

Return to Work Guidance

- 1. This guidance has been developed to assist instructors, teachers and therapists, who are registered with or accredited by the Irish Tai Chi Chuan Association, on their return to work following any break arising from Covid-19.
- 2. The guidance has been developed using HSE and Government Guidelines and the return to work protocol published by the Department of Business, Enterprise and Innovation. A link to this protocol is available here https://www.gov.ie/en/publication/22829a-return-to-work-safely-protocol/
- 3. The protocol requires employers to ensure their employees complete a <u>Return to Work form</u>. If you are an employer, it is your responsibility to ensure that you and your employees comply with all requirements as an employer.
- 4. Please note you should return to your practice only when it is safe to do so and you have been authorised to do so by the relevant authorities / governing bodies.
- 5. You should also ensure that if you are renting a premises, that you have the permission of the owner of the premises to return to work.
- 6. Therapists should consider completing the return to work form themselves and have it available to demonstrate to clients or a class, who may ask for confirmation that the therapist themselves is well and healthy.
- 7. This guidance is divided into separate parts which cover various aspects of a client's visit to your practice. There is a separate section which sets best practice guidelines for instructors who may have more than one person present during a class.
- 8. None of this guidance replaces any best practice in relation to hygiene, communication etc already in place as part of your own treatment protocols.
- 9. Remember it is your responsibility to ensure that you have the correct insurance policy in place to allow you to return to practice. You should get confirmation in writing from your insurance broker/provided to this effect.
- 10. The following links may also be useful for you in your practice:
 - a. <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/guidanc



 https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/inf ectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetti ng/

11. Single Clients

a. Pre-Arrival

- i. All Clients should be asked to complete the attached appointment confirmation form. This is to confirm to you that they are Covid free.
- ii. All clients should be advised that you will be wearing PPE and that if they wish, they may do so as well.
- iii. Clients should be advised to arrive in good time for their appointment. Good time is neither too early nor too late.

b. Arrival

i. Clients should preferably remain in their car when they arrive and should wait until contacted by you before entering the building. Where a client arrives on foot, they should be allowed wait in the building only in **full** compliance with social distancing guidelines.

c. Greeting

- i. You <u>must</u> be wearing PPE (i.e. a face mask, plastic apron and gloves) as you greet the client.
- ii. The client <u>must</u> be asked to use hand sanitiser, which you <u>must</u> make available for them.
- iii. 15 minutes prior to the arrival of your client, you must have wiped down (with suitable and approved wipes) any contact areas i.e. arms of chairs, door handles, treatment tables, table tops etc.
- iv. The client must confirm that they, or anyone that they been in contact with since they made the appointment, must not have any Covid-19 related symptoms. You <u>must</u> note this in your client log.

d. Treatment

- i. Hands-on energy massage or treatment work can only take place while wearing PPE.
- ii. While still wearing your PPE, the client should be directed to the plinth/treatment chair. Please do not touch the client unnecessarily in the process.



iii. At the end of the session the client should be guided from the plinth/chair. Please do not touch the client unnecessarily in the process.

e. **Departure**

 Following a concluding discussion with the client about their treatment, the client should leave the room and while doing so, avail of the use of hand sanitiser.

12. Classes

a. <u>Pre-Arrival</u>

- i. All students should be asked to complete the attached confirmation form. This is to confirm to you and to their fellow students that they are Covid free.
- ii. Any person who refuses to complete the form or who has displayed symptoms should be refused entry to the class.
- iii. All clients should be advised that you will be wearing PPE (gloves and mask) and that if they wish, they may do so as well.
- iv. Students should also be advised to bring their own water bottle with them.
- v. Students should be advised to arrive in good time for their appointment. Good time is neither too early nor too late.
- vi. No class can take place where the numbers attending will breach social distancing guidelines. It is better to have too few than too many students.
- vii. You must ensure that all contact areas, door handles, chairs etc have been wiped down before each class begins.

b. Arrival

i. Students should only enter the building and the class room in **full** compliance with social distancing guidelines.

c. Greeting

- i. You **must** wear PPE (ie a face mask and gloves) as you greet the students and during the class.
- ii. All students should be asked to use the hand sanitiser which you must have available for them.
- iii. You should note the arrival sequence of students in your class log.

d. Class

i. The class can only take place in full compliance with social distancing guidelines.



ii. This includes when the instructor is demonstrating or correcting a posture.

e. Use of facilities

i. Any student who uses your facilities should be provided with suitable and approved alcohol wipes to wipe down handles, taps, door handles etc.

f. Meditation and Breaks

- i. No meditation or break session can take place if social distance guidelines will or are likely to be breached.
- ii. Drinks can only be provided in the students own drinking utensil which should be placed on and lifted from a tray by the student. Only the instructor may handle the drinks flasks (ie water/tea etc).

g. Departure

 At the end of the class, students should leave in full compliance with social distance guidelines and while doing so, avail of the use of hand sanitiser.



i.

COVID-19 PRE-RETURN FORM - Therapist / Instructor

| Name | | | | |
|--|--|------------|-----------|-----------|
| Returning to work | | | | |
| date | | | | |
| | | | | |
| | | Signed | | |
| To be best of your kno | wledge can you confirm you have no | 3181100 | | |
| symptoms of COVID-19 | | | | |
| | u are not self-isolating and are not | | | |
| awaiting COVID-19 test | t results | | | |
| | | | | |
| | | | Yes | No |
| Do you have symptom | s of sough fover high temperature so | ro throat | 165 | INO |
| Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the last 14 | | | | |
| days- Please indicate yes/no opposite | | | | |
| Have you been diagnosed with confirmed or suspected COVID-19 | | | | |
| infection in the last 14 days. | | | | |
| Are you a close contact of a person who is confirmed or suspected case | | | | |
| of COVID-19 in the past 14 days? (i.e. less than 2m for more than 15 | | | | |
| minutes accumulative in one day) | | | | |
| Have you been advised by a doctor to self-isolate at this time? | | | | |
| Have you been advised by a doctor to cocoon at this time? | | | | |
| | | | | |
| | | | | |
| | | | | |
| If there are any change | es in symptoms, suspected or confirme | d COVID-19 |) infecti | on, close |
| | ed/confirmed case, doctors advice on i | | | |
| return to work then ple | ease inform your supervisor re same. | | - | |
| · | - | | | |
| | | | | |
| Signed Date | | | | |
| <u> </u> | | | | |



COVID-19 PRE-RETURN FORM - Client / Student

| Name | | | | |
|--|--|------------|---------|----|
| Appointment date | | | | |
| | | | | |
| | | Cignod | | |
| To be been aftered to a | | Signed | | |
| | wledge can you confirm you have no | | | |
| symptoms of COVID-19 | | | | |
| | u are not self-isolating and are not | | | |
| awaiting COVID-19 test | t results | | | |
| | | | | |
| | | | Yes | No |
| Do you have symptom | s of cough, fever, high temperature, so | re throat, | | |
| runny nose, breathlessness or flu like symptoms now or in the last 14 | | | | |
| days- Please indicate y | | | | |
| Have you been diagnosed with confirmed or suspected COVID-19 | | | | |
| infection in the last 14 | | | | |
| Are you a close contact of a person who is confirmed or suspected case | | | | |
| of COVID-19 in the pas | t 14 days? (i.e. less than 2m for more t | :han 15 | | |
| minutes accumulative | in one day) | | | |
| Have you been advised by a doctor to self-isolate at this time? | | | | |
| Have you been advised by a doctor to cocoon at this time? | | | | |
| | | | | |
| 16.1 | | 1.600.00 | | |
| | es in symptoms, suspected or confirme | | | |
| • | ed/confirmed case, doctors advice on i | | after y | ou |
| return to work then plo | ease inform your instructor or therapis | t re same. | | |
| | | | | |
| | | | | |
| Signed | Date | | | |