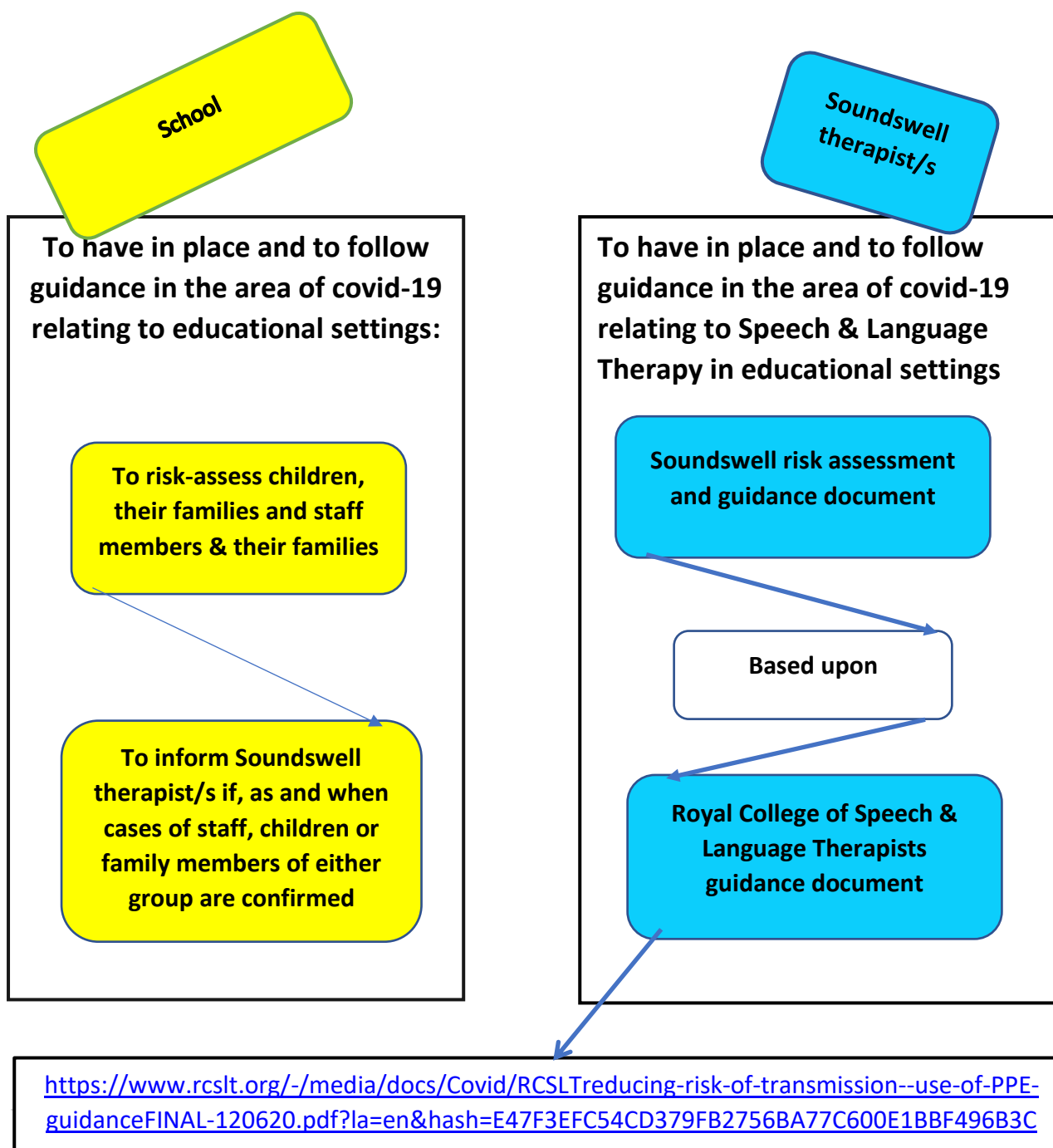
 <p>Soundswell Speech & Language Therapy Solutions</p>	<p>Covid-19 risk assessment guidance for Soundswell therapists working in schools and settings</p> <p>September 2020</p> <p>For on-going review in accordance with Government guidance [formal review in Autumn 1]</p>
--	--

For full document, references and rationale please visit:
<http://soundswellspeech.com/news/covid-19-risk-assessment/>

Summary of roles and responsibilities



Key Points

1. Directors, Associates and Consultants have a responsibility to comply with the guidance from all pertinent bodies & associations including HM Government (utilising amongst others the expertise of Public Health England [PHE] & professional bodies including The Royal College of Speech & Language Therapists [RCSLT] Healthcare Professions Council [HCPC]).
2. Directors, Associates and Consultants have a responsibility to contribute to the assessment of risk in areas of professional operation (sharing experiences and information pertinent to Soundswell sphere of operations and any other relevant sphere).
3. Company systems and procedures support the identification, assessment and management of risk & the reporting of incidents
4. Risk assessment & incident-reporting responsibilities are written into Associate/Consultant contracts
5. Advice and guidance in the area of Covid 19 is subject to frequent review, up-date and change. Directors, Associates & Consultants have a responsibility to act upon changing guidance as it emerges even although this might be 'between' reviews and updates of these guidance notes.

Please note:

this summary list should not be viewed as exhaustive

1.0 Purpose of guidelines

To inform, advise and to support decision-making in the area of potential risk associated with Covid 19.

2.0 Other policies & procedures to which these guidelines relate

- Risk identification, Assessment & Management and Incident reporting
- Safeguarding Guidelines

3.0 Primary source of information

- Guidance produced by the Royal College of Speech and Language Therapists (RCSLT)
Access the full guidance via this link

<https://www.rcslt.org/-/media/docs/Covid/RCSLTreducing-risk-of-transmission--use-of-PPE-guidanceFINAL-120620.pdf?la=en&hash=E47F3EFC54CD379FB2756BA77C600E1BBF496B3C>

4.0 Secondary sources of information

- Individual schools & settings
- Media
- ASLTIP

5.0 Navigating this document

Soundswell's comment/insertion/suggested action	Text lifted or précised from the guidance
---	---

- **Purpose of the guidance**

To support all RCSLT members, regardless of where they work or who they are employed by (e.g. public sector, charity sector or independent sector) to make informed decisions about safe ways of working during the COVID-19 pandemic.

Local and national advice is very likely to be subject to change: it is important therefore, in addition to following RCSLT guidance, SLTs consider their:

- current working practices
- employment context
- local policies

... and remain up-to-date with government and other relevant guidance signposted in the RCSLT guidance document, including those listed below:

HCPC

<https://www.hcpc-uk.org/registrants/updates/2020/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus/>

UK-wide official guidance

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

RCSLT undertake to update their guidance as central government guidance changes.

Below is the link which will take you to the very latest guidance (updated on a regular basis)

<https://www.rcslt.org/learning/covid-19>

Education and Early Years settings (go to pages 16-18 of RCSLT document)

From the RCSLT document

Education and early years settings Government guidance Across the UK, governments have set different dates for the reopening of education and early years settings, and issued nation-specific guidance on the measures which settings need to take to minimise the risk of transmission.

Where there are different guidance documents for England, Scotland, Wales and Northern Ireland, only the England links have been included

Measures which are common across the UK include:

- Minimising contact with individuals who are unwell, including through adhering to relevant test and trace systems
- Cleaning hands more often than usual
- Ensuring good respiratory hygiene
- Cleaning frequently touched surfaces often
- Minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

Children and young people who have been classed as clinically extremely vulnerable due to pre-existing medical conditions have been advised to shield and are not expected to attend school or college, and should continue to be supported at home as much as possible.

The responsible authorities have been asked to undertake risk assessments for pupils with statutory entitlements to support (*EHC plans, Co-ordinated Support Plans or Statements of SEN*) to determine the children whose needs can be as safely or more safely met in the educational environment.

These risk assessments need to balance a number of risks, including (but not limited to):

- The potential health risks to the individual from coronavirus, bearing in mind any underlying health conditions/clinical vulnerability
- The risk to the individual if some or all elements of their statutory provision temporarily cannot be delivered in the normal manner or in the usual setting
- The potential impact to the individual's wellbeing of changes to routine or the way in which provision is delivered

Action: check whether children on your case-loads are subject to this type of risk assessment and if so, what is the outcome? What involvement is expected from speech and language therapy?

SLTs who work in education and early years settings are advised to read the relevant Government guidance:

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#effective-infection-protection-and-control>

<https://www.gov.uk/government/publications/coronavirus-covid-19-send-risk-assessment-guidance/coronavirus-covid-19-send-risk-assessment-guidance>

The RCSLT guidance talks about:

- Phased re-openings
- Grouping children
- Policies covering local infection prevention measures
- External visitors being allowed into settings

These are decisions made by schools and settings based on the guidance they receive from their appropriate channels

Action: therapists to make themselves aware of local decisions and also help to inform approaches to the provision of services. This would include engaging parents and carers.

Continuing with RCSLT guidance:

If SLTs are permitted to go into education and early years settings, the following measures could be considered to reduce risk:

- Working with the child/young person outside
- Maintaining social distance in line with Government/local guidance on social distancing measures or more
- Working with children in their small groups ('bubbles') and minimising movement across settings as much as possible, in line with local procedures
- Working with and through staff remotely and/or face to face to support the delivery of assessments and interventions
- Using video or remote access to other professionals for joint appointments where more than one professional is required
- Reviewing the equipment taken into the setting, taking into account the equipment that is already available in the setting
- following local infection control procedures • Allocating staff in line with local policies • Following local policies for movement in between settings and any restrictions on returning, e.g. to health premises after visiting education settings.
- Use of PPE as appropriate (*see section 5*)

Section 5 is all about types and 'strength' of various PPE items

PPE is an essential element of infection prevention and control, and it is important that SLTs understand the different types of PPE that are approved for use in line with health and safety standards and their appropriate use.

Types of PPE include:

- Filtering Face Piece class 3 (FFP3) respirator (fit testing required)

- Filtering Face Piece class 2 (FFP2) or N95 respirators if FFP3 is not available (fit testing required if used instead of FFP3)
- Fluid-resistant surgical mask (FRSM)
- Surgical mask or simple 'face covering'
- Eye and face protection – this could be a surgical mask with integrated visor / a full face shield / visor polycarbonate safety spectacles or equivalent
- Fluid-repellent long-sleeved gown
- Disposable plastic apron
- Disposable gloves

See Section 10 of the Government Guidance on PPE for more information on the different types of PPE and their uses.

For more advice on what to look for when selecting and using PPE, please see HSE guidance on Risk at Work - Personal protective equipment (PPE)

Whilst manufacturers may have different styles of PPE, Government guidance on donning and doffing (for *AGPs and non-AGPs) has illustrations of different PPE, including masks, eye protection and aprons

Please note that there is a difference between a surgical mask and a fluid-resistant surgical mask (FRSM) and so it is essential that SLTs ensure that they have the correct mask. The risk assessment framework (Annex 1) will support SLTs to identify the appropriate level of PPE required.

NB: an aerosol-generating procedure (AGP) is a medical or healthcare procedure that results in the production of air-borne particles (aerosols or respiratory droplets which may be pathogenic [Source: Wikipedia].
Having looked at the examples given, non should apply to SLTs working in schools or settings for Soundswell.

SLTs should use the risk assessment framework (Risk assessment framework Guidance on risk assessing coronavirus exposure for SLTs and the selection of appropriate PPE) in **Annex 1 to support clinical decision-making for safe practice and PPE requirements**, in line with Government guidance.

Annex 1: Introduction to the risk assessment

Purpose: to support clinical judgements and conversations around the weighting of the risk and the implication for practice and PPE requirements. SLTs or services may wish to develop their own more detailed risk assessment with e.g. RAG ratings. [Soundswell have done this see pages 7-9]

Prior to using the risk assessment tables below it is essential that SLTs read Section 2 of this guidance to understand the current evidence about the transmission of the virus.

Pre-risk assessment questions/considerations

Before providing face-to-face interventions to individuals (children or adults) with **suspected or confirmed COVID-19, or where the COVID-19 status is unknown**, SLTs should consider the following:

1. What is the risk to the individual if the SLT service is not delivered face-to-face?
2. Can individuals be supported and outcomes met safely and effectively by delivering care differently, e.g. telehealth/videoconferencing, working collaboratively with other members of the workforce or parents/carers?
3. If direct/face-to-face contact is indicated, consider the risks in Table 1.
4. Refer to the risks in Table 1 and Table 2 if you are undertaking a procedure which may produce forceful and/or prolonged coughing or sneezing.
5. You do not have to select a level of risk from every section, the tables are there to guide decision making.
6. If, as a result of the risk assessment, PPE will be required, consider measures to reduce the risk of the individual being distressed by you wearing it

Once you have completed Tables 1 and 2, refer to Table 3 for potential PPE requirements and government guidance: COVID-19: Infection prevention and control

Converting these points into an 'elimination' table as follows		
1	What is the risk to the individual if the SLT service is not delivered face-to-face?	Very low
2	Can individuals be supported and outcomes met safely and effectively by delivering care differently, e.g. telehealth/videoconferencing, working collaboratively with other members of the workforce or parents/carers?	Yes – in the interim
3	If direct/face-to-face contact is indicated, consider the risks in Table 1.	See responses on table 1 (below)
4	Refer to the risks in Table 1 and Table 2 (N/A) If you are undertaking procedure which may produce forceful and/or prolonged coughing or sneezing.	Very unlikely to be the case
5	You do not have to select a level of risk from every section, the tables are there to guide decision making.	Where our activity requires more detail, an additional descriptors 'map' has been added.
6	If, as a result of the risk assessment, PPE will be required, consider measures to reduce the risk of the individual being distressed by you wearing it	This is about putting your photo on your apron + other identifying characteristics. This is unlikely to be either applicable or necessary.

The following tables are taken from the RCSLT guidance document. The N/A descriptors are *not* represented in column 6, (Soundswell action and guidance). This guidance is then reflected on the Soundswell risk assessment proforma which can be found at the very end of this document.

Table 1: Factors associated with potential COVID-19 transmission risk Factors (in the table below we have ticked column 3 for higher risk and 4 for lower risk)

1		2	3	4	5	6
High-lighted numbers indicate descriptors to be actioned		Factors indicating higher risk			Factors indicating lower risk	Soundswell rationale ↓
1	Current COVID-19 status and history of the individual and/or household members*	Suspected or confirmed COVID-19 positive, or unknown COVID-19 status		√	Where known, individual has been identified as COVID-19 negative	All of these rely on good communication between school and home and school and SLT Action: In each of your settings ascertain the procedures for finding out and informing others
		Recently positive, recovering or recovered No COVID-19 symptoms or history		√	No COVID-19 symptoms or history	
		Conditions being treated as infectious, e.g. Paediatric Multisystem Inflammatory Syndrome temporally associated with SARS-CoV2 (PIMS-TS)		√	No conditions being treated as infectious and associated with COVID-19	
2	Isolation status of individual or any <i>member of their household</i>	Self-isolating		√	Not self-isolating	Unknown until confirmed by school Action: In each of your settings ascertain the procedures for finding out and informing others
3	Time since onset of symptoms (discuss with the	Within two weeks of symptom onset (most infectious)		√	More than two weeks since symptom onset	Unless school advise covid within the family

	individual, carer, and/or MDT)					Action: In each of your settings ascertain the procedures for finding out and informing others
4	Proximity to the individual to deliver the assessment or intervention	Intervention requires close and sustained proximity to the individual (refer to Government/local guidance), e.g. cervical auscultation, videofluoroscopy, endoscopy, speech sound assessments, dysphagia assessment, oral hygiene, intra and extra oral stimulation, tactile interventions (please note that this is not an exhaustive list)		√	Intervention does not require close and sustained proximity to the individual or parent/carer (refer to Government/local guidance)	Some activity may require closer proximity, but at a meter distance, using a visor and no symptoms or adverse behaviours from the child, risk should be low. Action: Ascertain what distance you can maintain (and still be effective). For an older child, one metre and positioned the other side of a table. SLT to wear clear visor should be workable.
5	Ability of the individual to understand and follow social distancing and hygiene measures	Young children	√	√	Non-ambulant individuals	Could be low or slightly higher risk depending on child being seen, what for and how.
		Individuals who may not understand or be able to follow social distancing and hygiene measures e.g. some individuals with learning disabilities, autism, mental health conditions or dementia			Individuals can understand or be helped to understand, and are able to follow social distancing and hygiene measures	Action: be guided to some extent by how children are following the rules in school about social distancing. For children below Reception age (and those with attention and listening and behavioural problems), consider all possible ways that SLT targets could be delivered (proxy, indirect, remotely etc)
6	Vulnerability of the individual, member of household	Individuals with known immunocompromising factors or shielding		√	No known immunocompromising factors, or not shielding	Unknown until confirmed by school Action: In each of your settings find out the procedures for finding out and informing others

7	Behavioural challenges (when not undertaking an AGP)	Known behavioural challenges resulting in e.g. spitting, biting, combative			No known behavioural challenges resulting in e.g. spitting, biting, combative	Action: Don't treat if a child is a known behavioural challenge (or this becomes apparent from observation of a new referral)
8	Care setting is high risk for exposure to infectious AGPs	COVID-19 designated ICU/HDU		√	Designated low risk COVID-19 clinical area	
		Setting with suspected or confirmed individuals on non-invasive ventilation (NIV); continuous positive airway pressure (CPAP); or high flow nasal oxygen (HFNO)			Working in a non-COVID-19 area without AGPs occurring	
		Working in other high risk COVID-19 clinical areas where AGPs may be occurring			Schools and other non-clinical settings including individuals' homes	
9	Assessment or intervention involves potential for aerosol generation	Swallowing, voice and communication assessment and therapy where the risks of exposure as a result of loud voice (e.g. singing, Lee Silverman Voice Therapy (LSVT)), forceful blowing (e.g. expiratory muscle strength training (EMST)) and/or production of coughing (e.g. cough reflex testing) cannot be mitigated		√	Swallowing, voice or communication assessment and therapy where the risks of exposure as a result of loud voice, forceful blowing and/or production of coughing can be mitigated or contact is unlikely to produce aerosols ²	Soundswell SLTs are not involved in swallowing activity. Action: avoid any interventions which have the potential to generate aerosols.
10	Neck breathers	Tracheostomy, laryngectomy		√	Non-neck breather	
11	Airway sensitivity	Diagnosis or intervention that is likely to increase the risk of coughing e.g. chronic cough, laryngeal pathology or surgery, inducible laryngeal obstruction		√	Diagnosis or intervention that is likely to reduce the risk of coughing e.g. chronic silent aspiration, known	Action: Don't treat if excess coughing etc. becomes apparent

		(ILO), hypersensitivity, recent intubation		impaired laryngeal sensitivity	
12	Use of equipment	Equipment cannot be decontaminated in line with local infection and control guidance e.g. videofluoroscopy, cervical auscultation, endoscopy, other equipment		√ Equipment can be decontaminated in line with local infection and control guidance e.g. videofluoroscopy, cervical auscultation, endoscopy, other equipment	Action: consider the minimum equipment you can manage with for any given intervention. Laminate paper material/pictures etc. Consider duplicate sets of items and pictures. Either bag resources and laminates immediately after the session and clean later or, if able to clean between children, do so and lay items out to dry.

Ratings summary (table 1)		
Number of descriptors	12	
Number of higher risk ratings	1	Mitigation: easily managed
Number of lower risk ratings	11	
Number of potential N/A ratings	2	
Number of descriptors with identified actions	10	See column 6 on table 1

Table 2: for AGPs, what is the likelihood of the individual producing forceful or prolonged coughing or sneezing?
This is not relevant to Sounswell associates and consultants working in schools and settings. For STs working in special schools – please check the descriptors below to see if they refer to children or young people you have been asked to see. If they **do**, then refer to the risk assessment in table 2 of the RCSLR guidance document (page 28).
Descriptors:

- Ability to predict potential for coughing
- Aspiration
- Secretions that have the potential to become airborne
- Cough frequency or force

- Sneezing

As per table 1: taken from the RCLT guidance document. The N/A descriptors are not represented in column 5 which is the Soundswell action and guidance, reflected on the Soundswell risk assessment proforma which can be found at the very end of this document (from page 19).

Table 3: Potential scenarios and PPE requirements

1	2	3	4	5
	Potential scenarios	Government guidance	PPE requirements (taken from Government guidance)	Soundswell rationale
3(1)	Hospital in England	All staff in hospitals in England will be provided with surgical masks which they will be expected to wear from 15 June. All visitors and outpatients must wear face coverings at all times. (See DHSC announcement, 5 June)	Surgical mask	N/A
3(2)	In any setting, where the potential risk (of whether the individual meets the case definition for a possible or confirmed case of COVID19*) cannot be established prior to a face-to-face assessment	Where the potential risk to health and social care workers cannot be established prior to face-to-face assessment or delivery of care (in line with Government/local guidance on social distancing measures), the recommendation is for health and social care workers in any setting to have access to and where required wear aprons, FRSMs, eye protection and gloves. (See UK Government guidance: COVID-19: infection prevention and control guidance, Section 5.7)	<ul style="list-style-type: none"> • FRSM (fluid resistant surgical mask) Apron • Eye protection • Gloves NB Visors provide barrier protection to the facial area and related mucous membranes (eyes, nose, lips) and are considered an alternative to goggles.	Action: Check school's own procedures for identifying a child who may be unwell

3(3)	AGPs on possible and confirmed cases regardless of setting	Recommended during AGPs on possible and confirmed cases, regardless of the clinical setting. Subject to local risk assessment, the same precautions apply for all patients regardless of case status in contexts of sustained COVID-19 transmission.** (See UK Government guidance: COVID-19: infection prevention and control guidance, Section 5.8.1) In line with Table 2 and the risk of producing forceful and/or prolonged coughing or sneezing members should refer to Table 2, in order to make a stratified risk assessment to inform the need for a higher or lower level of PPE.***	<ul style="list-style-type: none"> • FFP3 (A filtering face piece class 3 respirator) FFP2/N95 if FFP3 is not available • Long-sleeved disposable fluid repellent gown (covering the arms and body) or disposable fluid repellent coveralls • A full-face shield or visor • Gloves 	N/A
3(4)	Individual's home or usual place of residence	For provision of direct care to any member of a household where there is one or more possible or confirmed case.**** (See UK Government guidance: COVID-19: infection prevention and control guidance, Section 5.8.10)	<ul style="list-style-type: none"> • FRSM • Apron • Eye protection • Gloves 	Action: consult with Directors before undertaking any home visits for Soundswell
3(5)	Primary care, ambulatory care and other nonemergency outpatient settings (including hospital outpatient clinics)	For primary care, ambulatory care and other non-emergency outpatient settings (including hospital outpatient clinics) PPE should be used for any direct care of possible and confirmed cases.8 Such PPE may be indicated for work in such settings regardless of case status, subject to local risk assessment. For health and social care workers working in reception and communal areas but not involved in direct patient care, every effort should be made to	<ul style="list-style-type: none"> • FRSM • Plastic aprons • Eye protection • Gloves should be used for any direct care of possible and confirmed cases.**** <p>Such PPE may be indicated for work in such settings regardless of case status, subject to local risk assessment</p>	N/A

		maintain social distancing of 2 metres. Where this is not practical use of FRSM is recommended. (See UK Government guidance: COVID-19: infection prevention and control guidance, Section 5.8.9)		
3(6)	Care to vulnerable groups undergoing shielding	For delivery of care to any individual meeting criteria for shielding (vulnerable groups) in any setting. (See UK Government guidance: COVID-19: infection prevention and control guidance, Section 5.8.14)	As a minimum: <ul style="list-style-type: none"> • single use disposable plastic aprons • gloves • FRSM must be worn for the protection of the patient. • Additional PPE should be applied as per recommendations stated by context and / or risk assessment 	Action: See as for point 4 (above)
3(7)	In any setting, for an individual that is not currently a possible or confirmed case****	If a distance of 2 metres (or in line with government/local guidance) <i>can</i> be maintained, and risk assessment indicates no other higher risk factors.	Government guidance does not specify PPE requirements, however, the RCSLT is aware that local guidance may differ from Government guidance	Action: adhere to school guidance
3(8)	This includes: Community children’s settings (clinics, education and early years settings)	If a distance of 2 metres (or in line with Government/local guidance) <i>cannot</i> be maintained (See UK Government guidance: Table 4: Additional considerations, in addition to standard infection prevention and control precautions N.B. This guidance applies to both the NHS and independent sector) Government PPE requirements link	As a minimum: <ul style="list-style-type: none"> • single use disposable plastic aprons • gloves • FRSM must be worn for the protection of the patient. 	Action: you will already have discussed your school’s position on PPE. After having risk-assessed your planned intervention and the individual/s to receive it, identify the level of PPE

		to Government guidance that states that there is currently sustained community transmission occurring across the UK.	Additional PPE should be applied as per recommendations stated by context and / or risk assessment	with which you are comfortable. (See 'minimum requirements' at 3(8)) and risk assess as to whether additional PPE is required.
3(9)	In any setting, where staff consider there is a risk to themselves or the individuals they are caring for	Government guidance states: Ultimately, where staff consider there is a risk to themselves or the individuals they are caring for they should wear PPE (See UK Government guidance: COVID-19: infection prevention and control guidance, Section 5.7)	FRSM With or without eye protection as determined by the individual staff members	Action: See above. Additional note re PPE: on the Soundswell risk assessment proforma We give more detail about what to do if certain required criteria cannot be met.

Key

*A possible or confirmed case of COVID-19 is defined as an individual with a new continuous cough or high temperature or a loss of, or change in, normal sense of taste or smell (anosmia) – see Section 2.2. here
 ** Sustained community transmission is occurring across the UK. 5
 ***See RCSLT report on Aerosol generating procedures, dysphagia assessment and COVID-19
 ****A possible or confirmed case of COVID-19 is defined as defined as an individual with a new continuous cough or high temperature or a loss of, or change in, normal sense of taste or smell (anosmia) – see Section 2.2.

Ratings summary (table 3)		
Number of descriptors	9	
Number of N/A	3	
Number of descriptors with identified actions	6	See column 5 on table 3

Continuing with RCSLT guidance

Donning & doffing PPE (non- AGPs)

Click on this link

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

From RCSLT guidance

The government's guidance on Reducing the risk of transmission of COVID-19 in the hospital setting highlights that advice from the local waste management team should be sought prospectively on how to manage disposal of PPE. This applies to both acute and community settings.

This is based on the assumption that community settings (and visits made outwards from clinics and health centres) have facilities for appropriate disposal of contaminated (or potentially contaminated) waste.

Such facilities will be available in special schools and those mainstream schools where children with disabilities require personal care but not necessarily in every mainstream setting.

Action: dispose of used PPE safely in the setting – if this is possible. If not, then dispose of it at home following government guidelines for the disposal of domestic PPE.

Recording your PPE decision-making

1. Be aware of the guidelines/requirements for PPE within the school/setting
2. Use the risk assessment at the back of this document to decide what PPE is required in a particular location within a setting, on a particular day
3. Use the proforma on the following page to record your decisions

This proforma is available as an additional case history sheet which should be inserted into the child's record immediately behind the 'strictly private & confidential' front-sheet


Child's name		Date of Birth	
---------------------	--	----------------------	--

DATE	PPE OPTION DECISION / SIGNATURE

For full rationale refer to Soundswell's Covid-19 Risk Assessment

Please record all that are relevant

A	GLOVES
B	VISOR
C	APRON
D	ENVIRONMENTAL ADAPTATION
E	WITHDRAW UNABLE TO MANAGE RISK

	<p align="center">Covid 19 Risk assessment [prepared for the re-opening of schools from June 1st 2020]</p> <p align="center">For on-going review in accordance with Government guidance [formal review in Autumn 1]</p>	<p>As identified at the end of this document, review and monitoring is based on changes to government guidance or information from other relevant sources.</p>
---	--	--

<p>The following guidance is based on the proviso that:</p> <ul style="list-style-type: none"> • schools and settings are responsible for risk-assessing children, their families, staff groups & <i>their</i> families • Soundswell therapists, who are self-employed, are also responsible for self-assessment of risk
--

1 Risk identification			
		Direct risk	Indirect risk
a	People	Therapists, other staff, children	Wider families of therapists, staff and children
b	Equipment	Therapy resources and materials used in the session, furniture	Other items (if in shared storage)

2 Risk assessment (who might be harmed and how this could happen)		RAG
a	Therapists, school staff and children are at risk of becoming ill by contracting Covid-19	
b	Members of the households of therapists, school staff and children are at risk of becoming ill by contracting Covid-19	

The Directors recognise that risk-*elimination* is not possible. The process of risk *management* is so that the potential for harm is reduced and a decision can be taken as to whether the residual risk is acceptable

3	Risk management		
A	Standard [routine] precautions		
i	Hand-washing & infection control		
ii	Changing work clothes on a daily basis		
iii	Cleaning therapy resources & materials before and after each client contact		
iv	Appropriate cleaning products are used		
v	Infection control guidelines added to Risk policy		
B	Additional (specifically Covid-related) precautions: please refer to tables 1 & 3 for the detail behind each statement		
1	<p>Schools and settings are responsible for:</p> <ul style="list-style-type: none"> • risk-assessing children, their families, staff groups & <i>their</i> families • communicating pertinent information to therapist/s 		
	Action for therapist/s	With reference to table 1: points 1, 2, 3 & 6	With reference to table 3: points 2, 4, 6
i	Ascertain school's policies, procedures and guidelines. In each of your settings ascertain the procedures for finding out and informing others:	<ul style="list-style-type: none"> a) Current COVID-19 status and history of the individual and/or household members b) Isolation status of individual or <i>any members of their household</i> c) Time since onset of symptoms (discuss with the individual, carer, and/or MDT) d) Vulnerability of the individual, member of household 	<ul style="list-style-type: none"> a) In any setting, where the potential risk (of whether the individual meets the case definition for a possible or confirmed case of COVID19*) cannot be established prior to a face-to-face assessment b) Individual's home or usual place of residence c) Care to vulnerable groups undergoing shielding
2	Soundswell therapists, who are self-employed, are also responsible for self-assessment of risk		
	Action for therapist/s		

A. Check yourself for known symptoms (raised temperature, new & persistent cough, reduced sense of taste and/or smell) & take appropriate action (self-isolate and take a test before returning to work)		
B. Wash hands & apply sanitiser before starting each session, at the end of each session & before and after eating.		
C. Work bare below the elbow		
D. Social distancing to be maintained <i>wherever possible</i> .	Table 1: points 4, 5, 7 & 9	PPE options (if you cannot meet the criteria identified) A-E To be recorded on PPE decision log in case notes
E. Consider proximity to the individual to deliver the assessment or intervention: If all the criteria in the central column can be met, then your decision may be to not use PPE (always after consultation with the setting)	<ul style="list-style-type: none"> a) ascertain what distance you can maintain (and still be effective). b) Ability of the individual to understand and follow social distancing and hygiene measures c) Ability of the individual to understand and follow social distancing and hygiene measures d) Behavioural challenges (when not undertaking an AGP) e) Assessment or intervention involves potential for aerosol generation 	<p>If hand washing is not possible: use gloves (A)</p> <p>If you are concerned about respiratory hygiene (e.g. child may have a cough): use a visor (B) (if the need for a mask is indicated then you may decide to defer the session)</p> <p>If social distancing isn't possible: Use a disposable apron (C)</p>
F. Consider the environment	<p>Ideally:</p> <ul style="list-style-type: none"> • Suitably spacious to accommodate social distancing • Adequate ventilation • Not used as a passageway by 'passing traffic' (D) 	<p>If these criteria cannot be met:</p> <ul style="list-style-type: none"> • Discuss with setting • Consider the risk to yourself • Consider whether PPE will reduce that risk • If you cannot effect change and are not comfortable, withdraw (E)
Furniture & equipment	Table 1: point 12 Use of equipment	

Therapy surfaces such as tables and chairs to be cleaned between clients/session (appropriate cleaning materials)		
Always record your PPE decisions in the case notes		

4	Post-risk management	RAG
a	Standard [routine] precautions	
b	Additional (specifically Covid-related) precautions	

5	Review & monitoring	
Date	New Government guidance	Change/s to this document (if any)
Sept	RCSLT update	Additional items added to Covid-related procedures. See tables 1 & 3 additional descriptors maps on page