



## COVID-19 CONSENT TO TREATMENT

Patient Name: \_\_\_\_\_ DOB: (dd/mm/yy): \_\_\_/\_\_\_/\_\_\_

- Please be sure to ask your RMT any questions you have about this form or its contents BEFORE you sign this document
- You have the right at any time to ask questions about your treatment
- Please be sure to immediately advise your RMT if you become uncomfortable with any aspect of your treatment, so that they may stop and discuss it with you

### Self-Assessment for Symptoms of Covid-19: For Clients & Therapists

#### Pre-Screening / Prior to Arrival

- Clients will be informed about their responsibilities at the time of booking. A notice will be placed on the website informing clients of these protocols as well as of a Covid-19 specific consent form they will be required to sign prior to arrival. **Hard copies will be provided at the front desk if needed.**
- One day prior to their booked appointment, the patient will be required to complete the online BC Covid-19 Symptom Self-Assessment tool and to stay home if they experience any symptoms of Covid-19.
  - The tool can be found here: <http://bc.thrive.health/covid19/en>
- The therapist's office will phone the client one day before (or last business day before) their booked appointment to discuss using the self-assessment tool and to verify that it has been done.
- Symptoms of Covid-19 are similar to other respiratory illnesses and seasonal allergies. An appointment must be cancelled immediately if either the client or the therapist presents with symptoms that may be signs of Covid-19 including:
  - Fever
  - Cough
  - Chills
  - Shortness of breath
  - Sore throat or pain with swallowing
  - Stuffy or runny nose
  - Loss of sense of smell
  - Headache
  - Muscle aches
  - Fatigue
  - Loss of appetite
- In order for massage therapy treatment to commence the therapist and client must agree that the therapeutic benefit of massage therapy outweighs any potential consequence of treatment, including the possibility of viral transmission.
- Clients must confirm that they have not been in contact with anyone who has displaying illness, or signs and symptoms of Covid-19 within 14 days prior to their treatment.

## Upon Arrival

- The therapist will advise clients of their current Self-Assessment results upon their arrival at the clinic. Clients will be asked to share their own results.
- Upon arrival clients must confirm that they have done a pre-screening and have no signs of Covid-19 as outlined here: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>
- The treatment will be cancelled immediately if the client does not meet the pre-screening criteria upon physical presentation at the clinic.
- Clients with higher risk profiles and/or weakened immune systems should consider alternatives for care and postpone treatment.
  - The client and the therapist must both agree that the benefits of massage therapy outweigh the potential risks involved.
- Clients who develop even mild illness or symptoms should cancel booked appointments, even without notice.
  - They will not be charged a late cancellation fee if they cancel due to illness.

## Asymptomatic Spreaders

- Asymptomatic transmission of the coronavirus is an unavoidable risk of practice until we've acquired herd immunity, there is an effective treatment or vaccine against Covid-19.
- We have put into place protocols to help mitigate the risk as outlined in the preceding documentation.

## Informed Consent

In the current environment of Covid-19 risk, informed consent requires that the patient be informed and understands that:

- Any massage therapy treatment involves some risk of Covid-19 transmission;
- The therapist is following protocols to help reduce or mitigate risk where possible, but that risk cannot be reduced to zero;
- The patient consents to the treatment despite some risk;
- And the therapist will document the patient's consent in advance and at every treatment.

**Acknowledgment:** I acknowledge and confirm that I have read and fully understand the contents of this consent to treatment form.

**Signature of Patient\*:** \_\_\_\_\_ **Date: (dd/mm/yy):** \_\_\_/\_\_\_/\_\_\_

(\*In the case of a person incapable of providing consent, signature of Parent or Guardian, in which case the Name & Relationship of Person Signing: \_\_\_\_\_.)