

# Covid-19 Supplementary Risk Assessment

Music Therapy

Owner:	VENUE/SCHOOL		
Consultees:	Jennie Small, Head Music Therapist and HMS Music Therapists		
Version:	1.1		
Date of assessment:	22 September 2020	Review date (max 1 yr):	August 2021

## Description of activity

Music Therapy sessions with children/young people in schools and HMS Music Centres. Music Therapy sessions with adults in care homes. Individual and group sessions for both client groups.

## Guidance for the Safe Delivery of Face to Face Music Therapy Sessions

To be read in conjunction with the [HMS Instrumental Music Lessons Guidance for Schools](#). Please also see the [British Association of Music Therapists \(BAMT\) Guidance 18<sup>th</sup> June 2020](#). Every venue where music therapy is delivered by HMS therapists **must have their own risk assessment** and procedures related to that venue. These must be read and adhered to by each therapist for the venue(s) in which they work.

**Therapy timetable:** Adjust timetable to allow for completion of cleaning procedures before clinical note writing. Allow pre and post session cleaning time which may result in fewer sessions during the school day, especially if group sessions. Consider imposing a maximum number of participants in a group session to reduce person to person contact and to allow effective cleaning of any instruments used.

**Pre-session triage:** Check the health risk assessment of the host venue (school/ care home) before the session to ensure that the client(s) is/are well and that neither they nor members of their household are displaying any symptoms of COVID-19. In addition, assess the vulnerability of your client if they themselves have longer term health conditions, in particular any of the conditions which put them in a higher risk group if they contracted COVID-19.

Assess whether the client understands social distancing. If not consider the use of a screen or rearranging furniture to facilitate the maintenance of social distancing. Consider using a set of visual 'rules' agreed if possible with the client as a reminder of the need for social distancing.

Consider using a 'facilitator' in sessions, a member of school staff or a parent (if sessional work), someone who is not required to be socially distanced from the client.

Remove as many soft furnishings as possible to facilitate cleaning of the room, replacing sofa style chairs with plastic chairs.

**Hand Washing:** Therapists to ensure their own hands are scrupulously clean before each session. Check your clients have also washed their hands effectively before each session. Ask for assistance from support staff if necessary to accomplish this step. Monitor clients touching their face during the sessions as further cleaning of surfaces and instruments may be needed if this is a common behaviour.

**Cleaning Instruments:** A small box of items for each child in a group could be a useful protocol for group work. Each to be kept separately and cleaned after each session to avoid sharing of instruments. Keep a selection of instruments for use solely by the therapist – use coloured tape if necessary to distinguish.

Disinfect instruments to be used before and after each session using COVID safe wipes, sprays and/or hot soapy water. Follow the host venue’s protocol with respect to cleaning products in use in that venue. Perhaps devise a simple system for identifying any instruments used, e.g. place to one side after use. **Do not** use any instruments which cannot be cleaned between sessions. Remove blowing instruments such as reed horns and slide whistles due to increased risk of infection. Consider using beaters or drumsticks as a way of reducing the risk of instruments being touched directly by the clients. If beaters are not appropriate, e.g. for clients with a visual impairment, consider allocating a particular instrument to that client.

Store any used wipes or material which has been used for cleaning in a bin bag which can be closed securely and kept away from the clients. Cleaning products should be stored securely between sessions and out of reach during a session.

Increase the repertoire of non-instrumental parts of sessions – especially in group work – i.e. using body movements and sounds in place of instrumental play.

**Singing:** Please refer to the guidance in the [HMS Risk Assessment](#) for instrumental music lessons which will include wearing a visor and/or using a clear screen if 2m social distancing cannot be achieved. Where this severely compromises the therapeutic relationships in the sessions, further discussions will be required to find a suitable, safe way of delivering sessions which must be agreed between the HMS music therapist and venue. A clear screen is essential for group work if singing is an important constituent of the sessions and 2m social distancing cannot be assured.

NB – some very vulnerable clients provide a high risk through their challenging behaviour, e.g. spitting or being unable not to be in close physical proximity to the therapist). Seek guidance with the host venue as to whether work can safely be conducted with these clients during the current COVID-19 pandemic.

## For your Venue/School to Complete (where required)

### Existing control measures

These are the things you already do, or are inherent in the activity, that reduce the risks. Please see [HMS risk assessment](#) with regards to airborne and surface transmission

	Hazard	Who is at risk?	Control measure(s)	Who is responsible?
1	Airborne transmission	Clients	Teaching room at Anstey First School (upstairs in school house) is large enough to maintain 2m social distancing and a visor is to be worn by therapist. If the room needs to be rearranged to enable this,	School  Therapist (spare visors available if necessary)

			therapists should make arrangements with the school or venue and must not move furniture, instruments etc on their own initiative.	
2	Airborne transmission	Clients and therapist	What control is there over ventilation? Can a window be opened? Is there an extraction fan in the room? Gentle through-ventilation is preferred. Fans that recirculate stale air should not be used.	Therapist can open window and close upon exit. <b>Use top windows only for Safety reasons</b>
3	Surface transmission	Clients and therapist	How are handling of equipment (instruments, stands, music...) by both clients and therapists minimised or eliminated? Do Staff have access to appropriate COVID safe wipes/sprays or hot soapy water to clean stands and touchpoints in between each lesson.	Yes. The school has a stock of these in the school house room

### Initial risk rating

How likely is the activity to result in actual harm (1-5)?	2
How severe would the consequences be (1-5)?	5
<b>Risk rating (likelihood x severity)</b>	<b>10</b>

Likelihood	more	5					
		4					
		3					
		2					
	less	1					
			1	2	3	4	5
			better		worse		
			<b>Severity</b>				

### Additional control measures

These are new measures identify to reduce the risk rating. It is usually easier (and it is perfectly acceptable) to reduce the likelihood of harm rather than the severity.

It is not necessary to implement additional control measures for every hazard identified. Prioritise the hazards you have identified and ensure that control measures are reasonable and proportionate.

	Hazard	Who is at risk?	Control measure(s)	Who is responsible?
1	Airborne transmission	Therapist	In small rooms with less than 2m distancing, a plexiglass screen or	n/a

			clear roller screen between therapist and client(s) will reduce exposure to clients' bioaerosols. Could the therapist ?	
2	Surface transmission	Clients and therapist	Cleaning of handling and playing surfaces will depend on the instrument. Bear in mind that pianos and drum kits are shared instruments.	Therapist - Materials are available
3	Airborne and surface transmission	Clients and therapist	How are lesson changeovers managed? 5min gaps so that clients do not overlap? Or is the space large enough not to worry?	n/a
4	Airborne and surface transmission	Clients and therapist	If any of the above are not possible (either one week or at all), could lessons be provided remotely over video-conferencing, e.g. with the therapist in another practice room on the school's network or at home?	n/a

### Residual Risk rating

How likely is the activity to result in actual harm (1-5)?	2
How severe would the consequences be (1-5)?	5
<b>Risk rating (likelihood x severity)</b>	<b>10</b>

Likelihood	more	5					
		4					
		3					
		2					
	less	1					
			1	2	3	4	5
			better		worse		
			<b>Severity</b>				

<b>Risk rating:</b>	1-6	Green	Monitor to ensure control measures are implemented consistently and that the rating remains valid.
	8-12	Amber	Try to identify additional controls to reduce the risk. Ensure that control measures are implemented consistently and look to improve by the next review.
	15-25	Red	Cease this activity until additional controls can be put in place to manage the risk.

Date communicated to staff/volunteers: 23/9/2020

29/9/2020

Signed: 

Date: \_\_\_\_\_

Name: Amy Myers

Head

Position: \_\_\_\_\_

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## Remember:

- This is a legal document: you must do (or ensure that people working for you do) what you say in it.
- Risk assessments must be reviewed at least annually or when there is an incident, i.e. in this case, if someone falls ill after taking part in the activity.
- For the purposes of Health & Safety, if you have not recorded it, you have not done it.

