

Temporary COVID-19 Arrangements for attending Consultations

Apologies for the following list of guidelines - They are necessary changes to ensure your safety, and all who attend the premises

- If you have any COVID-19 symptoms (high temperature, sore throat, loss of smell or taste, cough, shortness of breath etc), or have been in contact with anyone who has (within the previous 14 days before your appointment) please ring me – 0777633818 and do not attend. Similarly, if you are required to quarantined due to travel etc, or have been contacted via NHS Track & Trace.
- If you previously tested positive, please contact me and advise when and if you have been medically deemed 'recovered'. This includes the morning of your appointment. Please do not attend, isolate as per Government procedures and arrange for a test.
- If subsequently you display COVID-19 symptoms within 14 days of attending, please ring me to ensure I can alert NHS Track & Trace as a matter of urgency.

Following a mandatory business risk assessment, additional measures have been taken:

- Hand sanitiser is provided on arrival and / or handwashing facilities are available if preferred
- Window will be open (tilted) to increase ventilation
- Enhanced treatment room & toilet facility cleaning before and after attendance
- Signage has been erected to highlight important precautions
- Consultations are spaced out to allow extra time needed to clean premises

Most grateful for your patience as I may be unable to admit you more than 5 minutes before appointment time due to cleaning.

EMMETT Technique/ Reiki - it has always been standard hygiene practise for all towels / couch paper / mat etc to be fresh for each client. Due to closer proximity of certain treatments, I will wear a face shield (in addition to face covering).

- On arrival, please park in bays provided and ring me to notify where you are so I can easily find you in the car park and escort you back to the treatment room.
- Please leave all unessential personal belongings in your car.
- When you arrive and leave I will open and close the door, stepping back to ensure social distancing is maintained.

Please feel free to attend with own PPE (clean mask, gloves etc – entirely your preference), **these will not be provided.** If you are over 70 or have been asked to

shield, I would recommend wearing PPE. If so, please contact me before attending and I will wear a face shield for your arrival.

Please restrict attendance to yourself as the client (or one adult with one child client). Understandably young children will be more inclined to touch surfaces. We can discuss possible strategies to minimise this in advance.

Again apologies, existing clients will know that I usually provided tea / coffee / water etc, but am temporarily unable to (to ensure adherence to essential hygiene procedures). **Please do bring a bottle of water with you** if you think you will feel thirsty (sessions are lengthy, with substantial talking).

As mentioned, a window will be open during consultation for ventilation so **please do consider wearing easily removable layers** to ensure your comfort.

If this is your first appointment with me – please email the questionnaire / forms to me at least 24 hours before consultation, where possible. This will enable me to print and avoid unnecessary handling.

Please bring correct money with you to avoid need for handling change.

If you prefer cheque payment: payee – ‘John Charles’

Finally, if and when Government eases restrictions, I may not be able to relax these changes immediately. Please be patient as a full review of the risk assessment will be required first, therefore due diligence will be maintained. Please be assured this is to ensure all reasonable steps are taken to ensure you remain COVID-19 secure while attending Haven Acupuncture (Ki Change)

Your health and well-being is my priority

Initiated 6th July 2020 (continual review)

(Temporary due to CoVid 19)

Your details

Name:			
Email:			
Telephone:		Date of Birth:	
Address:			
Postcode:			

Consent statement

Please tick the boxes below to confirm information and show informed consent:

- I confirm that I require a face to face consultation OR INSERT TREATMENT TITLE. I am aware of the risks and confirm all precautions and safety measures are being taken.
- I confirm that neither I, nor any member of my household or personal contacts has any current symptoms of COVID-19.
- My practitioner **has confirmed to me that neither they, nor any member of their household or personal contacts has any current symptoms of COVID-19.**
- I confirm that I agree to the release of my contact details should it become necessary under government Track and Trace type of legislation.

Signature:		Date:	
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