



Risk Assessment for face to face sessions

Date assessment carried out: 21st July 2020

To be reviewed monthly or immediately following updated Government advice.

Review date: 21st August 2020

All actions to be taken by Sally Elsen

Face to face sessions can now resume but with some limitations. These have been put in place to reduce the risk of transmission of Covid 19 and to keep both client and counsellor safe.

The Counsellor reserves the right to make the decision if it is appropriate to offer face to face sessions or not, based on the facts at my disposal.

Physical safety and risk of infection from Covid 19

1. Reducing risk of contamination and spread before/during/after a session

ACTION:

- The counselling studio will be cleaned and disinfected before and after all appointments.
- Both parties wash hands when leaving home before the session.
- The therapy chairs, tables, door handle, light switches and other surfaces will be wiped down with antibacterial wipes.
- There are no toilet facilities available to use

- In the event of either party becoming unwell or if they live with/ been in direct contact with someone who has become unwell: a message to cancel the appointment will be sent via text/ phone call or email.
- Follow the current Government guidelines on self- isolation before the next session can take place. www.nhs.uk :(self-isolation and treating coronavirus symptoms.)
- Each client will wait outside in their car/at the side of the premises until asked to enter by their therapist. This can be done via text message. The therapist will open the gate just prior to the time the session is due to start. (57 mins to the hour).
- Only the therapist will open and close any doors with a clean tissue or wipe and use hand sanitiser.
 - The therapist and client will sit at least 2m apart.
 - After each client leaves, windows and doors left open for at least 5 minutes to air the room.
 - Clients should bring their own drinking water as none can safely be provided at present
 - All soft furnishings removed from room (except floor rug).
 - Clients will keep bags/coats/umbrellas to a minimum where ever possible. They will be placed on the floor beside the client during the session.
 - Hand sanitiser is available throughout the session for clients to use at will
 - Therapist will empty bin at end of session
 - Both parties wash hands immediately when returning home following session.

Other factors:

To maintain confidentiality, it is not possible to leave the windows or door open during sessions – whilst the risk of a confidentiality breach is a low, many clients are likely to feel vulnerable to being overheard which could inhibit free expression.

2. PPE of therapist and client

ACTION:

- Hand sanitiser and tissues will be available throughout the session
- PPE is not required as social distancing is maintained throughout sessions (including on way in/ way out.

3. Social distancing in relation to entering/leaving and seating arrangements

ACTION:

- The therapist will open the door fully and step back to allow the client to cross the threshold safely and sit in the chair furthest from the door.
- Hand sanitiser will be available for the client to use on arrival.

- The therapist will wait for the client to be seated on the chair furthest away from the door and will then enter the room. The chairs will be 2 metres apart where possible.
- On leaving, the therapist will open doors using a clean tissue and be followed by the client – maintaining social distance wherever possible.
- The therapist will open the gate then step back to allow the client to leave the garden – maintaining social distance wherever possible.

4. Session length - impact of time spent in therapy room

ACTION:

- In order to allow sufficient time to properly disinfect the room before the next client, from this point on, all face to face sessions will be spread out with at least an hour between appointments.

5. Ongoing Review

ACTION:

- Each party holds an obligation to be aware of and report to the other, any factors which may occur which could increase the risk of infection during the time face to face sessions.
- In the event of a local lockdown (either in the area that the client lives or the counselling sessions are held) sessions will switch back to on line via telephone/ zoom as agreed.
- Review date: To be reviewed monthly or immediately following updated Government advice.
- All actions to be taken by Sally Elsen



Individual Risk Assessment of Face to Face Session

I will carry out a short risk assessment before starting face to face sessions following the Covid outbreak. This will be over the telephone and is likely to be similar to the following:

Name of Client:	
Date of Assessment:	

Client Specific Considerations:

Has therapist been exposed or had risk of exposure to COVID?
The therapist is not aware of being exposed to COVID. The therapist has maintained social distancing when out in public The therapist has not knowingly increased this risk.

Has client been exposed or had risk of exposure to COVID?
Give details:

Does the therapist have any symptoms which are known to be associated with COVID however minor?
The therapist does not and has not had any of the various symptoms associated with COVID 19.

Does the client have any symptoms which are known to be associated with COVID however minor?

Give details:

Does the client have an underlying health condition which could increase their vulnerability to contracting COVID 19 e.g. are they classed as a vulnerable party or are they shielding?

Give details:

NB: Client will notify Therapist if circumstances change during counselling process.

Agreement to undertake the risks associated with Face to Face sessions

To be agreed by the therapist and the client

After consideration of the risk assessment outcome both parties are prepared to take the risks associated with face to face session provision for this client.

Signed:
(therapist)

Signed:
(client)

Agreed outcome and approach

The information contained above sets out the information provided to the client before their agreed commitment to face to face therapy sessions. It also contains information provided by the client to the therapist. Both therapist and client have considered the information, and each have made the decision to proceed with face to face sessions.

Both parties have committed to report any occurrences or new information which comes to light during the time of face to face sessions which could increase the risk of infection, at which point a further risk review will be carried out.