

CORONAVIRUS RISK ASSESSMENT

Premises being Risk Assessed:		
Client Name(s) and Signature(s):		
Counsellor Name and Signature:		
Date Assessed:		
Client Risk Mitigation Measures		
Has the client had any symptoms of Covid-19 in the past seven days? <ul style="list-style-type: none"> A new continuous cough Fever/high temperature A loss of/change to normal sense of smell or taste 	Y/N	If client answers 'yes' to any of these questions, go to 1
Has the client had contact with any coronavirus patients in the past 10 days and/or been contacted by Track and Trace	Y/N	
Is the client a carer for an older relative or friend?	Y/N	If client answers 'yes' to any of these questions, go to 2
Does the client live in a communal setting?	Y/N	
Has the client got underlying health issues?	Y/N	
Venue Risk Mitigation Measures		
Is a two-metre separation maintained?	Y/N	If the answer to any of these questions is 'no', go to 3
Is hand sanitiser provided?	Y/N	
Will masks be worn at all times? (except during the actual therapy session, itself)	Y/N	
Are all surfaces in the therapy area sanitised before and after the session?	Y/N	
Are all windows in the therapy area open, where practicable?	Y/N	
Is an NHS Covid-19 Test and Trace App QR Code available for client use?	Y/N	



1 SESSION IS TO BE POSTPONED	2 COUNSELLOR TO DISCUSS FURTHER RISK MITIGATION MEASURES WITH CLIENT	3 THESE MEASURES ARE MANDATORY
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