

THERAPIES
90 LIMPSFIELD ROAD
SANDERSTEAD
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Counselling with Lorraine COVID-19 Workplace Risk Assessment, Policy and Client Agreement

Updated July 2020

COVID-19 is an illness that can affect your lungs and airways. It is caused by a virus called Coronavirus. Symptoms can be mild, moderate, severe or fatal.

The main symptoms of coronavirus are:

1. High temperature
2. New, continuous cough
3. Loss or change to your sense of smell or taste.

For further information on COVID-19 along with detailed symptoms and government guidance please visit:

- <https://www.gov.uk/coronavirus>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/>

I have put in place the following to reduce risk to clients:

1. Information has been obtained and read outlining guidance for working safely during the coronavirus outbreak, resources from:
 - a. <https://www.hse.gov.uk/news/working-safely-during-coronavirus-outbreak.htm>
2. I would recommend you do **NOT** press the buzzer outside the building. I will now open the door and call you in at your appointment time.
3. Upon arrival I shall call you in from outside the building and take your temperature. This will be using a forehead thermometer and I can take your temperature contactless.
4. We will be seated at least two meters apart.
5. There will be hand sanitising liquid available in the office and it is requested you use this upon entering.
6. Optional gloves and face masks will be available in the office.
7. I will not be providing water but if you can bring in your own water/drink bottle that would be appreciated.
8. Office surfaces including the chairs and door handles will be wiped down with Dettol at the end of each session.
9. For the time being I will only be accepting bank transfers prior to your session please. I am avoiding cash payments at the moment.

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Confidentiality restriction

In the event that you or I get COVID-19 symptoms the government advises isolation and to contact 111 to arrange a test. In the event of a diagnosis the NHS Test and Trace system would be implemented, this may involve you or I disclosing the name and number of people we have been in contact with.

I will contact you immediately should I develop any symptoms and to let you know if the NHS require your name and number. Please note no further information would be provided to the NHS.

You have my permission to provide the NHS with my name, number and email. Please also contact me should you develop symptoms as I would then choose to self-isolate.

**Information on how the NHS would use your details can be found here:
<https://contact-tracing.phe.gov.uk/help/privacy-notice>**

If you or anyone you live with has any COVID-19 symptoms please don't come to the office and we can pause sessions or move to online/telephone sessions for two weeks while you self-isolate.

Note

Although every effort to reduce risk is being made, clients accessing face to face Counselling are doing so at their own risk. If you have any concerns about face to face work please let me know during a session or via email: lorrainekay5@hotmail.co.uk

I _____ confirm I have read and understood the information provided in the Counselling with Lorraine COVID-19 risk assessment.

Client Signature: _____

Date read by Client: _____

Therapist Name: Lorraine Gallagher

Therapist Signature: _____