



**COVID-19**  
**return to practice**  
**self-assessment tool**

## Background

COVID-19 presents unique challenges in the massage therapy clinical context because one of the key measures we currently have to control the spread of the virus is social or spatial distancing. Until a vaccine is widely available, the only strategies we have to contain the virus are non-pharmaceutical.

This is why AMT has taken a precautionary approach to responding to the pandemic and has issued advice to members in line with that precautionary 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, **muscle aches and pains**, and stomach upset [1].
- 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].

- **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

- There are currently no treatments or vaccines available for COVID-19.
- We do not know how many people in the community have COVID-19 with no symptoms.
- We do not know the long term effects of COVID-19 after the recovery from illness.
- 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. The AMT biosecurity planning committee is working on developing risk profiles for particular clinical contexts and guidelines to assist therapists mitigate those risks.

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

## 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.

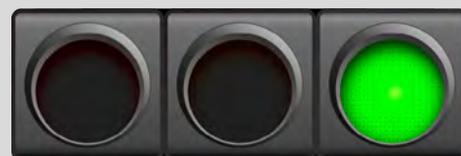


### Orange

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 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 average age of my clients and the majority do not fall into a high risk category for severe illness from COVID-19 (over 70 and over 65 with chronic health conditions, Aboriginal and Torres Strait Islander people over the age of 50)

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

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](#)

I am aware of how many clients I have who are in the age category most likely to be a carrier of COVID-19 (20-30)

[Demographics of COVID-19](#)

# 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 state or territory that currently has recurring incidence of unaccounted for, locally transmitted cases of COVID-19

I am aware of current state of COVID-19 cases within my local district and can confirm that there is not a cluster of confirmed locally acquired cases near me

[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 have not returned from overseas in the past 2 weeks; I have not been in contact with anyone who has returned from overseas in the past 2 weeks.

I have read the [Infection Control and Hygiene Standard](#) in the AMT Code of Practice

I have completed the Department of Health [COVID-19 infection control training](#)

I have reviewed [good hand/forearm washing techniques](#)

I am under the age of 70 years

I am not aged over 65 years with chronic medical conditions

I do not have a chronic medical condition

I am not Aboriginal or Torres Strait Islander and over the age of 50

I do not live with someone who is at greater risk of more serious illness from COVID-19

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

My employer (could be yourself) has a [policy which outlines safe work practices in response to COVID-19](#)

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, soft furnishings, rugs 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, soft furnishings, rugs and equipment that can be removed
- frequently touched surfaces
- infrequently touched surfaces for cleaning schedule

I can ventilate the workspace between clients by opening doors and windows

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)

	 <b>No</b>	 <b>In progress</b>	 <b>Yes</b>
I have a suitable enclosed receptacle for used linens to be stored before laundering ( <a href="#">NHMRC guidelines</a> Section 3.1.8)			
I have an enclosed clinical waste receptacle with pedal opening mechanism ( <a href="#">NHMRC guidelines</a> 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 ( <a href="#">NHMRC guidelines</a> Section 3.1.8)			
I have developed an assessment procedure for screening clients prior to booking to ensure that treatment is warranted for the client's current health status and risk profile			
I have adapted my scheduling to allow a gap between clients for cleaning and disinfection			
I have developed a protocol for minimising/eliminating the use of waiting areas by clients			
I have a protocol for accepting new clients during COVID-19			
I have a formal, written policy for treating clients in a vulnerable risk category for serious illness from COVID-19			
I have established a protocol to <a href="#">notify authorities</a> and clients if I have direct contact with a confirmed COVID-19 case or if I develop COVID-19 myself			



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