



**COVID-19
risk assessment
example**

A hazard is something that can cause harm, e.g. electricity, chemicals, working up a ladder, noise, a bully at work, stress, etc.

A risk is the chance that any hazard will actually cause harm.

For example, being in close proximity to a person who has the COVID-19 virus is the hazard; the risk is the likelihood and consequence of the exposure.

The 2-variable risk assessment matrix used in the examples we have provided below is based on the University of Melbourne’s health and safety risk assessment methodology.

How to use the 2-variable matrix in a COVID-19 clinic risk assessment

Table 1: 2-variable risk matrix

		Consequence				
		Insignificant	Minor	Moderate	Major	Severe
Likelihood	Almost certain	Medium	High	High	Extreme	Extreme
	Likely	Medium	Medium	High	Extreme	Extreme
	Possible	Low	Medium	Medium	High	Extreme
	Unlikely	Low	Low	Medium	High	High
	Rare	Low	Low	Low	Medium	High

1 Consider the likelihood of the exposure to the hazard occurring

Decide whether exposure to the hazard is:

- Almost certain
- Likely
- Possible
- Unlikely
- Rare

2 Consider the consequence of exposure to the hazard

Determine as realistically as possible the consequence of exposure to the hazard:

- Insignificant
- Minor
- Moderate
- Major
- Severe

3 Determine the risk rating from the likelihood and consequence descriptors chosen in step 1 and 2

The risk rating is where the 2 descriptors intersect on the matrix. For example, if the likelihood of exposure to a hazard is almost certain but the consequence of exposure is insignificant, then the risk rating is medium.

Hierarchy of controls

The concept of a “hierarchy of controls” refers to the ranking of ways in which hazards can be mitigated, from most effective to least effective. For example, in the massage therapy context, the top level of the hierarchy is ‘elimination’ of the hazard, which means not offering face-to-face treatments. This is the best-practice approach to vulnerable groups, such as elderly clients and those with chronic conditions that are high risk for serious illness from COVID-19. The lowest level of control would include the use of personal protective equipment, such as masks, to limit the exposure to droplets in a confined treatment space.

Table 2: Hierarchy of controls

Level 1 (highest effectiveness)	Elimination	<ul style="list-style-type: none"> Remove the hazard. e.g. do not offer the service at this time.
Level 2	Substitution	<ul style="list-style-type: none"> Substitute the hazard for something safer. Consider the possibility of offering a telephone or online consultation, or referring to a health service that does not require close personal contact.
	Isolation	<ul style="list-style-type: none"> Isolate the hazard from people. This involves physically separating the source of harm from people by distance or using barriers. May be appropriate at POS facilities and reception counters.
	Engineering	<ul style="list-style-type: none"> Change the workplace, equipment or work process. Install devices to increase air flow in an enclosed space, open windows etc.
Level 3	Administration	<ul style="list-style-type: none"> Use administrative controls. For instance, develop procedures on cleaning protocols, limit exposure time by decreasing treatment duration, schedule appointments to ensure social distancing in waiting area and allow time to complete cleaning.
	PPE	<ul style="list-style-type: none"> Use personal protective equipment (PPE). This also includes protective clothing. Examples of PPE include masks, gloves, aprons and protective eyewear. PPE limits exposure to the harmful effects of a hazard but only if workers wear and use the PPE correctly. <u>Donning and doffing techniques are critical to this process.</u>

The risk assessment you complete for your business/clinic environment will generate 2 risk scores:

1. The inherent risk, which is the level of risk that an activity/hazard would pose if no controls or other mitigating factors were in place.
2. The residual risk is the level of risk associated with an activity after proposed or additional controls have been implemented to eliminate or reduce the risk.

When listing the “proposed risk control measures” the hierarchy of controls should be used to determine the best method of eliminating or reducing the risk.

The examples provided below include all three levels of control measures.

Risk acceptance guide (Is the risk acceptable?)

The purpose of risk assessment is to help determine which risks can be effectively managed with appropriate controls and which risks may be unacceptable. A medium likelihood risk may be acceptable if the consequence of the exposure to that risk is relatively minor. However, a medium risk is not acceptable if the consequence of the exposure may be fatal.

Determining the residual risk after hazard controls have been applied will help to determine whether the residual risk is acceptable. For example, a risk assessment of providing in-home services to elderly and vulnerable clients is likely to show unacceptable residual risks due to the potentially fatal consequences of exposure.

Ongoing monitoring is also required to determine if a risk remains acceptable. For example, if there is evidence of local community transmission, administrative controls and PPE may no longer acceptably control the risks of providing treatment.

Table 3: Risk acceptance guide

Residual risk rating (from risk assessment)	Is the risk acceptable)		
Extreme	Not acceptable	<ul style="list-style-type: none"> • Service is not safe to be offered at this time. • The potential benefits of offering massage therapy do not outweigh the risk to the individual posed by COVID-19. 	
High	Not acceptable	<ul style="list-style-type: none"> • Service is not safe to be offered at this time. • The potential benefits of offering massage therapy do not outweigh the risk to the individual posed by COVID-19. 	
Medium	Acceptable unless there are major or severe consequences of exposure to the risk	<ul style="list-style-type: none"> • Service may not be safe to be offered at this time. • Consequences of failure of appropriate risk control measures currently are serious. • Relying on PPE and administrative controls alone do not mitigate the risk sufficiently. 	
Low	Acceptable	<ul style="list-style-type: none"> • Service may be safe to offer at this time. • Records of all administrative controls implemented must be kept (e.g. cleaning schedule, booking information) 	

Infection control

Infection control refers to policies and procedures practised in healthcare facilities to minimise the risk of transmitting and acquiring infectious diseases. These diseases are usually caused by bacteria, fungi or viruses and can be spread by human-to-human contact, human contact with an infected surface, airborne transmission through tiny droplets of infectious agents suspended in the air, and by common vectors such as food or water.

As health service providers, massage therapists have a common law duty of care and ethical responsibility to take all reasonable steps to safeguard themselves, their clients, staff and the general public from infection.

The risk of exposure to body fluids in the massage therapy clinical context is relatively low. However, due to the close contact nature of the work, the risk of spreading infections such as flu and upper respiratory tract infections is significant. Therefore transmission-based precautions are an important addition to standard infection control precautions during the COVID-19 pandemic and the flu season.

This COVID-19 risk assessment example assumes that community transmission will be widespread across Australia as state, territory and international borders reopen, and pandemic management shifts from aggressive suppression to "Living with COVID". *Massage therapists should approach risk mitigation informed by an assumption that every client who attends for treatment is infectious.*

Given the scientific consensus that transmission of COVID is predominantly airborne, the primary focus is on airborne mitigation.

COVID-19 risk register

Hazard	What could happen?	Likelihood of occurrence	Consequence of occurrence	Inherent risk score (if no measures)	Proposed control measures	Residual risk score	Implemented by	Date implemented	Date reviewed
Therapist and/or staff exposed to COVID-19 from airborne transmission via a symptomatic client	Therapist and/or staff contract COVID-19	Likely	Major–Severe depending on vaccination status	Extreme	<ul style="list-style-type: none"> • Pre-screen clients prior to attendance to determine if experiencing any COVID-19 symptoms currently or over past 14 days • Exclude clients from attending if symptoms are declared • Exclude any symptomatic client for at least 14 days or until client has 2 consecutive negative COVID-19 tests • Require rapid antigen test result on day of attendance 	Low			
Therapist and/or staff exposed to COVID-19 from airborne transmission via an asymptomatic client	Therapist and/or staff contract COVID-19	Likely	Major–Severe depending on vaccination status	Extreme	<ul style="list-style-type: none"> • Pre-screen clients for potential exposures • Therapist/staff vaccinated and wearing an N95 mask • Client wearing N95, cloth or surgical mask • Avoid working close to client’s face when client is supine and use alternative positioning (e.g., side-lying, away from therapist) • Monitor air quality/CO₂ and vacate if air quality deteriorates • Turn off recirculating air conditioners/central cooling or heating • Provide at least 9 air exchanges per hour if using mechanical ventilation or aim for target CO₂ concentration of less than 800 ppm if using natural ventilation • Schedule ventilation breaks between clients, and open external windows and doors with fan pointing out to vent stale air • Apply standard infection control and respiratory precautions • Educate clients about respiratory hygiene and cough etiquette 	Medium			
Clients exposed to COVID-19 from airborne transmission within treatment room via previous client	Clients contract COVID-19	Likely	Major–Severe depending on vaccination status	Extreme	<ul style="list-style-type: none"> • Pre-screen clients for potential exposures • Therapist vaccinated and wearing an N95 mask • Clients wearing N95, cloth or surgical mask • Monitor air quality/CO₂ • Turn off recirculating air conditioners/central cooling or heating • Provide at least 9 air exchanges per hour if using mechanical ventilation or aim for target CO₂ concentration of less than 800 ppm if using natural ventilation • Schedule ventilation breaks between clients, and open external windows and doors with fan pointing out to vent stale air • Apply standard infection control and respiratory precautions • Educate clients about respiratory hygiene and cough etiquette 	Low			
Therapist, staff or clients exposed to COVID-19 from airborne transmission through shared ventilation system (e.g., HVAC)	Therapists, staff or clients contract COVID-19	Likely	Major–Severe depending on vaccination status	Extreme	<ul style="list-style-type: none"> • Pre-screen clients for potential exposures • Therapist/staff vaccinated and wearing an N95 mask • Clients wearing N95, cloth or surgical mask • Use facility-wide ventilation strategies to provide at least 9 air exchanges per hour via mechanical ventilation or aim for target CO₂ concentration of less than 800 ppm if using natural ventilation • Monitor air quality/CO₂ and vacate if air quality deteriorates • Schedule ventilation breaks between clients, and open external windows and doors with fan pointing out to vent stale air • Apply standard infection control and respiratory precautions • Educate clients about respiratory hygiene and cough etiquette 	High			

Hazard	What could happen?	Likelihood of occurrence	Consequence of occurrence	Inherent risk score (if no measures)	Proposed control measures	Residual risk score	Implemented by	Date implemented	Date reviewed
Therapist, staff or other clients exposed to COVID-19 from droplet transmission via a symptomatic client	Therapist, staff or clients contract COVID-19	Possible	Major–Severe depending on vaccination status	Medium	<ul style="list-style-type: none"> • Pre-screen clients prior to attendance to determine if experiencing any COVID-19 symptoms currently or over past 14 days • Exclude clients from attending if symptoms are declared • Exclude any symptomatic individual for at least 14 days or until client has 2 consecutive negative COVID-19 tests • Require rapid antigen test result on day of attendance 	Low			
Therapist, staff or other clients exposed to COVID-19 from droplet transmission via an asymptomatic client	Therapist, staff or clients contract COVID-19	Possible	Major–Severe depending on vaccination status	Medium	<ul style="list-style-type: none"> • Establish cleaning register of frequently touched surfaces and disinfect after every client • Pre-screen clients prior to attendance for exposures • Therapist/staff vaccinated and wearing N95 masks • Clients wearing N95, cloth or surgical mask • Provide hand sanitiser at entry • Apply standard infection control and respiratory precautions • Educate clients about respiratory hygiene and cough etiquette 	Low			
Therapists, staff and clients exposed to COVID-19 from contact transmission via frequently touched surfaces	Therapist, staff or clients contract COVID-19	Possible	Major–Severe depending on vaccination status	Medium	<ul style="list-style-type: none"> • Establish cleaning register of frequently touched surfaces and disinfect after every client • Pre-screen clients prior to attendance • Exclude clients from attending if symptoms are declared • Exclude any symptomatic individual for at least 14 days or until client has 2 consecutive negative COVID-19 tests • Require rapid antigen test result on day of attendance • Provide hand sanitiser at entry • Apply standard infection control and respiratory precautions • Educate clients about respiratory hygiene and cough etiquette 	Low			
Therapist or staff exposed to COVID-19 contact transmission via linens or clothing	Therapist or staff contracts COVID-19	Possible	Major–Severe depending on vaccination status	Medium	<ul style="list-style-type: none"> • Handle and store used linens in line with NHMRC guidelines • Launder all linens in line with the principles in the NHMRC guidelines for Health Care Settings and the AS/NZS 4146:2000 Laundry Practice Standards, including the addition of a chemical agent if thermal disinfection is not an option • Wash hands after handling used linen • Use PPE when handling used linens • Choose clothing that will minimise chance of contact with client • Use doffing technique when removing clothing and wash hands 	Low			
Therapist experiences hypervigilance and fatigue arising from infection control protocols and risk assessments	Potential for psychological and emotional distress to therapists as a result of “information overload”	Likely	Moderate–Major	High	<ul style="list-style-type: none"> • Access social and network connections to ensure adequate support system is available • Be aware of resources available to support the community (e.g., Beyond Blue) • Ask a trusted colleague to review risk assessment 	Medium			

Hazard	What could happen?	Likelihood of occurrence	Consequence of occurrence	Inherent risk score (if no measures)	Proposed control measures	Residual risk score	Implemented by	Date implemented	Date reviewed
Therapist observes COVID-19 case numbers and illness rising within their client base	Potential for severe psychological and emotional distress	Likely	Major–Severe	High	<ul style="list-style-type: none"> • Access social and network connections to ensure adequate support system is available • Access mental health services via GP referral • Be aware of resources available to support the community (e.g., Beyond Blue) 	Medium			
Therapist contracts COVID-19 in the community or in the workplace	Serious illness and death, incapacity, loss of income	Possible	Major–Severe	High	<ul style="list-style-type: none"> • Avoid large indoor gatherings, especially in poorly ventilated spaces • Apply risk mitigation in the workplace, including full suite of standard and transmission-based precautions • Make provisions for sick leave • Apply precautionary principle to interactions in the community and follow public health orders 	High			



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