapists are required to follow the same protocols.

SECTION 5: ENHANCED CLEANING PROTOCOLS

- a) Training will be given to therapists and staff in sanitation processes.
- b) Clean visibly soiled surfaces followed by disinfection.
- c) Clean and disinfect all high-touch surfaces in between patients, regardless of appearance.
- d) Linens (including blankets) will be single use only, then laundered in hot soapy water.
- e) Frequently clean and disinfect common areas and high touch surfaces, at least twice a day, e.g. light switches, window coverings, cell phones, tablets, chairs, stools, table surfaces.
- f) Frequently clean and disinfect (at least three times per day, more if possible):
 - i) handles: doors, cabinets, faucets, fridge, microwave, etc.
 - ii) electronic device keyboards and mice, phones,
 - iii) arm rests of chairs,
 - iv) desk and table surfaces,
 - v) water cooler.
- g) We will clean in view of patients so patients see the steps taken for safety.
- h) We will schedule additional time between patients to thoroughly clean the treatment room.
- i) Sanitize the treatment table and table adjustment levers after each treatment.
- j) Clean the face cradle (one more time) and armrests (if used) in front of the patient, to maintain trust.
- k) Clean equipment and supplies (table levers, lotion bottles, etc.) immediately after each patient.
- l) Cease use of thermophores (reconsider all hydrotherapy supplies and discontinue use of thermal agents that cannot be sanitized).
- m) Attach ***Cleaning and Disinfectants for Clinic Settings*** poster from the BC Centre for Disease Control in reception area, washroom for patient use, treatment room

SECTION 6: PERSONAL PROTECTIVE EQUIPMENT

Fiskco Health + Performance **REQUIRES** the following:

- a) RMT must address the issue of mask use with patient (by RMT, by patient, or both)

- b) NOTE: Mask use is not mandatory, but RMT must have cloth or paper/disposable (surgical) masks available for patient's use if requested, and for RMT's use if the patient requests it. Cloth masks must be laundered after each use.
- c) Respect a patient's individual personal boundaries and support their requests for PPE to be worn by either individual.
- d) If a cloth mask is offered to a patient, it must be evident that the mask is clean and has not been worn by others.
- e) If either party feels that additional risk mitigation is necessary, a decision to wear a mask at that point is one way forward.
- f) Donning and doffing mask: wash hands with soap and water prior to putting on a mask, prior to taking off a mask, and after disposing of a mask in the laundry or garbage (cloth or paper/disposable).

SECTION 7: TREATMENT MODIFICATIONS

During this pandemic because of COVID-19, the increased risk aerosolized particles pose and the risk of cross transmission in community-based practice settings RMTs are asked to not practice aerosol producing postural drainage techniques rather refer patients requiring such care to a more appropriate medical setting.

We will also be reducing the risk of aerosolized particles by not practicing intraoral TMJ work.

Thermaphores (heat pads) will also be temporarily out of use in order to reduce possible cross contamination.

Appointments will also be reduced to 45 minutes in order to allow for staggering of appointments and increased sanitization of the treatment rooms above and beyond normal cleaning protocols.

Appendix A – RMT Consent to Treatment form

CONSENT TO TREATMENT

PATIENT NAME: _____ DOB (DD/MM/YYYY): / /

Please read this document, including **Schedule A**. Ask your RMT any questions you have regarding the contents of this form before you sign. You are encouraged to ask questions about your treatment at any time.

TO BE COMPLETED BY PATIENT

Disclosure of Medical History

- It is important for the RMT to know my relevant medical history.
- I have disclosed to the RMT all medical conditions, including any mental or emotional conditions for which I have received treatment within the last 12 months.
- The information disclosed by me is true and complete to the best of my knowledge.
- If my condition should change, I will notify my RMT before subsequent treatments.

_____ My initials indicate that I understand.

TO BE COMPLETED BY PATIENT WITH RMT PRIOR TO TREATMENT

Treatment Plan

- My goals for my treatment;
- the therapeutic rationale for the proposed treatment;
- possible alternative methods of treatment;
- the anticipated benefits and possible negative effects of the treatment, examples of which include bruising, aching, discomfort, short term aggravation of symptoms, skin irritation and/or

- _____
- the areas of my body where treatment will be delivered
 - my options for disrobing; and
 - my options for draping during the treatment.

_____ **Before signing this form**, my RMT discussed the above elements of the Treatment Plan with me.

Concerns Addressed

_____ I confirm I have no concerns with the treatment plan; or I confirm that I have discussed my concerns about the Treatment Plan with my Therapist **before** signing this document. Those concerns were:

Consent to Treatment:

- I consent to the RMT performing the treatments described to me in the Treatment Plan.
- I understand that I may withdraw my consent to this treatment at **any time**.
- I agree to tell my RMT if my goals of treatment change, as my RMT may need to amend the Treatment Plan.
- If I have concerns during treatment, I will advise my RMT **immediately**.

_____ My initials indicate that I understand.

Confidentiality

The contents of this form and my patient records will be kept confidential unless I have expressly or impliedly consented to the release of my information or where there is a legal requirement to provide my information to a third party.

No Guarantee of Results

_____ I acknowledge and confirm that no guarantee or assurance of results has been made to me regarding my treatments.

Signature of Patient*: _____ Date (dd/mm/yyyy) ___ / ___ / ____

(* In the case of a person incapable of providing consent, signature of Parent or Guardian, in which case the Name & Relationship of Person Signing: _____.)

SCHEDULE A

Consent to Treatment of:

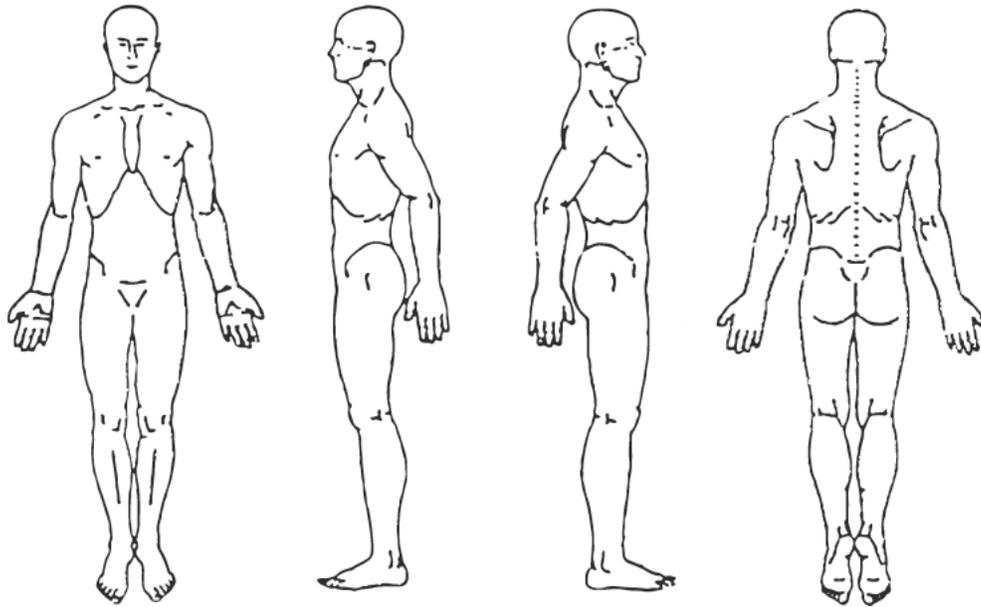
PATIENT NAME: _____

DATED (DD/MM/YYYY): / /

Body Areas to be Treated

I acknowledge and confirm that this document forms part of the **Consent To Treatment** document previously signed by me and also applies to this treatment on this date.

I consent that the areas of my body circled on the diagram below may be touched by the RMT during my treatments:



It may be necessary for the RMT to adjust their treatment plan during my treatment, in which case they will discuss that with me.

Signature of Patient*: _____ Date (dd/mm/yyyy) ___ / ___ / _____

(* In the case of a person incapable of providing consent, signature of Parent or Guardian, in which case the Name & Relationship of Person Signing: _____.)

Appendix B – Self-Screening Log for Practitioners

This page to be updated

APPENDIX C – COVID-19 Screening form

Mandatory RMT COVID-19 Screening

Intro

We value your health and wellness and want to do our part in protecting the health of all our patients. In order to create a safe environment, strict office policies and procedures are in place. A proper screening process prior to treatment is sent in an attempt to reduce any forms of potential exposure to COVID-19 at this time. This is not intended to diagnose or treat COVID-19 and is used as a risk assessment to determine if treatment is permitted at this time. Please answer these questions truthfully and adhere to our clinic admittance requests so we can do our best to protect each other.

Please fill out this quick survey prior to your visit to help everyone stay safe and healthy!

Survey

1. Do you have a fever, a new cough, a worsening cough, shortness of breath, or difficulty breathing? *

Yes No

2. Have you had close contact with anyone with acute/ respiratory illness? *

Yes No

3. Have you travelled outside of British Columbia in the past 14 days? *

Yes No

4. Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19? *

Yes No

5. Do you have 2 or more of the following symptoms? (Please check all that apply) *

Sore Throat
 Runny Nose/ Sneezing
 Nasal Congestion
 Hoarse Voice

Difficulty Swallowing
 Decrease or loss of sense of smell
 Chills
 Headaches

Unexplained Fatigue/ Malaise
 Diarrhea
 Abdominal Pain
 Nausea/ Vommiting

6. Are you over 65 years old? Are you experiencing any of the following? (Please check all that apply) *

Delirium Falls Acute Functional Decline Worsening of Chronic Conditions Not Applicable (under 65 years old)

I Affirm: *

- 1. To the best of my knowledge I have not knowingly come into contact with a confirmed case of COVID-19 or persons close to a confirmed case of COVID-19.
- 2. I understand I will be screened at the time of booking and arrival as well as requested to verbally update my consent to treatment for every appointment
- 3. I understand that if I have said "yes" to any of the above questions or have any symptoms listed above in any capacity whether it is related to COVID-19 or not my treatment will be discontinued immediately, will be advised on what to do next, and my treatment will be rescheduled with no fee (fee can be charged if patient knowingly comes to appointment with symptoms or answers yes to the questions stated above)
- 4. I understand that while the therapist is following all of the health and safety guidelines outlined by the Registered Massage Therapists Association of British Columbia, the College of Massage Therapists of British Columbia, and the Provincial Health Officer and that they are taking all reasonable precautions to clean and disinfect the clinic and all the surfaces within the treatment room, there are no guarantees that I may not come into contact with COVID-19.
- 5. I certify that the above medical information is correct to my knowledge and that I have read and understand all the above statements and have been informed of the risks and benefits of treatment during this time and would like to proceed with case on this basis.