

Bryant Chiropractic and Massage

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Covid 19 Massage Guidelines from Washington Department of Health

Updated: 04-27-20

- No method to completely remove the risk of person-to-person spread of COVID-19 in a massage setting.
- Governor Inslee's proclamation 20-25 allows health care providers to continue essential health services. **Many services massage therapists provide are considered non-essential and most are considered nonurgent.**
- No in-person appointment is risk-free, even if the patient and massage therapist appear well.
- To help control the spread of COVID-19, **treatment should be limited to patients with a clear and documented urgent medical need.**

Actions requested before providing services:

- Provide massage only to patients with urgent medical issues.
Examples include, **but are not limited to:**
 - **lymphatic overwhelm issues**
 - **severe whiplash**
 - **acute pain control**
- **Simply having a prescription for massage is not sufficient to establish urgent care.**
- Cancel non-urgent massage appointments
- When treatment is urgently medically necessary, ask the patient if they have symptoms of respiratory illness (e.g., fever, cough, difficulty breathing) before they enter your practice. If a patient has a fever or respiratory symptoms, do not provide treatment. Instead, suggest the patient contact their primary care provider.
- **Make sure patients practice social distancing of six feet in waiting rooms and other areas of the practice. Consider having patients wait outside rather than in a waiting room so complete cleaning can occur between patients.**

Actions requested when providing services:

- Ensure that massage therapists have the following personal protective equipment (PPE) and are familiar with its use: facemask (surgical mask with ear loops or mask with ties), eye protection (for example, goggles or disposable face shield that covers front and sides of face), gown, and clean, nonsterile gloves. Alternatively to a gown or other covering, massage therapists can change clothes after each massage.
- **Provide a face mask or cloth face covering for each patient to wear during the entire treatment.**

These policies and guidelines are subject to change without notice. I understand and agree with the above listed policies and guidelines.

Patient Name: _____

Patient Signature: _____ Date: _____