
Unit Specification

UIP4 – Infection Prevention (COVID-19) for complementary therapies and sports massage

Unit reference number: L/618/3058

Level: 2

Guided Learning (GL) hours: 4

Overview

The aim of this unit is to develop the learner's knowledge and understanding of how to prevent the spread of COVID-19 and how to work safely. Learners will develop knowledge on the importance of social responsibility, the causes, transmission and effects of COVID-19, and the methods used to control transmission, such as correct hand hygiene and the use of Personal Protective Equipment (PPE). They will also gain an understanding of the safe working practices required to protect themselves and their clients.

Learning outcomes

On completion of this unit, learners will:

LO1 Understand the causes, transmission and effects of COVID-19

LO2 Understand social responsibility for the complementary therapy and sports massage sectors in relation to COVID-19

LO3 Understand the controls necessary to prevent the spread of COVID-19

LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19

LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the complementary therapy/sports massage environment

LO6 Understand decontamination and waste management processes relevant to complementary therapies and sports massage

Unit content

LO1 Understand the causes, transmission and effects of COVID-19

How infection can spread

Taught content

- Conditions required for the spread of infection
- Sources of infection, for example, body fluids, excretions, secretions
- Definition of 'cross-infection'
- Routes of transmission
 - Direct – person-to person transmission
 - Indirect – for example, airborne, fomites, blood-borne
- Routes of infection
 - Respiratory tract
 - Skin
 - Digestive tract
 - Urinary/reproductive tract
 - COVID-19 – respiratory tract, eyes, mouth and nose

Chain of infection

Taught content

- Definition of the chain of infection
- Definition of pathogen
- Infection occurs when pathogenic microorganisms enter the body, increase in number and damage body tissues
- Stages in the chain of infection
 - Infectious agent – the pathogen which causes the disease
 - 'Reservoir' – environment where the pathogen survives, for example, people, equipment, work surfaces, water, food, animals
 - Portal of exit – way the pathogen leaves the reservoir for example, coughing, sneezing
 - Mode of transmission/transfer – how the pathogen is passed on, for example, direct contact, inhalation
 - Portal of entry – the way the pathogen enters a new host, for example, respiratory tract, mucous membranes
 - Suitable/susceptible host – individual at risk of infection
- Chain of infection in relation to complementary therapies/sports massage

COVID-19

Taught content

- Definition of Coronaviruses (CoV)
 - SARS (Severe Acute Respiratory Syndrome)
 - MERS (Middle East Respiratory Syndrome)
 - Novel coronavirus (SARS-CoV-2) causes the disease Coronavirus Disease 2019 (COVID-19)
- Signs and symptoms of COVID-19, for example:
 - Estimated incubation period 1-14 days
 - Main symptoms
 - High temperature
 - New, continuous cough
 - Loss or change to sense of smell or taste
 - Less common symptoms
 - Sore throat
 - Nasal congestion
 - Headache
 - Conjunctivitis
 - Skin rash
 - Diarrhoea
 - Aches and pains
- Spread through respiratory droplets
 - Direct contact from infected person
 - Indirect contact via surfaces and objects
- Who can spread it
 - Anyone
 - Pre-symptomatic – those who have contracted the disease but who are not yet exhibiting any symptoms
 - Symptomatic – those exhibiting signs of the disease
 - Asymptomatic – those who have contracted the disease but who are showing no signs
- Who can catch it
 - General population
 - Higher risk population
 - Moderate risk (clinically vulnerable), for example, those aged 70 or over, those with underlying health conditions such as diabetes, chronic heart disease such as heart failure, chronic liver disease such as hepatitis, chronic kidney disease, chronic (long-term) respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), bronchitis or emphysema, weakened immunity due to chemotherapy or the use of medicines such as steroids, those seriously overweight (BMI of 40 or above), those who are pregnant, chronic neurological conditions such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy, indigenous populations
 - High risk (clinically extremely vulnerable) for example, solid organ transplant recipients, people with specific cancers: people with cancer

undergoing active chemotherapy, lung cancer undergoing radical radiotherapy, cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma at any stage of treatment, people having immunotherapy or other continuing antibody treatments for cancer, those having targeted cancer treatments which can affect the immune system, people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs, those with severe respiratory conditions, including cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD), those on immunosuppression therapies sufficient to significantly increase the risk of infection, pregnant women with significant heart disease (congenital or acquired), people with rare diseases and inborn errors of metabolism that significantly increase risk of infections, such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell

- Other factors may also increase risk, such as living in a care home, coming from a minority ethnic background or being a frontline worker
- Infection can occur due to:
 - Close contact with infected individual
 - Fomites – touching an object contaminated by respiratory droplets, for example from a cough or sneeze then touching the eyes, nose or mouth
- COVID-19 can survive for:
 - Up to 72 hours on plastic or stainless steel
 - Less than 4 hours on copper
 - Less than 24 hours on cardboard

LO2 Understand social responsibility for the complementary therapy and sports massage sectors in relation to COVID-19

Social responsibility and the provision of complementary therapies and sports massage in relation to COVID-19

Taught content

- Definition of social responsibility
 - The practice of producing/supplying goods or services in a way that is not harmful to society or the environment
- Key principals of social responsibility
 - Business behaviours/values
 - Behave ethically, for example, establishing protocols/working practices to protect the health of staff, clients and visitors, staying up to date with changes in business regulations and practices
 - Be accountable, for example, having a clear mission statement and COVID-19 infection control policies and procedures and risk assessment in respect of upholding high standards of hygiene to increase client confidence and prevent the spread of infection, identification of business practices and values, duty of care, undertaking regular review of policies and procedures
 - Be transparent, for example, providing staff, clients and suppliers/visitors with clear guidelines on clinic/practice COVID-19 protocols such as premises layout, operating procedures, social distancing, deliveries, for example signage, email communications
 - Respect the interests of all stakeholders such as clients, staff, suppliers/visitors, the local community, for example considering the implications of changes to working practices such as trading hours
 - Take into consideration local and society norms of behaviour, for example social distancing, the use of face coverings, etc.
 - Demonstrate respect for human rights, for example, considering all clients equally, being non-discriminatory, inclusive staffing
 - Comply with legislation/law, for example, COVID-19 trading restrictions, instructions from authorities in the event of new local restrictions etc.
 - Promote sustainable working practices, for example, low-energy equipment, recycling
- The benefits of a socially responsible clinic/practice, for example:
 - Client confidence
 - Positive impact on preventing the spread of COVID-19
 - Protection of vulnerable members of society from the spread of COVID-19
 - Increased employee loyalty
 - Local community confidence
 - Local/national economy
- Staff social responsibility
- Client social responsibility
- Community social responsibility

Social responsibility in own role

Taught content

- Awareness of local and national Government legislation relating to COVID-19 of the country therein, for example:
 - The Control of Substances Hazardous to Health (COSHH) 2002
 - The Health and Safety at Work Act 1974
 - Health and Safety (Offences) Act 2008
 - The Personal Protective Equipment at Work Regulations 1992
 - Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013
 - The Public Health (Control of Diseases) Act 1984
 - The Health Protection (Coronavirus Restrictions) (No. 2) (England) Regulations 2020
 - Health Protection (Coronavirus, Business Closure) (England) Regulations 2020
 - Equality Act 2010
- Responsibilities to include:
 - Awareness and understanding of clinic/practice policies and procedures in relation to COVID-19
 - Adherence to any workplace timings for example, staggered start and finish times, staggered break times
 - Compliance with social distancing guidelines of the country therein
 - Adherence to 'no contact' greeting regulations with clients, other staff or visitors
 - Ensuring contract/delivery staff are made aware of protocols
 - Management of shared areas for example, reception, staff room, clinic/practice office
 - Management of workflow in relation to available space and equipment
 - Cleanliness of the clinic/practice to prevent cross-infections via direct or indirect contact
 - Increased frequency of hand washing/hand sanitising
 - Use of workplace equipment – individual workstations/areas, trolleys, products, tools and equipment in appropriate manner
 - Use of personal protective equipment (PPE), for example, using protective face coverings, single-use items, for example disposable gloves, plastic apron, etc. and correct hand hygiene methods
 - Work area decontamination/preparation – services times to include work area decontamination time between clients for example, approximately 30 minutes between clients
 - Disposal of waste in the correct manner
 - Ensuring manufacturers' instructions are always followed when using products and equipment, for example cleaning agents, sterilising fluids, UV cabinet, etc.
 - Reporting of hazards, work-related incidents or accidents, diseases and dangerous occurrences to the appointed health and safety representative/senior staff member
 - Follow protocols for emergencies, for example incidents or accidents requiring first-aid treatment

- Ensuring that all personal client data records remain safe and confidential in accordance with the current data protection legislation of the country therein, for example, COVID-19 related screening questions, health declaration forms, temperature check details
- Maintenance of contact logs in accordance with current data protection legislation and COVID-19 contact tracing regulations of the country therein, for example, details of clients' visit, date, time, name, address, contact details and therapist details which are kept for a period of time and then destroyed
- Updating client records following services

Health and wellbeing of staff and clients

Taught content

- Staff
 - Identification of staff especially vulnerable to COVID-19 and implications for work role, for example, possible role adaptation
 - Provide support around mental health and wellbeing
 - Confirm that they are free from illness and have had no contact with any confirmed cases of COVID-19, or those ill and quarantined, in the last 14 days
 - Confirm that they have not had a continuous cough, cold, difficulty in breathing, temperature over 37.8° C or 100.04 °F, loss or change to sense of smell or taste, been ill or quarantined in the last 14 days
 - Health Declaration Forms to be signed according to guidance of the country therein
 - Instruct staff who are ill to stay at home or to go home if they become ill whilst at work. Require them to remain in self-isolation at home for the recommended time and to return to work only when they are well and showing no signs or symptoms of the disease. Staff to follow sickness absence reporting regulations of the country therein for period of illness and return to work. Advise staff to obtain test if available – in accordance with guidelines of the country therein
 - Use of sign-in/out sheet for monitoring contacts/contact tracing purposes
 - Training for staff on COVID-19 health, safety and hygiene protocols, for example social distancing, correct hand hygiene methods and use of PPE, mental health and wellbeing
 - Ensure staff training is updated should COVID-19 guidelines change
- Clients
 - Pre-screen clients prior to appointments – consultation via online social media platforms/applications, messaging, email, telephone calls
 - Identification of clients especially vulnerable to COVID-19 and the implications for service delivery, for example adaptation of working practices or treatment/service timings
 - Confirm that they are free from illness and have had no contact with any confirmed cases of COVID-19 or those ill and quarantined in the last 14 days
 - Confirm that they have not had a continuous cough, cold, difficulty in breathing, temperature over 37.8° C or 100.04 °F, loss or change to sense of smell or taste, been ill or quarantined in the last 14 days

- Health Declaration Forms to be signed
- Decline treatment/service for those who report feeling unwell or with any symptoms of COVID-19 or who have had recent contact with anyone showing symptoms or with a diagnosis of COVID-19
- Use sign-in/out sheets to monitor contact if applicable – follow contact tracing guidelines of the country therein
- Update clients on new hygiene and service protocols via email, text messaging, etc.
- Advise clients of information posters/signage in the clinic/practice, for example, contact tracing QR code posters
- Advise the client on how to put on and take off the required PPE safely
- Advise clients that failure to observe safety measures will result in treatments/services being withheld
- General
 - The purpose and use of contact tracing applications of the country therein

LO3 Understand the controls necessary to prevent the spread of COVID-19

Breaking the chain of infection

Taught content

- Stop spread of infection – break at least one link within the chain
- Standard infection control precautions (SICPs)
 - Risk assessment
 - Regular hand washing
 - Use of hand sanitisers
 - Use of Personal Protective Equipment (PPE) – face coverings, disposable gloves, plastic aprons, visors, etc.
 - Safe management of linen
 - Respiratory hygiene and cough etiquette
 - Safe management of equipment
 - Safe management of service environment
 - Safe management of blood and body fluids
 - Safe disposal of waste (including sharps)
 - Occupational safety/managing the prevention of exposure (including sharps)
- Additional precautions
 - Social distancing measures
 - Contact tracing
 - Immunisation/vaccination (where possible)
 - Temperature checking
 - Anyone entering the premises is required to undergo temperature checks in accordance with local and national guidelines of the country therein

Workplace standard infection control procedures

Taught content

- Risk assessment
 - Premises/practice, for example the clinic or on field
 - Treatments/services
 - Staff, clients
 - All work activities, for example, reception duties
- Infection prevention and control (IPC)
 - Health and safety protocols, for example social distancing
 - Hygiene protocols
 - Roles and responsibilities – employer, employees, clients, visitors
 - Protocol for managing those clients, staff or visitors with suspected COVID-19, for example, seek government health advice relevant to the country therein (National Coronavirus Helpline or similar), emergency procedures to manage the unwell client, staff member or visitor to return home/to a location they can self-isolate, or to a

medical facility if necessary, decontamination and waste management processes necessary following suspected contact

- Provision of Personal Protective Equipment (PPE)
 - PPE appropriate for each service for example, disposable robes, disposable gloves, face coverings, etc.
 - Clean, re-useable PPE, for example visors
- Hand hygiene
 - Hand washing facilities
 - Hand sanitisation points
- Promotion of safe work spacing
 - Demarcation of premises/working areas in accordance with national social distancing guidelines of the country therein, for example taped zones or physical barriers, e.g. acrylic screens on reception area
- Provision of a clean environment
 - Deep clean of premises prior to re-opening
 - Frequent cleaning/decontamination, particularly of high touch areas, for example, door handles, light switches, toilet facilities, taps, touch screens
 - Cleaning work areas between every client
 - Clean linen/disposable linen for every client for example, robes, towels
- Waste management
 - Management, storage and disposal of waste (including sharps)
- Education
 - Training for staff, for example, COVID-19 infection prevention, risk assessment, new treatment/service protocols
 - Updates on new treatment/service protocols for clients – for example, email, text messages
 - Signage/visual aids in clinic/practice for staff, clients and visitors for example, risk assessment, social distancing, use of PPE, hand hygiene techniques, respiratory etiquette, contact tracing QR code posters etc.
 - Managing prevention of exposure of staff, clients and other visitors, for example during deliveries

The role of risk assessment in the prevention of COVID-19

Taught content

- Definition of risk assessment
- Legislation governing risk assessment of the country therein
- Identification of potential risks within the complementary therapies/sports massage environment in relation to COVID-19
- Importance of risk assessment in the complementary therapies/sports massage environment relating to COVID-19
- Risk assessment for
 - Staff
 - Clients
 - Workplace
 - Treatments
- Processes involved in risk assessment
- Employer and employee collaboration on risk assessment process
- Methods of minimising risk in the clinic/practice, for example establishing and documenting new workplace procedures/protocols, clear and defined roles and responsibility for managing infection control, single point of contact (SPOC)
- Risk assessment notification – clinic/practice signage, publication on website
- Implications for insurance

Social distancing

Taught content

- Definition of social distancing
- Purpose of social distancing
- Social distancing guidance relating to COVID-19 of the country therein
- Social distancing standards for business premises/practice, for example, communal staff areas, communal client areas such as toilet facilities, treatment areas, the demarcation of working areas using tape or physical barriers, etc.
- Management of staff, clients and visitors for example, deliveries, adjusting shift patterns, appointment scheduling etc.

Respiratory hygiene and cough etiquette

Taught content

- Reduces spread of microorganisms
- Turn head – sneeze/cough away from others
- Cover mouth and nose with tissue when coughing, sneezing or blowing the nose
- Discard used tissues immediately in a lined, enclosed, foot-pedal controlled waste bin
- Cough/sneeze into inner elbow, not the hand, if no tissues available
- Ensure correct hand hygiene is performed immediately after coughing or sneezing
- Tissues, hand hygiene facilities and lined, enclosed, foot-pedal controlled waste bins must be available at appropriate points throughout the clinic/practice for staff, clients and visitors
- Signage – posters on respiratory hygiene/cough etiquette displayed in the clinic/practice

LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19

Recommended Personal Protective Equipment		
Service/Treatment (Restrictions according to the country therein)	Complementary /Sports massage therapist (Adhere to restrictions of the country therein)	Client (Adhere to the restrictions of the country therein)
Consultation	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering
Complementary Therapy/Sports Massage Treatments		
Massage therapies, for example holistic massage, lymphatic drainage, stone therapy massage, on site massage, Indian head massage, etc.	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering
Aromatherapy	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering
Reflexology	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering
Reiki	Can be provided as a distance therapy. Plastic apron, face covering, face shield/visor/goggles	Face covering
Thermal Auricular Therapy	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering on arrival, removed for treatment
Crystal Therapy	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering
Sports massage		
Subjective/objective client assessment(s)	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering
Sports massage: Non-pathological tissue	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering
Sports massage: Pathological tissue	Plastic apron, disposable gloves, face covering, face shield/visor/goggles	Face covering

Personal protective equipment (PPE)

Taught content

- Definition of Personal Protective Equipment (PPE)
- The role of PPE in infection prevention and control
- Employer responsibilities in relation to the provision and use of PPE – risk assessment, Health and Safety at Work Act, Control of Substances Hazardous to Health (COSHH)
- Employee responsibilities in relation to the use of PPE
- Client responsibilities in relation to the use of PPE
- Types of PPE
 - Single use/disposable
 - Multiple use/re-useable – require decontamination between uses
 - Type of PPE – face coverings, disposable gloves, for example, latex-free; plastic aprons, face shields/visors/goggles etc.
 - Use in accordance with manufacturers' instructions and local/national policies/procedures relating to the use of PPE of the country therein
- PPE must be replaced if it becomes damaged, soiled, wet or compromised at any time during the service
- Personal protective equipment for staff
 - Disposable/single-use gloves – new gloves for each client or after tasks such as waste disposal
 - Disposable/single-use plastic apron – one for each new treatment/service
 - Disposable/single-use face covering – changed for each client. Ensure these are close fitting, cover both nose and mouth, avoid touching face covering once in place, do not allow to dangle around the neck, dispose of once damp
 - Face shield/visor/goggles to be worn when working in close proximity with clients – may be re-usable, cleaned and disinfected before and after each use
 - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
 - Disposable/single-use shoe coverings (as appropriate if outdoor shoes not changed/disinfected)
- Personal protective equipment for the client
 - Disposable/single-use face covering – applied on entry to the clinic/practice and hygienically removed and disposed of by the client after exiting the clinic/practice
 - Disposable/single-use or appropriately laundered robe provided for treatment/service as appropriate
 - Disposable/single-use shoe coverings (as appropriate if outdoor shoes not disinfected)
 - Clients must not be barefoot
 - Advise the client on the correct PPE removal procedures in accordance with guidelines of the country therein, taking into account the possibility of cross-contamination
- Risks associated with incorrect use of PPE, for example, spread of infection, loss of professional reputation, loss of business, liabilities, e.g. fines

The use of personal protective equipment (PPE)

Taught content

- Putting on and removing PPE
 - Select appropriate size PPE to ensure correct fit, for example face coverings/masks should be close fitting, disposable gloves should be the correct size
 - Select appropriate PPE according to risk of the service
 - Sequence for putting on PPE
 - These guidelines are based upon updated evidence in relation to the wearing of PPE However, the sequence of steps may differ between countries
 - Wash/sanitise hands
 - Check PPE is clean and undamaged
 - Plastic apron
 - Face covering – where applicable, metal piece at top, mould to fit face, coloured side out, avoid touching once in place
 - Face shield/visor/goggles
 - Disposable gloves
- Sequence for removing PPE
 - Client PPE – advise the client on removal of robe as applicable, avoiding contact with potentially contaminated PPE, dispose of immediately in a lined, enclosed, foot-pedal controlled waste bin (client will remove and dispose of their mask after exiting the clinic/practice)
 - Therapist PPE – remove carefully avoiding contact with potentially contaminated PPE and clothes, skin and face
 - Gloves – remove gloves using the glove to glove, skin to skin technique:
 - With a gloved hand, peel off the other glove so that it turns inside out and any contamination is on the inside. Be careful not to touch the skin with the gloved hand. Gather the glove which has been removed into the gloved hand then slide the ungloved index finger into the wrist of the gloved hand. Working from the inside stretch the glove out and down towards the fingers, pull the glove down and over the previously removed glove, so that one is now inside the other and both external surfaces of the glove are on the inside of the second glove. Dispose of immediately in a lined, enclosed, foot-pedal controlled waste bin
 - Perform hand hygiene
 - Plastic apron – tear apron at the neck, let the apron fold down on itself, then break the waist ties and ensure the apron is pulled away from the body and folded in on itself so that the outside is enclosed to prevent contamination of the therapist's clothes or the work area. Dispose of immediately in a lined, enclosed, foot-pedal controlled waste bin
 - Perform hand hygiene
 - Remove face shield/visor/goggles by leaning forward and pulling away from face, sanitise before and after client treatment/service (if reusable)
 - Remove face covering – use the elasticated straps or ties to remove and pull away from face. Do not touch any surface of the face covering during this process. Dispose of immediately in a lined, enclosed, foot-pedal controlled waste bin

- Perform hand hygiene
- https://www.who.int/csr/resources/publications/ppe_en.pdf?ua=1

Hand hygiene

Taught content

- Methods of hand hygiene – hand washing, hand sanitisers
- Techniques in accordance with local and national policies/procedures
- The role of hand hygiene in infection prevention and control
- Hand washing
 - Importance of following correct hand washing methods
 - Reduce surface contamination
 - Prevent the transmission of infection
 - Reduce the risk of contagion
 - Resources required for correct hand washing
 - Water
 - Liquid soap
 - Disposable/paper towels
 - Lined, enclosed foot-pedal controlled waste bin
 - Recommended procedure for washing hands
 - Duration of full procedure 40-60 seconds, hand washing for a minimum of 20 seconds
 - Remove jewellery
 - Remove wristwatch as required
 - If wearing rings, move them during the process to reach all microorganisms
 - Roll up sleeves if applicable
 - Turn on tap
 - Adjust water temperature and speed
 - Wet hands
 - Apply approximately 5ml soap
 - Lather up for approximately 10 seconds
 - Rub palms together
 - Rub the back of one hand with the palm of the other and vice versa with interlaced fingers, right hand over left hand, left hand over right hand
 - Rub palm to palm with fingers interlinked
 - Enclose backs of fingers rubbing into opposing palm, repeat on other hand
 - Wash each fingertip and nail bed separately on each hand
 - Wash thumbs of each hand separately
 - Rub fingertips over the palms, backward and forwards using circular motions
 - Circle wrist five times with open palm of opposite hand, repeat on other wrist
 - Rinse hands thoroughly with water, moving in one direction from fingertip to wrist. Remove all traces of soap
 - Turn off tap with elbow or paper towel
 - Pat hands dry with single use/disposable towel – do not use shared towels
 - Dry each finger separately in downward direction, from fingertip to wrist

- Tap palms dry in a circular rotation
 - Dispose of towel in a lined, enclosed, foot-pedal controlled waste bin
 - N.B – hand washing may be extended to include forearms/elbows as appropriate
- https://www.youtube.com/watch?v=8rJp_S0TB1c
- Advantages/disadvantages of hand washing
 - Inexpensive
 - Easy to perform
 - Removes visible and invisible contamination/surface debris
 - Hand washing facilities not always available
 - Excessive hand washing may lead to dermatitis/breakdown of skin integrity
 - Bar soap unsuitable for clinic/practice use
- Hand sanitisers/rubs
 - Importance of following correct hand sanitising methods
 - If the hands are visibly soiled/contaminated, they must be washed before using hand sanitisers
 - Prevent the transmission of infection
 - Reduce the risk of contagion
 - Resources required for hand sanitising
 - Hand sanitising gel, foam, liquid, rubs – alcohol/non-alcohol
 - Dispensed via hand pump dispensers rather than spray
 - Follow manufacturers' instructions for use
 - Must be used for intended purpose only for example, not for cleaning
 - Storage – (<1 litre) must be stored more than 1m from sources of ignition
 - Larger quantities must be stored in an appropriate location (flammables cupboard)
 - Dispose of used containers appropriately to reduce the risk of fire
 - Recommended procedure for sanitising hands
 - Duration of procedure: 20-30 seconds
 - Apply a plentiful amount of product to cover all surfaces
 - If wearing rings, move them during the process to reach all microorganisms
 - Rub palms together
 - Rub the back of one hand with the palm of the other and vice versa, interlacing fingers
 - Rub palm to palm with fingers interlinked
 - Rub backs of fingers to palms, with interlocked fingers
 - Rotationally rub thumbs
 - Rotationally rub palms backward and forwards with fingertips
 - Leave hands to air dry fully
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877529/Best_Practice_hand_rub.pdf
 - https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?ua=1
 - Advantages/disadvantages of hand sanitising
 - Products easily accessible/transportable – point of use or on person
 - Can be used where no water is available
 - Quick and easy to apply/use
 - Can be used in addition to hand washing

- Can protect skin integrity when the skin is sensitised due to excessive hand washing
 - Unsuitable for dirty hands
 - Do not remove visible contamination/surface debris
 - Can be ineffective – recommend formulations contain a minimum of 60% ethanol or 70% isopropyl alcohol and must fully cover all areas
 - Ineffective against spore forming pathogens
 - Some brands take a long time to dry/remain sticky
- When to wash/sanitise hands for example
 - On entering or prior to exiting the clinic/practice
 - After handling client's belongings
 - Before touching a client
 - Before starting a treatment
 - After exposure to body fluids
 - After touching a client
 - During delivery of the treatment as required
 - After completing a treatment
 - After using the telephone, or dealing with treatment/product sales
 - After touching the working area
 - After changing the laundry
 - After cleaning the working area
 - Before putting on and after removing PPE
 - Before eating food
 - Before, during and after food preparation
 - After using the toilet
 - After touching the face or nose, coughing or sneezing
 - After handling waste materials and bags
 - On removing clothes and/or shoes worn outside
- Assess hands regularly for cuts and abrasions – may harbour microorganisms
- Assess skin health regularly for dermatitis – may result from excessive hand washing/continual glove wearing
- Cover any cuts and abrasions with waterproof dressing and change as required
- Use suitable moisturiser to maintain skin health – avoid petroleum-based products which may degrade some disposable gloves
- Report any skin problems to the member of staff responsible for occupational health

Personal hygiene

Taught content

- Definition of personal hygiene
- Role of personal hygiene in infection prevention and control
- Workplace standards for personal hygiene, for example clean uniforms/work wear daily, showering, regular hand washing, etc.
- Personal hygiene requirements for staff
 - Tie hair back/up if necessary
 - Remove or wear minimal jewellery
 - Short, clean nails
 - No nail varnish or nail extensions
 - No breath or body odour
 - Disposable/single-use shoe coverings (as appropriate if outdoor shoes not changed/disinfected)
 - Staff must not work barefoot
 - It is recommended that therapists do not wear workwear at home or carry out treatments/services in the clothing worn when traveling to work in close proximity to other people, for example, clothing worn on the commute to work/public transport
 - Change into uniform or 'workwear' on arrival and place outdoor clothing into bag, then into a sealed locker or box
- Personal hygiene recommendations for the client
 - Clients must not be barefoot
 - Client coats and bags to be stored in a secure and well-ventilated storage area or placed in a sanitised, sealed container
- Risks associated with poor personal hygiene for example, spread of infection, loss of business/reputation

LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the complementary therapies and sports massage environment

The potential hazards and possible risks in relation to COVID-19

Taught content

- Hazards – anything that has the potential to cause harm, for example inadequately maintained toilet facilities
- Risks – a chance, high or low, that harm caused by the hazard may occur, for example cross-infection from poor hygiene controls
- Hazards and risks, for example:
 - Inadequate or poor COVID-19 staff training – allow for appropriate training to fully inform staff of new requirements
 - Staff and client levels – ensuring the workplace rotas and staffing and client levels comply with social distancing guidelines
 - Client booking/re-booking – online, messaging, email
 - Clinic/practice layout – social distancing guidelines
 - Clinically vulnerable staff – possible role adaptations, changes to staff rota
 - Clinically vulnerable clients – possible postponement of services, designated service times
 - Client consultation – online/telephone
 - Product testers – self-selected testers removed/replaced by sealed, individual testers/sample products
 - Suitability of treatment and appropriate PPE as informed by risk assessment and current government guidance of the country therein, for example, proximity to clients during treatment, type of treatment, timing/duration of treatment, adaptation of treatment, etc.
 - Hand hygiene – hand washing, hand sanitising, avoid touching face
 - Working safely throughout the treatment/service, for example ensuring appropriate use of PPE
 - Avoid the use of fans which re-circulate the air
 - Ventilation – open windows where possible to allow the flow of fresh air, keep treatment rooms/areas well ventilated for example, operating ventilation system 24 hours per day
 - The need to ensure personal protective equipment (PPE) requirements are adhered to for staff and clients
 - Correct handling and storage of all products, tools and equipment as applicable to the country therein in order to minimise the risk of cross-infection
 - Correct decontamination processes appropriate to products, tools, equipment and working areas and storage of clean and dirty tools and equipment
 - Disposing of waste appropriately to minimise risk of cross-infection and ensure there is no unnecessary risk to staff, clients or the environment
 - The handling of cash – encourage contactless payment methods where possible for example, cards, telephone apps

Safe and hygienic working practices to be followed throughout complementary therapy and sports massage treatments

Taught content

- Creation of a COVID-19 safe checklist – details of internal policies and procedures established by the business following risk assessment to prevent and control the spread of infection within the workplace, created in accordance with government guidelines, for example, distancing between workers, numbers of staff permitted in the clinic/practice, numbers of clients permitted, working hours, etc. These should be regularly reviewed in accordance with national government/public health guidelines of the country therein
- Display of risk assessment notification in accordance with COVID-19 secure guidance of the country therein
- Creation of a table of services available whereby the clinic/practice details relevant PPE requirements for staff and clients – posters/e-shots
- Prevent walk-in clients – appointment-only system, promote a ‘click and collect’ or online ordering system for product sales
- Signage – place signs at clinic/practice entry points instructing clients not to enter if they are ill or have COVID-19 symptoms which states the right to refuse service if required, contact tracing QR code posters etc.
- Where practicable, set up and use separate entry and exit doors to avoid queuing and possible contact taking into account reasonable adjustments for those who need them
- Where possible staff to open and close doors or doors to remain open with provision of suitable barrier to control physical access
- Temperature checks prior to entering the premises in accordance with the local and national guidelines of the country therein
- Use of contact logs in accordance with current data protection legislation and COVID-19 contact tracing regulations of the country therein
- Restrict the number of staff, clients and visitors dependent on the size of the premises and social distancing guidelines of the country therein – for example, schedule deliveries outside of client appointment times, re-stocking outside of clinic/practice opening times, workplace rota of staff, working shift patterns, amendment to working hours; may require review and update of job descriptions and contracts
- Maintain adequate ventilation for example, regularly open windows, use of extractor fans
- Indicate social distancing requirements on the floor and walls, for example, floor marks/tape or physical barriers/screens for working and communal areas, signage
- Remove waiting/reception area seating or allocate seating in accordance with social distancing guidelines of the country therein
- Request that clients do not arrive until allotted appointment time
- Request that clients attend the appointment alone where possible (except in the case of a minor and/or disability requiring a support worker; request that guardians/support workers adhere to COVID-19 guidelines)
- Request that clients bring minimal personal items into the clinic/practice for example, coats, bags, etc.
- Introduce ‘no touch’ greeting policy
- Pre-treatment/service
 - Provide online/email/telephone appointment booking services
 - Pre-screen/consult with clients online or via telephone prior to appointment to ensure they are free from symptoms and have not had any contact with confirmed cases within the previous 14 days and to ascertain service requirements

- Message or email clients to inform them of updated clinic/practice procedures – staying home if they feel unwell, requirement to sign a Declaration of Health document/consent form, using own pen or sanitised/disposable clinic/practice pen, following hand hygiene procedures on entering the clinic/practice, use of PPE throughout service, attending their appointment unaccompanied by relatives or friends, awareness that product testers are available on request/use of sealed individual sachets for testers, the need to follow respiratory etiquette, etc.
- Schedule clients to prevent or minimise waiting time and possible overlap, have appropriately distanced chairs in waiting area
- Use signage at entry points to inform of new COVID-19 health, safety and hygiene policies
- Remove books, magazines, tablets/screens, marketing material from reception area
- Remove self-selected testers/samples from the reception area
- Use physical barrier/screen at reception desk, reception staff PPE as appropriate
- Use of background music in accordance with the guidelines of the country therein
- Fully prepare individual treatment rooms/areas and trolleys with tools and equipment and individual supply of products as applicable
- The need to be organised and ready for the client's arrival
- Ensure all treatment areas/working surfaces, products, tools and equipment have been cleaned and disinfected/sterilised as appropriate, for example, treatment couch/bed disinfected, use of disposable roll in place of couch/bed cover
- Provision of hand hygiene facilities are entrance and exit points
- Provision of hand sanitiser and tissues at each workstation/within treatment room
- Therapist to put on appropriate PPE in correct manner
- Client arrival
 - Temperature checks prior to entering the premises in accordance with local and national guidelines of the country therein
 - Completion of the contact log in accordance with current data protection legislation and COVID-19 contact tracing regulations of the country therein
 - Client coats and bags must be stored in a secure and well-ventilated storage area or placed inside a sanitised, sealed container
 - Clients to use hand sanitiser or wash hands on arrival
 - Escort client to treatment area
 - Provide client with disposable robe and appropriate PPE, for example face covering and instruct them how to use as appropriate to treatment/service
 - Advise the client on positioning required for treatment and ensure client comfort
- During treatment/service
 - Digital client consultation/assessment/health declaration forms, if paper forms used, clients to use own or sanitised/disposable pen provided
 - Clients to wash/sanitise hands before treatment and following when possible
 - Therapist to sanitise clients' feet prior to massage treatment
 - Conversations during consultation/assessment and treatment should be kept to a minimum

- The use of clean towels and robes for all clients – use of disposables as appropriate
- The use of clean and sterile tools and equipment for all clients – open packs in front of client
- The use of water-resistant supports, covered with disposable couch roll
- Therapist to wash/sanitise hands before, during and after treatment/service in accordance with local and national guidelines of the country therein
- Therapist to wear disposable gloves as appropriate to the treatment and in accordance with the requirements of the country therein
- Therapist to decant products for use where practicable or use pump-action bottles
- Cover open cuts or abrasions
- Therapist to disinfect high use areas as appropriate
- Dispose of porous, single-use items throughout the treatment for example, cotton wool, wooden spatulas in the correct manner
- Place used/contaminated tools and equipment in designated area/labelled box
- Hot and cold drinks may be provided – use disposable cups only. Clients should be encouraged to only remove their face covering to consume the drink, therapists to maintain appropriate social distance/social distance with mitigations
- Post treatment/service
 - On completion of the treatment/service, advise the client on the correct removal and disposal of their PPE, client to remove and dispose of own face covering after exiting the clinic/practice. Therapist must continue to wear own PPE whilst disposing of client PPE and treatment or service waste and during decontamination of work area
 - Roll re-useable items for laundry such as towels, robes inwards so that the used side is inside, then place in closed, clearly labelled container or laundry bag. Ensure that used laundry is not carried across the clinic/practice floor
 - Single use linen items such as disposable towels should be removed and rolled inwards, then disposed of in a lined, enclosed, foot-pedal controlled waste bin
 - Encourage contactless payment where possible
 - Provide aftercare minimally verbally, or online, via email or text messaging where applicable
 - Re-booking – online service, telephone
 - Clients should avoid contact with products they are not purchasing
- Decontamination following treatment
 - Clean and disinfect entire treatment/working area after each client including all surfaces used by the client, for example, treatment couch/bed, additional supports, etc. – approximately 30 minutes dependent on treatment
 - Dispose of contaminated PPE after treatment in correct manner
 - Store used/contaminated tools and equipment in designated area in clearly marked box(es) with lids if unable to clean and sterilise immediately
 - Clean and sterilise tools and equipment between clients in appropriate manner in designated area whilst wearing suitable PPE
 - Store clean/sterilised tools and equipment in clearly labelled cabinets or boxes with lids

- Prepare work area for next client, for example, trolley, stool, couch/treatment bed, tools and equipment cleaned and disinfected etc.
- The safe working practices to include:
 - Adherence to hand hygiene guidelines – increased frequency of hand washing/ sanitising
 - Adherence to clinic/practice requirements for use of PPE
 - Adherence to procedures for social distancing in accordance with the government guidelines of the country therein
 - Adherence to respiratory hygiene/etiquette guidelines
 - Prevention of cross-infection, for example, sterilisation of tools and equipment, designated area(s) for processing and storage of clean and contaminated tools and equipment
 - Regular cleaning of work areas, toilet facilities and high touch areas/surfaces such as door handles, light switches and sinks with detergent/disinfectant at least hourly
 - Toilet facilities – signage on safe use, provision of hand sanitiser on entry, hand washing facilities with running water, soap, paper towels/hand drier, and lined, enclosed, foot-pedal controlled waste bin
 - Correct removal and disposal of PPE for example, not touching face covering during removal, not shaking robes or towels
 - Disposal of contaminated waste in lined, enclosed, foot-pedal controlled waste bins
 - Staff room/area
 - Avoid sharing cups, cutlery, etc. at break times – bring own tea, coffee, milk, food, crockery, cutlery if possible
 - Use dishwasher to clean cups, crockery, etc. or wash with hot water and detergent in designated area and dry with disposable towels immediately
 - Ensure refillable water bottles and cups do not touch tap spouts
 - Use personalised lockers/allocated areas for storage of own equipment/supplies if possible

Treatment adaptations

<p>General precautions</p>	<ul style="list-style-type: none"> • Social distancing – unable to adhere to general recommendations of the country therein during the provision of treatments/services, mitigations required, for example, therapist use of PPE/RPE, client use of PPE where possible, physical barriers/screens where appropriate • Skin to skin contact – increased hand washing throughout treatment, the use of disposable gloves where appropriate • Increased risk of contact with saliva, respiratory droplets when working around the eyes, mouth and nose or treatments where the client may not be able to wear a mask – increased frequency of hand washing/hand sanitising, the use of PPE, for example, disposable gloves, face covering, visor • Products – decant all products into sanitisable/disposable containers where practicable or use pump actions bottles • Treatment couch/bed – use disposable couch roll in place of fabric covers, use water resistant, supports covered with disposable couch roll • Client care – clients to position themselves on treatment couch/bed • Treatment duration – adapt lengthy treatment sessions to minimise extended contact • Decontamination of working area, tools and equipment between clients – approximately 30 minutes dependent on treatment • All treatments must be fully risk assessed. Treatment adaptations and requirements for appropriate PPE/RPE will be informed by risk assessment 	
<p>Service/Treatment (Restrictions according to the country therein)</p>	<p>Possible treatment adaptations (Adhere to restrictions of the country therein)</p>	<p>Hazard(s)</p>
<p>Consultation</p>	<p>General consultation/pre-screening – carried out remotely or online. Maintain social distancing with mitigation – for example, acrylic screen, face covering, visor, etc. Face to face discussion minimised due to online/remote consultation prior to treatment session.</p>	<p>Conversing with clients whilst in close proximity, client</p>
<p>Complementary therapies</p>		
<p>Massage therapies, for example holistic massage, lymphatic drainage, stone therapy massage, on site massage, Indian head massage, etc.</p>	<p>For example, client to shower before attending, avoid the use of blankets, offer short duration treatments e.g. focussing on back massage/back of the body, client remains prone, client use of face covering.</p>	<p>Body massage – client prone and supine, normal treatment duration 1 hour+ Facial massage – working in highest risk zone, no client face covering</p>
<p>Aromatherapy</p>	<p>For example, client to shower before attending, avoid the use of blankets, offer short duration treatments, e.g. focussing on back massage/back of the body, client remains prone, client use of face covering,</p>	<p>Body massage – client prone and supine, normal</p>

	blend facial oils suitable for home use, recommend other methods of use for example, vaporisers, inhalation, bathing.	treatment duration 1 hour+ Facial massage – working in highest risk zone, no client face covering
Reflexology	For example, avoid the use of blankets, client use of face covering, offer short duration treatments, e.g. focussed treatment sequence.	Client supine throughout treatment, treatment duration – 1 hour+
Reiki	For example, may be performed as distance treatment.	
Thermal Auricular Therapy	For example, therapist wearing face covering and visor, client use of face covering, avoid the use of hand sanitiser for this treatment, hand washing only.	
Crystal therapy	For example, client use of face covering, use of precise, concentrated layouts – shorter treatment duration.	
Sport Massage		
Subjective/objective client assessment(s)	For example, instruct clients in requirements for visual assessment, e.g. active range of motion, client conducts active/passive assessments while maintaining social distancing, client use of face covering, remote/online assessments.	Conversing with clients whilst in close proximity
Sports massage: Non-pathological tissue	For example, reduced treatment timings, client use of face covering.	Close proximity to highest risk zone when working on upper body
Sports massage: Pathological tissue	For example, re-evaluate treatment programme, focus on equipment use where appropriate, client use of face covering.	Close proximity to highest risk zone when working on upper body

LO6 Understand decontamination and waste management processes relevant to complementary therapies and sports massage

Decontamination of the complementary therapy/sports massage environment

Taught content

- Definition of contamination and decontamination
- The importance of environmental decontamination and when to perform
- The importance of safe working practices to minimise risk
- The three stages of environmental decontamination in relation to the clinic/practice
 - Cleaning/sanitising
 - Disinfection
 - Sterilisation
- The types of chemicals, equipment and processes necessary for the management of hygiene and infection prevention and control in the clinic/practice for:
 - Products/stock
 - Tools
 - Equipment
 - Reception area
 - Client waiting area
 - Treatment rooms/work areas
 - Rest rooms/toilet facilities
 - Staff room(s)
 - Clinic/practice office(s)
 - Training room(s)
 - Entrance/exit/stairs/corridors, etc.
 - High touch surfaces/areas
 - For example, heat or chemical methods, bactericides, fungicides, viricides, chemical immersion, UV cabinet, etc.
- Management of contaminated, clean and sterile items
- Appropriate PPE for staff performing cleaning
- Sanitisers and disinfectants to meet relevant national standards of country therein, for example, BS EN1276/BS EN 13697
- Cleaning and disinfection chemicals – safe preparation of solutions in a ventilated area, dilution rates, contact times
- 2 step cleaning process
- Clean all work surfaces, including seating with detergent, followed by appropriate disinfectant for example, 70% alcohol or chlorine-based prepared in accordance with manufacturers' instructions
- Use of disposable cleaning equipment, for example, paper rolls, cloths
- Reusable cleaning equipment, for example, buckets, must be decontaminated after use
- Environmentally safe disposal of unused solutions in accordance with manufacturers' instructions
- The reasons for working in accordance with regulations of the country therein, for example COSHH and following manufacturers' instructions in relation to chemicals and their use in decontamination, safety data sheets (SDS)
- Clinic/practice cleaning schedules – clearly visible

Management of linen in the complementary therapy/sports massage environment

Taught content

- Linen – must be handled, transported and processed in a manner that prevents contamination of self, clothing and the working environment
- PPE must be worn when handling linen
- Do not place on floor or other surfaces
- Do not shake linen
- Single-use linen – remove after service, fold inwards away from clothing to prevent contamination, dispose of in lined, enclosed, foot-pedal controlled waste bin
- Re-useable towels – remove after service, fold inwards to prevent contamination, place in labelled laundry bag which is kept as close as possible to the point of use. Used linen must not be carried across the clinic/practice floor
- Ensure linen bags are clearly labelled
- Do not re-handle used linen
- Washing re-useable linen at correct temperatures – 60° C or 140°F with appropriate detergent
- Dry linen fully
- Store clean linen in designated area(s)

Waste management procedures

Taught content

- The importance of waste management
- Disposal of waste materials in accordance with local and national regulations and current guidance of the country therein
- Waste management procedures
 - Procedures for clinic/practice waste management clearly displayed for all staff
 - Types of waste, for example, non-hazardous, hazardous, sharps
 - Colour coding for waste in accordance of the country therein
 - Storage, removal and destruction of waste
- Disposal of contaminated/hazardous waste
 - In accordance with local and national regulations and current guidance of the country therein
 - Use of lined, enclosed, foot-pedal controlled waste bins, sharps containers, etc.
 - Double-bag as appropriate
 - Colour-coding/labelling
 - Professional removal/destruction as appropriate
- The risks associated with waste management, for example the spread of infection due to inadequate staff training on environmentally-safe waste disposal
- <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings#left-area>

Guide to taught content

The content contained within the unit specification is not prescriptive or exhaustive but is intended to provide helpful guidance to teachers and learners with the key areas that will be covered within the unit and relating to the kinds of evidence that should be provided for each assessment objective specific to the unit learning outcomes. Unit content accurate at the time of publication. **Centres and learners must refer to current government guidelines of the country therein relating to COVID-19.**

Resources

For example:

- <https://www.gov.uk/coronavirus>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- <https://digital.nhs.uk/coronavirus/shielded-patient-list>
- https://www.who.int/health-topics/coronavirus#tab=tab_1
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- <https://www.who.int/publications/i/item/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>
- <https://www.hse.gov.uk/coronavirus/index.htm>
- <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/close-contact-services>
- <https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy/the-next-chapter-in-our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy--2#continuing-our-plan-to-rebuild>
- <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>
- <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes>
- <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-5-3>
- <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- <https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>
- <https://www.hse.gov.uk/coronavirus/working-safely/risk-assessment.htm>
- <https://www.hse.gov.uk/coshh/basics/ppe.htm>
- <https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own>
- <https://www.gov.uk/guidance/regulatory-status-of-equipment-being-used-to-help-prevent-coronavirus-covid-19>
- <https://www.hse.gov.uk/coronavirus/ppe-face-masks/index.htm>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
- <https://www.hse.gov.uk/pubns/books/hsg53.htm>
- <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>
- https://www.who.int/gpsc/clean_hands_protection/en/
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf
- <https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>
- https://www.who.int/gpsc/5may/Hand_Hygiene_When_and_How_Leaflet.pdf?ua=1
- <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>
- <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings#left-area>
- <https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19>

Assessment requirements

1. Theory examination

Learners must complete a theory examination for this unit. This will consist of a multiple choice question paper which is mapped to the relevant assessment criteria stated below.

The theory examination will test the knowledge and understanding from across learning outcomes 1, 2, 3, 4, 5 and 6. Learners should use the unit content sections of this unit to aid revision since exam questions will test the full breadth of content over time.

Learning Outcome	Assessment Criteria
LO1 Understand the causes, transmission and effects of COVID-19	1.1 Outline how infection can spread
	1.2. Explain the chain of infection
	1.3. Describe the symptoms, transmission and effects of COVID-19

Learning Outcome	Assessment Criteria
LO2 Understand social responsibility for the complementary therapy and sports massage sectors in relation to COVID-19	2.1 Outline social responsibility for the complementary therapy and sports massage sectors
	2.2 Outline own social responsibilities
	2.3 Outline how to maintain the health and wellbeing of staff and clients

Learning Outcome	Assessment Criteria
LO3 Understand the controls necessary to prevent the spread of COVID-19	3.1. Explain how to break the chain of infection
	3.2 Explain workplace standard infection control procedures
	3.3 Explain the role of risk assessment in the prevention of COVID-19
	3.4 Describe social distancing
	3.5 Outline respiratory hygiene and cough etiquette

Learning Outcome	Assessment Criteria
LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19	4.1 Outline the types of PPE available in the workplace for the prevention of COVID-19
	4.2 Outline the correct methods of using items of PPE
	4.3 Explain the methods of hand hygiene recommended for the prevention of COVID-19
	4.4 Describe the role of personal hygiene in prevention of COVID-19

Learning Outcome	Assessment Criteria
LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the complementary therapy/sports massage environment	5.1 Explain potential hazards and risks in relation to COVID-19
	5.2 Explain safe and hygienic working practices to be followed throughout complementary therapy and sports massage treatments

Learning Outcome	Assessment Criteria
LO6 Understand decontamination and waste management processes relevant to complementary therapies and sports massage	6.1 Outline the decontamination processes relevant to the complementary therapy/sports massage environment
	6.2 Outline the management of linen relevant to the prevention of COVID-19 in the complementary therapy/sports massage environment
	6.3 Explain waste management procedures relevant to the prevention of COVID-19 in the complementary therapy/sports massage clinic/practice

Document History

Version	Issue Date	Changes	Role
v1.0	31/07/2020	First published	Product and Regulation Manager
v2.0	25/09/2020	Republished indicative content following updates to government guidelines – 10/09/2020	Product and Regulation Manager