

COVID-19
return to practice
self-assessment tool

Background

COVID-19 presents unique challenges in the massage therapy clinical context because of the close contact nature of the interaction between practitioner and client. Until high thresholds of vaccination are met within the whole of the Australian population, massage therapists will need to keep using non-pharmaceutical measures such as masking and ventilation to address the risks of virus transmission.

AMT continues to take a precautionary approach to responding to the pandemic and has issued advice to members in line with that approach.

It is obviously not possible for massage therapists to socially or spatially distance when they work so every treatment that a therapist undertakes during the pandemic involves identifying the risks versus benefits for the specific client and their presenting condition, and the public health considerations associated with compromising social distancing measures.

Therapists must consider the current knowledge about COVID-19 when conducting their risk assessments:

1. Symptoms of COVID-19

- The most common symptoms are similar to a common cold or flu and can include: cough, runny nose, sore throat, fever. Symptoms may also include fatigue, ear aches, muscles aches and joint pains, headache, loss of smell and taste, and stomach upset. [1, 9].
- A COVID-19 infected person may also have no symptoms or mild symptoms [1, 2].

2. How COVID-19 is spread

- The main route of spread is via respiratory droplets (droplets from the mouth or nose) [3]. The virus can also float in the air in the form of aerosols and remain on surfaces [4].

- Current evidence suggests that the virus spreads mainly between people who are in close contact with each other. Aerosols or droplets containing the virus are inhaled, or there is direct contact with the eyes, nose or mouth [10].
- The virus can also spread in poorly ventilated and/or crowded indoor settings, where aerosols remain suspended in the air and/or travel through the air [10].
- **A COVID-19 infected person can start spreading the virus more than 2 days BEFORE they start to show symptoms of illness.** The peak infectious period is just prior to onset of symptoms [5, 6].
- There is some evidence of COVID-19 spread from infected people with no symptoms or mild symptoms, although spread is less likely than from people with symptoms [7].
- The above points indicate that complete client screening for COVID-19 is not possible, and emphasises the importance of infection control in massage therapy settings.

3. People in the high-risk category for COVID-19 illness

- Clients seeking massage therapy are often in high risk categories for COVID-19.
- People in a high risk category are: older people, people with chronic health conditions, people in aged care facilities, people with disability, Aboriginal and Torres Strait Islander people, and people in remote communities [8].

4. Other considerations about COVID-19

- We do not know the long term effects of COVID-19 after the recovery from illness.
- The TGA has approved 3 vaccines for use in Australia – Pfizer, AstraZeneca and Moderna. (See the [AMT Vaccination Fact Sheet](#) for more details). Novavax and Johnson & Johnson vaccines are pending.

- An Australian study has determined that around 17% of COVID-19 cases are thought to be asymptomatic, emphasising the importance of robust contact tracing and isolation programs [11].
- Research is continuing on the long-term effects of COVID-19. The most prevalent symptoms include fatigue, general pain or discomfort, sleep disturbances, shortness of breath, and anxiety or depression [12].
- Any relaxation of COVID-19 control measures at Federal and State/Territory level may put massage therapists at higher risk of becoming transmission vectors. This is because relaxation of social distancing and other measures may increase the level of infection in the community.

AMT workforce surveying clearly shows that massage therapists work in a broad variety of clinical environments that have different risk profiles in the context of a pandemic. The purpose of this self-assessment tool is to help massage therapists establish an individual risk profile for their specific circumstances. You can use AMT's [treatment setting risk snapshots](#) to plan mitigation for your particular clinic setting.

Applying a patient-centred approach to risk management is crucial during the COVID-19 pandemic. Carefully assessing the necessity for treatment during a COVID-19 outbreak is a key principle.

1. Jiang, X.-L., et al., *Transmission Potential of Asymptomatic and Paucisymptomatic Severe Acute Respiratory Syndrome Coronavirus 2 Infections: A 3-Family Cluster Study in China*. The Journal of Infectious Diseases, 2020.
2. Wang, Y., et al., *Asymptomatic Cases with SARS-CoV-2 Infection*. The Journal of Medical Virology, 2020.
3. Kolifarhood, G., et al., *Epidemiological and clinical aspects of Covid-19; a narrative review*. Archives of Academic Emergency Medicine, 2020. **8**(1): p. e41.
4. Ren, S.Y., et al., *Stability and infectivity of coronaviruses in inanimate environments*. World Journal of Clinical Cases, 2020. **8**(8): p. 1391-1399.
5. He, X., et al., *Temporal dynamics in viral shedding and transmissibility of COVID-19*. Nature Medicine, 2020.
6. Cheng, H.-Y., et al., *Contact Tracing Assessment of COVID-19 Transmission Dynamics in Taiwan and Risk at Different Exposure Periods Before and After Symptom Onset*. JAMA Internal Medicine, 2020.
7. He, D., et al., *The relative transmissibility of asymptomatic COVID-19 infections among close contacts*. Int J Infect Dis, 2020. **94**: p. 145-147.
8. Australian Government Department of Health, *Advice for people at risk of coronavirus (COVID-19)*. 2020 [cited 2020 10/5/2020]; Available from: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19>
9. Australian Government Department of Health, *What you need to know about coronavirus (COVID-19)*; Available from: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/ongoing-support-during-coronavirus-covid-19/what-you-need-to-know-about-coronavirus-covid-19>
10. World Health Organization, *Coronavirus disease (COVID-19): How is it transmitted?* Available from: <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted>
11. RACGP, NewsGP, *Australian study determines true asymptomatic COVID rate*. Available from: <https://www1.racgp.org.au/newsgp/clinical/australian-study-determines-true-asymptomatic-covi>
12. News Medical, Life Sciences, *Review of COVID-19's long-term effects*. Available from: <https://www.news-medical.net/news/20210609/Review-of-COVID-19s-long-term-effects.aspx>

How to use this self-assessment tool

AMT has designed the following traffic light tool to help you conduct your own research and individual risk assessment. It is divided into 2 phases.

In phase 1, we ask you to assess 3 factors that are unique to your practice circumstances:

1. Your clients
2. Your local area
3. You

Once you have completed Phase 1, we then ask you to examine some of the logistical, practical and protective measures that must be adapted in clinical practice in response to COVID-19.

We have used a traffic light system to help you navigate each task.



Red

You have not planned for this risk or completed this task yet. You will need to:

- conduct further research
- develop a policy or protocol to mitigate this risk

Your environment is not yet suitable for a return to work and you could be putting someone at risk by returning.



Orange

Maybe / sort of prepared for this risk or task. You will need to:

- conduct further research to clarify unclear, confusing or inconsistent information
- finalise a policy or protocol to mitigate this risk

Further research and policy/protocol development is required before you can safely return to practice.



Green

You have completed this task or researched and developed policies and protocols to meet this risk. The situation in your region is stable and circumstances or information is not rapidly evolving or subject to change.

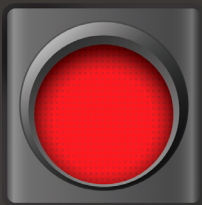
This chart is divided into 2 phases. You should only move onto the next category once you have the green light for all questions in phase 1.

This document is interactive. Follow the blue hyperlinks for resources that will help you complete a particular task.

You can also select the appropriate traffic light in each column and later change your selection as you work through each element or task in the document.

PHASE 1

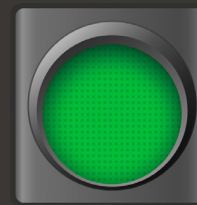
My Clients



**Risk
not managed**



**Not sure/
information
not clear/
in progress**



**Risk
mitigated**

I have conducted thorough client profiling to gain a deeper understanding of my clients, their needs and unique health circumstances

I am aware of the chronic disease status of my clients and can identify those who are in a risk category for severe illness from COVID-19:

- Chronic lung diseases
- Serious heart conditions
- Immunocompromised (people in cancer treatment, bone marrow or organ transplantation, immune deficiencies, prolonged use of corticosteroids and other immune weakening medications)
- Severe obesity
- Diabetes
- Chronic kidney or liver disease
- People in nursing homes or long term care

[Groups at higher risk from COVID-19](#)

[High risk groups FAQs](#)

I have a protocol to assess and triage clients' need for treatment during a COVID-19 outbreak, with particular attention to clients at risk of developing severe COVID disease

[Department of Health advice for people at risk of COVID-19](#)

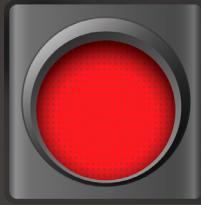
I am aware of how many clients I have who are in the age category most likely to be a carrier of COVID-19 (20-40)

[Demographics of COVID-19](#)

[Cases by age, group and sex](#)

PHASE 1

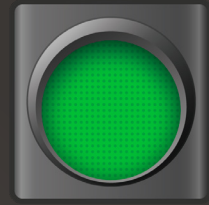
My Local Area



**Risk
not managed**



**Not sure/
information
not clear/
in progress**



**Risk
mitigated**

I have called my local state/territory authority to seek clarity regarding the current status of massage therapy practice and have described the specific setting(s) in which I conduct treatments

I am not located in a Local Government Area or suburb that currently has recurring incidence of unaccounted for, locally transmitted cases of COVID-19

I am aware of the current number of COVID-19 cases within my local area

[New South Wales](#) and <https://covid19-data.sydney.edu.au/>

[Victoria](#)

[Western Australia](#)

[South Australia](#)

[Queensland](#)

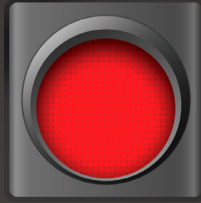
[Northern Territory](#)

[ACT](#)

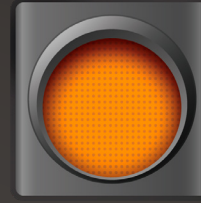
[Tasmania](#)

PHASE 1

You (the therapist)



**Risk
not managed**



**Not sure/
information
not clear/
in progress**



**Risk
mitigated**

I have a basic understanding of the epidemiology of COVID-19			
I have no symptoms of COVID-19; I have not been in contact with a COVID-19 positive person			
I am fully vaccinated against COVID-19 within the last 6 months			
I understand and practice good respiratory hygiene			
I have reviewed good hand/forearm washing techniques			
I am aware of my own risk factors for developing severe COVID disease			
I am aware of risk factors of my householders for developing severe COVID disease			

Am I safe to return to practice? What do the traffic lights tell you?

If there are ambers, you may have to do a little more work to analyse the benefits and risks of reopening at this time.

If there are reds, you need to establish a clear plan for how you can mitigate any extra risks associated with the profile of your clients or your own profile.

PHASE 2

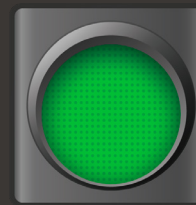
Preparation for return to practice checklist



No



In progress



Yes

I have a COVIDsafe plan in line with my state/territory requirement

The cleaning products I use have been [certified](#) approved "hospital grade" or as [COVID-19](#) safe

I have a steady, reliable supplier of COVID-19 safe cleaning products

I have a steady, reliable supplier of personal protective equipment

I have [audited my clinic fittings and fixtures](#) to identify:

- excess furniture and equipment that can be removed
- frequently touched surfaces
- infrequently touched surfaces

I have [audited the fittings and fixtures in other areas](#) that clients use, such as reception and waiting areas, to identify:

- excess furniture and equipment that can be removed
- frequently touched surfaces
- infrequently touched surfaces

I monitor CO₂ levels in my clinic in line with [AMT's ventilation and air purification fact sheet](#)

I can ventilate the workspace between clients by opening doors and windows in line with [AMT's ventilation and air purification fact sheet](#)

I can use mechanical ventilation to ensure at least 9 air exchanges per hour in line with [AMT's ventilation and air purification fact sheet](#)

PHASE 2

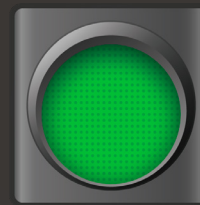
Preparation for return to practice checklist



No



In progress



Yes

I understand the [COVID-19 signage](#) requirements in my state/jurisdiction and can implement these requirements

I store my clean linens in an enclosed cupboard ([NHMRC guidelines](#) Section 3.1.8)

I have a suitable enclosed receptacle for used linens to be stored before laundering ([NHMRC guidelines](#) Section 3.1.8)

I have an enclosed clinical waste receptacle with pedal opening mechanism ([NHMRC guidelines](#) Section 3.1.7)

I have read the NHMRC standards for management of laundry and have the necessary protocols/equipment in place to wash clinic linens at 71°C for at least 25 minutes or use anti-bacterial additives to clinic linens washed at lower temperatures ([NHMRC guidelines](#) Section 3.1.8)

I have adapted my scheduling to allow a gap between clients for cleaning, disinfection and ventilation.

I have developed a protocol for minimising/eliminating the use of waiting areas by clients

I have a protocol for accepting new clients

I have established a protocol to [notify authorities](#) and clients if I have direct contact with a confirmed COVID-19 case or if I develop COVID-19 myself



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