



MASSAGE THERAPY ASSOCIATION

ADVOCATE FOR MASSAGE THERAPY AS A RECOGNIZED AND RESPECTED HEALTHCARE PROFESSION

The WSMTA's Interim Guidance on Practice Guidelines

updated 9/19/20

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Overview

This document is prepared by the Washington State Massage Therapy Association (WSMTA) as an interim guide for massage therapists who have already returned to practice and want to know how to improve their practice in relationship to COVID-19, or are getting ready to return to practice for the routine care of patients/clients. The presentation of information in this document is drawn from many different sources, primarily the Center for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), American Dental Association (ADA) and American Academy of Ophthalmology (AAO).

Strategy of This Document:

In preparation for reading this document, we strongly recommend that massage therapists read *The WSMTA's Interim Guidance on Personal Protective Equipment (PPE)* and *The WSMTA's Interim Guidance on Sanitation* first. These two documents, combined with this one, provide the information necessary to create plans and to work safely.

According to OSHA documentation, massage therapists are considered to be at medium risk while COVID-19 exists, as are the front desk staff in clinics. However, we would point out that we are at lower risk than healthcare workers in medical clinics and hospitals as our patients/clients are not coming to us because they are ill. At a minimum, WSMTA is recommending that all massage therapists wear a facemask, protective eyewear (preferably goggles) and an apron (or smock) while doing massage to protect themselves.

This document will help massage therapists and clinic owners to create an infection prevention and control plan to reduce risk while they go about their profession of doing massage. It will also aid massage therapists with their communications with their patient/clients throughout the process.

(Updated 9/19/20) In the previous update on 5/31/20, we added a section titled, "Blood Clotting and Best Practice Considerations". In this update, we have renamed it to, "Effects of COVID-19 on the Body and Best Practice Considerations". We have updated this section to provide more detail about what is happening in a person's body who has contracted COVID-19 and the issues that survivors may go through. We discuss the pathology and how this impacts massage therapists when working with patients/clients who have had COVID-19, had a positive COVID-19 antigen test but were asymptomatic, are already at risk for blood clotting, or are children. WSMTA is recommending that massage therapists be cautious and adaptive in the current world of COVID-19 with their various policies on screening and treating patients/clients. We made only a couple of small changes to recommendations. Continued research on how COVID-19 affects people in the weeks and months following their illness will provide more definitive information upon which to make better treatment decisions.

Highest Level of PPE

The ADA, AMA and AAO have made recommendations to their members similar to: "...are urged to use the highest level of PPE available when treating patients to reduce the risk of exposure. If masks and either goggles or face shields are not available, there is a higher risk for infection; therefore, the use of professional judgment is key along with knowing the patient's risk factors." The WSMTA is following suit and making this same recommendation. We also strongly recommend that each massage therapist and clinic owner read the following OSHA document, "*Guidance for Preparing Workplaces for COVID-19*" at: <https://www.osha.gov/Publications/OSHA3990.pdf>

Format of This Document:

We cited original sources wherever possible, instead of writing summaries as the original source information is updated often as new things are discovered about COVID-19. We also did this to keep the document considerably shorter. We provided commentary to highlight key pieces of information; when there was a lack of information from the original sources; or, when we provided recommendations or suggestions specific for massage therapists since the CDC and other agencies do not have massage therapy-specific information. Because the material is dense, we recommend that readers consider studying chunks of it thoroughly rather than skimming through it. Also, as new information becomes available, we will update this document which will reside on the WSMTA's website in the

COVID-19 section. The exception to this is the section, “Effects of COVID-19 on the Body and Best Practice Considerations” in which there is a bibliography at the end of the section.

CDC -- Infection Prevention & Control

Standard and Transmission-Based Precautions

This section is copied from the "Summary of Infection Prevention Practices in Dental Settings" on pages 5-6 and 14-15, which was written for the dental profession by the CDC and can be found at:

<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>

We have removed all mention of dental related activities that are not relevant to massage therapists, such as "sharps safety" and "safe injection practices". We have also changed DHCP or dental healthcare provider to HCP or healthcare provider.

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect HCP and prevent HCP from spreading infections among patients.

Standard Precautions include:

- Hand hygiene.
- Use of personal protective equipment (e.g., gloves, masks, eyewear).
- Respiratory hygiene / cough etiquette.
- Clean and disinfected environmental surfaces.

Education and training are critical elements of Standard Precautions, because they help HCP make appropriate decisions and comply with recommended practices.

When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission-Based Precautions. This second tier of infection prevention is used when patients have diseases that can spread through contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions.

HCP should develop and carry out systems for early detection and management of potentially infectious patients at initial points of entry to the building. To the extent possible, this includes rescheduling non-urgent care.

Environmental Infection Prevention and Control:

Policies and procedures for routine cleaning and disinfection of environmental surfaces should be included as part of the infection prevention plan. Cleaning removes large numbers of microorganisms from surfaces and should always precede disinfection. Disinfection is generally a less lethal process of microbial inactivation (compared with sterilization) that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores). Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens, including clinical contact surfaces (e.g., frequently touched surfaces) in the patient-care area. When these surfaces are touched, microorganisms can be transferred to other surfaces, instruments or to the nose, mouth, or eyes of HCP or patients. Although hand hygiene is the key to minimizing the spread of microorganisms, clinical contact surfaces should be barrier protected or cleaned and disinfected between patients. EPA-registered hospital disinfectants or detergents/disinfectants with label claims for use in health care settings should be used for disinfection. Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use. HCP should follow manufacturer recommendations for use of products selected for cleaning and disinfection (e.g., amount, dilution, contact time, safe use, and disposal). Facility policies and procedures should also address prompt and appropriate cleaning and decontamination of spills of blood or other potentially infectious materials. Housekeeping surfaces, (e.g., floors, walls, sinks) carry less risk of disease transmission than clinical contact surfaces and can be cleaned with soap and water or cleaned and disinfected if visibly contaminated with blood. Additional guidance for the cleaning and disinfection of environmental surfaces—including for cleaning blood or body substance spills—is available in the Guidelines for Environmental Infection Control in Health-Care Facilities. https://www.cdc.gov/infectioncontrol/guidelines/index.html/eic_in_HCF_03.pdf

OSHA -- Healthcare Workers and Employers

This section is from the OSHA website. We have removed some of the content for clarity and brevity -- primarily information on airborne isolation infection rooms and information related to working with COVID-19 patients. The full article can be read at: <https://www.osha.gov/SLTC/covid-19/healthcare-workers.html>

Please note that massage therapists and front office staff with exposure to the comings and goings of patients/clients would be categorized at medium risk in the table below.

Please take note of the recommendation of working from clean areas to dirty areas of the body in the "Safe Work Practices" section below.

This section provides guidance for healthcare workers and employers. This guidance supplements the general interim guidance for workers and employers of workers at increased risk of occupational exposure to SARS-CoV-2.

Employers should assess the hazards to which their workers may be exposed; evaluate the risk of exposure; and select, implement, and ensure workers use controls to prevent exposure. The table below provides examples of healthcare work tasks associated with the exposure risk levels in OSHA's [occupational exposure risk pyramid](#) which may serve as a guide to employers in this sector.

Examples of healthcare work tasks associated with exposure risk levels

Lower (caution)*	Medium	High	Very High
Performing administrative duties in non-public areas of healthcare facilities, away from other staff members.	Providing care to the general public who are not known or suspected COVID-19 patients.	Entering a known or suspected COVID-19 patient's room.	Performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
Note: For activities in the lower (caution) risk category, OSHA's Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure may be most appropriate.	Working at busy staff work areas within a healthcare facility.	Providing care for a known or suspected COVID-19 patient not involving aerosol-generating procedures.	Collecting or handling specimens from known or suspected COVID-19 patients.

Until more is known about how COVID-19 spreads, OSHA recommends using a combination of [standard precautions](#), [contact precautions](#), [airborne precautions](#), and eye protection (e.g., goggles, face shields) to protect healthcare workers with exposure to the virus.

Employers of healthcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens ([29 CFR 1910.1030](#)), Personal Protective Equipment ([29 CFR 1910.132](#)), and Respiratory Protection ([29 CFR 1910.134](#)) standards. See the [Standards](https://www.osha.gov/SLTC/covid-19/standards.html) page for additional information on OSHA requirements.

Safe Work Practices

Work from clean to dirty (i.e., touching clean body sites or surfaces before touching dirty or heavily contaminated areas) and limit opportunities for touch contamination (e.g., adjusting glasses, rubbing the nose, or touching face

with gloves that have been in contact with suspected or confirmed COVID-19 patients or contaminated/potentially contaminated surfaces). Also, prevent touch contamination by avoiding unnecessary touching of environmental surfaces (such as light switches and door handles) with contaminated gloves.

Ensure that there are systems in place to:

- Differentiate clean areas (e.g., where PPE is put on) from potentially contaminated areas (e.g., where PPE is removed);
- Handle waste and other potentially infectious materials; and
- Clean, disinfect, and maintain reusable equipment and PPE.

Workers should avoid touching their faces, including their eyes, noses, and mouths, particularly until after they have thoroughly washed their hands upon completing work and/or removing PPE.

Train and retrain workers on how to follow established protocols.

Personal Protective Equipment

Healthcare workers must use proper PPE when exposed to a patient with suspected or confirmed COVID-19 or other sources of SARS-CoV-2 (See OSHA's PPE standards at [29 CFR 1910 Subpart I](#)).

OSHA recommends that healthcare workers with exposure to suspected or confirmed COVID-19 patients wear:

- Gloves
- Gowns
- Eye/face protection (e.g., goggles, face shield)
- NIOSH-certified, disposable N95 filter facepiece respirators or better

Use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)) and includes medical exams, fit testing, and training. When removing potentially contaminated PPE such as an N95 respirator, do not touch the outside of the respirator without wearing gloves.

In addition to the PPE considerations for all workers and employers of workers at increased risk of occupational exposure, CDC has developed [strategies for optimizing the supply of PPE](#), including specifically for:

- [Gowns](#)
- [Eye protection](#)
- [Face masks](#)
- [N95 respirators](#)

Cleaning and Disinfection in Healthcare:

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces before applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Follow standard practices for disinfection and sterilization of medical devices contaminated with COVID-19, as described in the CDC "Guideline for Disinfection and Sterilization in Healthcare Facilities" document at: <https://www.cdc.gov/infectioncontrol/guidelines/>

Note that workers who perform cleaning and disinfection in healthcare may require PPE and/or other controls to protect them simultaneously from chemical hazards posed by disinfectants and from human blood, body fluids, and other potentially infectious materials to which they have occupational exposure in the healthcare environment. Employers may need to adapt guidance from this Healthcare Workers and Employers section, the [Environmental Services Workers and Employers section](#), and the [interim guidance for workers and employers of workers at increased risk of occupational exposure](#), to fully protect workers performing cleaning and disinfection activities in healthcare workplaces.

Is OSHA Infection Prevention Guidance for Healthcare the Same as CDC Recommendations?

- With regard to healthcare worker infection prevention, CDC guidance may appear to differ from OSHA guidance.
- CDC information reflects infection control recommendations that are based in part on PPE supply chain considerations.
- OSHA's recommended infection prevention methods, including for PPE ensembles, help employers to remain in compliance with the agency's standards for respiratory protection ([29 CFR 1910.134](#)) and other PPE ([29 CFR 1910 Subpart I](#)).
- OSHA is addressing supply chain considerations, including respirator shortages, through enforcement flexibilities, as discussed in the Enforcement Memoranda section of the [Standards](#) page.

OSHA -- Personal Protective Equipment (PPE) Considerations

This section is from the OSHA website at: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#healthcare>

The interim guidance for specific worker groups and their employers includes recommended PPE ensembles for various types of activities that workers will perform. In general:

- PPE should be selected based on the results of an employer's hazard assessment and workers specific job duties.
- When disposable gloves are used, workers should typically use a single pair of nitrile exam gloves. Change gloves if they become torn or visibly contaminated with blood or body fluids.
- When eye protection is needed, use goggles or face shields. Personal eyeglasses are *not* considered adequate eye protection.
- If workers need respirators, they must be used in the context of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)) and includes medical exams, fit testing, and training.
- Surgical masks are not respirators and do not provide the same level of protection to workers as properly-fitted respirators.
- If there are shortages of PPE items, such as respirators or gowns, they should be prioritized for high-hazard activities.
- Workers need respiratory protection when performing or while present for aerosol-generating procedures, including cardiopulmonary resuscitation (CPR) and intubation.
- Workers must be protected against exposure to human blood, body fluids, other potentially infectious materials, and hazardous chemicals, and contaminated environmental surfaces.
- CDC provides [strategies for optimizing the supply of PPE](#), including guidance on [extended use and limited reuse](#) of N95 filtering facepiece respirators (FFRs) and methods for [decontaminating and reusing](#) disposable filtering facepiece respirators during crises.
- These guidelines are intended for use in healthcare but may help employers in other sectors optimize their PPE supplies, as well.
- After removing PPE, always wash hands with soap and water for at least 20 seconds, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE removal area).
- Employers should establish, and ensure workers follow, standard operating procedures for cleaning (including laundering) PPE and items such as uniforms or laboratory coats intended to function as PPE, as well as for maintaining, storing, and disposing of PPE. When PPE is contaminated with human blood, body fluids, or other potentially infectious materials, employers must follow applicable requirements of the Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) with respect to laundering. OSHA's Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens ([CPL 02-02-069](#)) provide additional information.

Employers in all sectors may experience shortages of PPE, including gowns, face shields, facemasks, and respirators, as a result of the COVID-19 pandemic. These shortages critically impact the ability of the U.S. healthcare system to provide care for the most seriously ill COVID-19 patients. However, employers outside of healthcare also may experience the effects of shortages as PPE supplies are diverted to healthcare facilities where they are most needed.

Although employers are always responsible for complying with OSHA's PPE standards ([29 CFR 1910 Subpart I](#)), including the Respiratory Protection standard ([29 CFR 1910.134](#)), whenever they apply, OSHA is providing temporary enforcement flexibility for certain requirements under these and other health standards.

Checking the Massage Therapist and the Patient/Client for Symptoms and Signs of Health

The basis of this section is "Update: Getting back to work -- screening clients" an article written by Lauren Christman, LMT, CCST and can be found at: <https://www.craftedtouch.com/blog/category/announcements/> Ms. Christman generously gave WSMTA permission to reformat her article to fit the needs of this document.

During this time of COVID-19, whether we are only allowed by state regulations to massage urgent need patients/clients, or we can go back to providing routine care, we want to further check to make sure it's safe for both us and them to have a session -- we are checking *for health*.

We are trying to determine if the massage therapist and the patient/client are presenting a healthy profile on the day of the session -- healthy enough to give and receive massage. We are not screening for particular diseases. While this may seem like two sides of the same coin, it is critical that we, and they, understand the difference. The goal is to confirm that people are presenting with *both the signs of body function within normal range and the lack of common symptoms*.

Symptoms (Updated 5/31/20)

Symptoms are assessed through intake questions and require trust in the massage therapist and client's honesty. According to the CDC, the symptoms of COVID-19 that a person may have 2-14 days after exposure to the virus are:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

These symptoms can be found on CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>,

Note: the CDC has updated this section of their website several times since February, so please monitor this page often as the information may change -- as it did since we first published this document. Also, the CDC now has a slightly different list for children which can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

These are the most common early symptoms that people have. Even though a number of cases remain asymptomatic throughout the course of the disease, most people DO have symptoms — even mild ones. So, invite yourself and your patient/client to be thorough; better to over report than under report or minimize what we feel. Also, ask about known exposure to COVID-19 or to people with COVID-19 (travel, work, etc.).

Signs

Signs are something massage therapists can check easily with simple, low-cost equipment: temperature, blood oxygen level coupled with heart rate, and breath rate. Each of these vary, within homeostatic range, at time of day, activity level and from person to person. Massage therapists can encourage their patients/clients to get to know

what their own personal baselines are, as should massage therapists for themselves. Home monitoring is easy, or baseline information can be obtained from their PCP/health portal, because these signs are part of a standard health check up that is done with each visit, the data should be in our charts.

How to Measure These Signs -- What Do They Mean?

- **Temperature:** “Fever” is defined as anything over 100.4°F. This is found on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html> under the subsection "Monitor DHCP". Use an ear, forehead or infrared thermometer. Clearly, ear and forehead devices need to be disinfected between clients.
- **Blood oxygen level:** Normal range is 95-100%. Perceivable “difficulty breathing” generally happens with levels of 88-92%. Someone with COPD would be normal with 88%-92%. Under 75% often leads to unconsciousness and organ failure occurs in the 60s-70s. A fingertip device called a pulse oximeter reads the blood oxygen level and provides a pulse rate. It is easily available for home and office use and should be disinfected before and after each use.
- **Pulse rate:** Normal range is 60-100 beats per minute. Over 100 is high. Count the beats in a 12 second period, then multiply by 5; or count the beats in a 6 second time and multiply by 10.
- **Breath rate:** Normal range is 12-20 breaths per minute. Over 22 is high. Similarly, count the breaths over 15 seconds then multiply by 4; count breaths over 20 seconds then multiply by 3.

Please use hand hygiene before and after touching any device or the patient/client (page 39). The environment can affect the readings of devices. Sitting in a car with either the heater or air conditioner on can skew an infra-red forehead thermometer reading while cold hands and fingernail polish can cause incorrect readings on a pulse oximeter. If someone has an odd reading, retake it again if you have assessed that something might be affecting the reading.

Pulse and breath rate are included because they are the initial compensations that the body makes when lung volume is compromised. If the alveoli are not able to continue with O₂/CO₂ exchange in a healthy way, the body adapts by either breathing more or pushing more blood through the lungs. The massage therapist or the patient/client may or may not perceive these changes, but they are changes that happen as COVID-19 attacks the lungs, even before the body’s immune response kicks in, which creates fever, fatigue, etc.

Keep in mind that many conditions can create these signs. If the massage therapist or patient/client has chronic, well-managed conditions that can create these signs — and they know where their baseline is — their screening is adjusted to recognize any rapid or severe changes in those levels. Also keep in mind, the more risk factors or vulnerabilities the client has (age, high risk diseases such as hypertension, lung compromise, cardiac compromise, etc.) the more conservative your appraisal should be. Always err on the side of caution.

Again, screening is not to see if the massage therapist or patient/client have a particular condition (COVID-19 or otherwise). Massage therapists are checking to see if their own health and the health of the patient/client is within healthy parameters and referring on if not. It is not the massage therapist's responsibility (or in their scope) to diagnose disease (COVID-19 or otherwise).

How Do These Findings Guide The Massage Therapist's Decisions?

An out-of-normal sign in these areas, alongside any symptoms or uncertainty, whether they occur for the massage therapist or the patient/client, is cause enough to postpone the massage. At the least. Multiple signs and symptoms require the affected person to contact their HCP for active disease screening (COVID-19, pneumonia, bronchitis, etc.).

If the massage therapist or the client/patient reports no known recent exposure or symptoms, and the above vital signs are within healthy parameters, we can conclude that there is a *high probability* of health. With that, the massage therapist can welcome the patient/client into their practice, while still protecting against the possibility of contagion by using all the PPE and disinfecting protocols for the massage therapy profession.

Patients/clients are very thankful for the extra measures and the conscientiousness that these measures show.

Effects of COVID-19 on the Body and Best Practice Considerations (Significantly Updated 9/19/20)

As doctors and scientists scramble to learn more about how the SARS-CoV-2 virus affects the body, massage therapists have to determine the best way to maneuver through the minefield to know when to, and when not to massage patients/clients exposed to COVID-19 so we do no further harm than what the disease is already doing, or has done.

How Does COVID-19 Enter and Attack the Body? The Inflammatory Response: (Added 9/19/20)

The SARS-CoV-2 virus invades the human body by attaching itself to ACE2 receptors found in epithelial cells in the mucous membranes of the nose and throat. The mechanism of the SARS-CoV-2 entering the body via the eyes is not well understood and does not appear at this time to be a major entry way. However, there are ACE2 receptors in the eyes and there is a direct link from the eyes to the nose via the nasolacrimal ducts where tears drain into the nose. People who have COVID-19 may also have SARS-CoV-2 in their eyes, which tends to be much more typical of people with the severe form of COVID-19. It's difficult to know if people found with SARS-CoV-2 in their eyes had it solely because it's associated with the severe form, or because testing of the eyes generally only occurs post-mortem and generally only people with the severe form of the virus die. However, testing for SARS-CoV-2 in the eyes also does not occur often in autopsies, so the role of eyes as a pathway remains largely unknown.

Once the SARS-CoV-2 virus attaches itself to an ACE2 receptor, it enters normal cells via an endocytosis mechanism, and it can start replicating itself within a healthy cell. These replicated forms of the virus are released out of the cell by exocytosis to find other cells with ACE2 receptors to invade. When the SARS-CoV-2 virus moves into the lungs after gaining entrance through the nose or mouth, it attaches itself to the ACE2 receptors in the alveoli of the lungs which are filled with cells with ACE2 receptors.

Eventually, the cells invaded by the SARS-CoV-2 virus die from the replication activity that occurs within them. This causes a release of interferon molecules as well as cytokines. Cytokines attract macrophages which release interleukin molecules that cause micro gaps in the capillary walls in the alveoli. This causes fluid to leak out of the capillaries which leads to interstitial edema or alveolar edema, depending on where this damage occurs. This can cause oxygen to escape the alveoli leading to hypoxia. This can also cause an increase of carbon dioxide which causes hypercarbia which can lead to respiratory acidosis if not enough carbon dioxide is cleared out of the blood. In addition to this, the leaking capillaries attract white blood cells and pull them into the damaged alveoli. The white blood cells and the macrophages help to perpetuate the cycle of inflammation that the SARS-CoV-2 virus creates, which can lead to hypoxemia, or shortness of breath.

Also, the interleukin molecules that the macrophages release when they are attracted to cytokines also attract neutrophils which secrete molecules that damage the alveolar cells which means that there is less oxygen going into the blood and that less carbon dioxide is removed from the blood which can also lead to hypoxemia, or shortness of breath. (32)

Angiotensin-converting enzyme 2 (ACE2) is an enzyme attached to epithelial cells which line the alveoli but it is also in endothelial cells and other tissues in many other structures like blood vessels, heart, kidneys, liver and gastrointestinal tract. ACE2 helps to modulate a protein called angiotensin II (ANGII) which increases blood pressure and inflammation. ACE2 helps to control blood pressure and reduce tissue damage and inflammation. When the SARS-CoV-2 virus attaches to ACE2 receptors they block the ACE2 enzyme from controlling the amount of ANGII which can lead to increased blood pressure, tissue damage and inflammation. (39) If the inflammation response progresses far enough, it can lead to a "cytokine storm" which can lead to blood clotting and multi-organ and system damage.

Cytokine Storm:

When people are diagnosed with COVID-19 or have symptoms, they are often told to remain at home unless they have severe enough symptoms to be admitted to a hospital. In some COVID-19 affected people, they are going about their COVID-19 infected lives at home either with minor to moderate symptoms and then within hours they

have a major turn for the worse and need to be rushed to the emergency room. During this brief period of change, there is a "cytokine storm" that occurs which creates a great deal of blood clotting due to an imbalance between coagulants and anticoagulants.

In their article, Ricardo Jose and Manuel Ari make the following statements about the cytokine storm, "Activation of coagulation pathways during the immune response to infection [note: this inflammation response is described in the prior subsection] results in overproduction of proinflammatory cytokines leading to multiorgan injury. Although the main function of thrombin is to promote clot formation by activating platelets and by converting fibrinogen to fibrin, thrombin also exerts multiple cellular effects and can further augment inflammation via proteinase-activated receptors (PARs), principally PAR-1. Thrombin generation is tightly controlled by negative feedback loops and physiological anticoagulants, such as antithrombin III, tissue factor pathway inhibitor, and the protein C system. During inflammation, all three of these control mechanisms can be impaired, with reduced anticoagulant concentrations due to reduced production and increasing consumption. This defective procoagulant–anticoagulant balance predisposes to the development of microthrombosis, disseminated intravascular coagulation, and multiorgan failure—evidenced in severe COVID-19 pneumonia with raised d-dimer concentrations being a poor prognostic feature and disseminated intravascular coagulation common in non-survivors." (19)

Someone who has COVID-19 can often experience "silent" or "happy" hypoxia in this build up to a cytokine storm. This is when the blood oxygen levels (SpO2) fall well below normal and people experience either very mild symptoms of hypoxia or no symptoms of hypoxia. Hypoxia occurs when there is an insufficient amount of oxygen reaching the tissues of the body via the circulatory system. 95%-100% SpO2 is normal, someone with COPD would be normal with 88%-92%. Under 75% often leads to unconsciousness and organ failure occurs in the 60s-70s. For some reason, people with COVID-19 sometimes do not feel these effects of hypoxia even though they have very low SpO2 numbers.

Whether this is caused by a cytokine storm and blood clotting occurs, or for some other reason, to massage therapists, it does not matter. What matters for massage therapists is that the level of oxygen in the blood, the pulse rate and/or breath rate may not be in normal ranges at some point, potentially for days, before it is time for such a person to go to the emergency room. This is one of the few ways we have to determine if someone is healthy enough to receive massage, besides checking for COVID-19 symptoms. This is why WSMTA is strongly recommending to massage therapists to monitor these signs of health in themselves and their patients/clients in addition to checking for the symptoms of COVID-19 because there is such a high percent of presymptomatic and asymptomatic people with COVID-19.

What Type of Disease is COVID-19?

COVID-19 is classified as a "respiratory" disease. When the lungs are unable to oxygenate the blood to a level the body needs to remain in homeostasis, the heart has to pump harder to circulate more blood to bring the same level of oxygen to tissues. This in turn increases blood pressure which is one of the reasons why COVID-19 is dangerous to people with underlying heart conditions and other issues like respiratory diseases and diabetes.

According to a report published by Mount Sinai Hospital in the Medical Xpress summarizing the findings of 67 autopsies of people who had died from COVID-19, almost all cases showed, "diffuse damage to alveoli, the small sacs where oxygen and carbon dioxide are exchanged with the blood." (31) In addition, blood clots were found in multiple organs throughout the body along with endothelial damage. The endothelium is the single layer of cells that line the interior surface of blood vessels. With swelling of the endothelial lining, blood vessels have narrower openings which also impacts blood pressure and oxygen delivery to tissues. (16)

Also, according to the Mount Sinai report, the brains in this study had little inflammation, but quite a few of the brains autopsied had "microthrombi". In other studies, there have been reports of neurological issues arising from patients hospitalized with COVID-19 which include stroke, TIA, some form of altered mental state, dizziness, headaches, ataxia or peripheral nervous system issues. (5, 34). Damage to blood vessel lining and microthrombi throughout the body have now been verified in multiple reports of autopsies from around the country.

Since we do not autopsy living people, we do not have a clear understanding of what is happening to the cardiovascular systems of people with COVID-19 who express mild symptoms, or who are asymptomatic.

Organ Damage as a Result of COVID-19: (Added 9/19/20)

In some people, the virus can spread from the lungs to the blood stream to other organs with epithelial or endothelium cells and continue to do further damage. As part of the inflammatory response, the release of interleukins creates micro gaps in capillaries in alveoli which creates a pathway for the virus to spread to the circulatory system and then into other organs. By far, not everyone who ends up in the hospital, or on ventilators has blood clotting issues created in a cytokine storm. The inflammatory response itself, as well as the spread of the virus into other organs is enough to cause significant health issues for patients.

The Heart:

In July 2020, a German research paper published in JAMA Cardiology reported the findings of 100 prior COVID-19 patients from the rolls of University Hospital Frankfurt who were recently recovered between April and June 2020 and who were 64-92 days post the day of their diagnosis on the day of their testing. They volunteered for this study and were not selected. Of the 100 patients, 67 recovered at home -- 18 were asymptomatic and 49 with mild to moderate symptoms. The remaining 33 patients had severe symptoms and were hospitalized. Of these 33, 2 required mechanical ventilation and 17 had passive ventilation from positive pressure airflow.

Prior to obtaining the virus, “preexisting cardiovascular conditions included hypertension, diabetes, and known coronary artery disease but no previously known heart failure or cardiomyopathy. Other significant conditions included asthma (n = 10) and chronic obstructive pulmonary disease (n = 11). All preexisting conditions were similarly distributed between patients who recovered at home vs hospitalized.” (35) Of the 100 patients in this study, there was “cardiac involvement” in 78 patients (78%) and ongoing myocardial inflammation in 60 patients, independent of preexisting conditions, severity and overall course of the acute illness, and time from the original diagnosis.” (35). The findings of this report also indicated that the severity of the damage to the heart was independent of the severity of the virus symptoms and had not reduced during the length of time of the study.

There are now many studies which show that patients with cardiovascular disease prior to contracting COVID-19 are likely to experience injuries to their hearts. What is not known at this point, is how long myocarditis (inflammation of the heart muscle) and other heart injuries (scarring, loss of appropriate ventricular function, arrhythmias, heart failure, etc.) last past the point of testing negative for COVID-19.

The Kidneys:

In several small studies reporting autopsy findings of people who died from severe COVID-19, reports of up to one-third of the people studied experienced acute kidney injury (AKI) as a result of the disease. The findings also indicate that the injury to primary structures within the kidney can often be mild in relation to the severeness of the AKI. One research study speculates that if these people had lived, the kidneys which had milder structural damage may have recovered over time. (36) AKI often develops quickly. It can occur in 24 hour or less, but the definition includes up to within 7 days of time. There are many reasons for AKI, including inflammation of the kidney tissues and blood clotting in the kidney circulatory system.

In a large cohort study of 3 Bronx New York City Hospitals, all 9859 admitted patients during a 47-day window in March and April 2020 were studied for kidney issues. This cohort study reported the following statistics:

	COVID-19 Pos.	COVID-19 Neg.	Not Tested
Numbers	3345	1265	5249
Experienced AKI	56.9%	37.2%	25.1%
Of those who had severe AKI			
Renal Recovery	42.3%	68.0%	63.9%
Died*	52.1%	19.6%	19.6%

* Note: This research study did not indicate that AKI was the cause of death, just that people who died also had severe AKI.

The discussion in this large cohort study also points out that the Bronx is one of the poorest areas in New York City and people who live there have a higher incidence of underlying conditions than elsewhere in New York City which another large cohort study showed. (15)

A March 21, 2020 report from the American Society of Nephrology, which made recommendations regarding renal replacement therapy, reports that up to 15% of ICU admissions due to COVID-19 require some form of renal replacement therapy (dialysis, hemofiltration, hemodiafiltration or replacement of the kidneys). (3) A later report from the National Health Institute issued on June 11, 2020 increased this number to 22% of ICU admissions. (30) Although ACE2 receptors are present in the kidneys, a report from China brings home the fact that not all kidney issues associated with the COVID-19 virus are directly due to the virus affecting the kidneys via ACE2, it can also be in response to other factors occurring in the body which the kidneys have to cope with. (37)

The Gastrointestinal System:

There has been much less research done with COVID-19 patients and gastrointestinal (GI) issues. A study done in Wuhan, China involving 1141 positive COVID-19 patients reported that 16% only had gastrointestinal symptoms. In this group of 16%, loss of appetite was the most common reported symptom followed by nausea and vomiting (about two-thirds of those who only reported GI issues). Thirty seven percent reported diarrhea and 25% reported abdominal pain. (26) This same report also indicated that patients who also had GI symptoms in addition to other symptoms took longer to recover and experienced more severe GI symptoms as they in general became sicker.

In patients involving more significant GI issues, a study involving 412 patients who had CT scans, 31% percent showed bowel wall abnormalities (thickening of the wall, many places of the bowel had turned yellow, pneumatosis which is air found in the bowel tissue) and 20% of CT scans of those patients in this study who were in ICU had late ischemia, which the study suggested was there because of small vessel thrombosis in these critical patients where parts of the bowel were dying or dead. (6)

The Liver:

According to the CDC, liver damage is more commonly found in more severe cases of COVID-19 and it's often not known if it is a direct response to damage to the liver from the virus or a result of other issues occurring from COVID-19 symptoms. (7) In an early study done in Shanghai China, 148 consecutive COVID-19 patients had their livers tested in January 2020 over a 12-day period, 37.9% had abnormal tests upon admission but almost all tests indicated mild issues. Except for one patient who died, all of the other patients were eventually released. (45) A much larger retrospective study in the United States in March and April confirmed the findings that patients arrived with minimal or very mild increases in liver test results. They also found a correlation between the greater abnormality of testing upon arrival and a more severe form of COVID-19 which had more dire outcomes such as acute hepatitis, cirrhosis and acute liver failure. (18)

The Brain:

According to an article on the BBC website, by mid-June 2020, there were over 300 studies documenting COVID-19 related issues with the brain and neurological system. (12) There are several causes for injury to the brain and neurological system due to COVID-19:

- Hypoxia – lack of oxygen in the bloodstream
- Blood clotting
- Inflammation
- Direct infection of brain tissue as this virus is sometimes capable of crossing the blood-brain barrier

It is possible for people who have contracted COVID-19 to display only neurological symptoms, such as dizziness, headache, loss of smell, confusion etc, without ever having typical symptoms of the virus such as fever or coughing. According to the same BBC article, there are some researchers who are beginning to believe that some patients with COVID-19 are dying because the virus has impacted the control centers in the brain that regulate breathing and the heart in addition to people dying because of the direct impact of the virus on those organs.

One of the outcomes of the 1918 Spanish Flu pandemic was “sleepy sickness”, otherwise known as “encephalitis lethargica” which is extreme exhaustion caused by damage to the dopamine neurons in the brain and central nervous system. In the UK, some doctors are concerned that COVID-19 could have a similar effect and are monitoring the patients who experienced more severe forms of COVID-19 or who are experiencing signs of depression. (12, 43)

Blood Clotting in Pre and Post COVID-19 Patients/Clients:

What isn't known is how much blood clotting can occur in a person who is asymptomatic or what happens prior to the cytokine storm in a symptomatic COVID-19 patient who has mild-moderate symptoms. Conversely, blood clotting can occur in people after they have recovered from COVID-19. This can occur in people (young or old) who never had any clotting issues prior to or during the disease as well as in people who did have issues with clotting. Blood clotting can occur in people over 30 days past the point of when they were deemed COVID-19 free and can cause a stroke, heart attack, pulmonary embolism or thrombosis anywhere in the circulatory system. Knowing whether or not a patient/client has had COVID-19 is very important to know when determining a treatment plan for a patient/client.

Multisystem Inflammatory Syndrome in Children (MIS-C):

Beginning primarily in May 2020 in the United States, there have been reports of children experiencing abrupt and dramatic symptoms from what is now called "MIS-C" or "Multisystem Inflammatory Syndrome in Children". The CDC defines this as, "a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. We do not yet know what causes MIS-C. However, we know that many children with MIS-C had the virus that causes COVID-19, or had been around someone with COVID-19. MIS-C can be serious, even deadly, but most children who were diagnosed with this condition have gotten better with medical care." (8)

At this time, little is known about MIS-C, to include whether or not there are clotting issues prior, during or after when symptoms occur or what all of the symptoms are for this syndrome, as well as what lasting effects it might have on children after having it.

Covid Toes:

"Covid Toes" hit the news in the US around mid April 2020. There has been little continued information about this condition. It is not mentioned anywhere on the CDC website and there is only one PubMed article that we found on the subject in relation to COVID-19. (27) Covid Toes can occur on the toes and less frequently on the fingers. They are chilblain-like lesions of the skin. According to the Pubmed article, "it is an inflammatory disorder showing dermal edema along with a superficial and deep perivascular lymphocyte infiltrate". (29) Covid Toes have been reported in young and old as well as asymptomatic and symptomatic people, but this is not a common symptom. Symptoms of COVID Toes can evoke burning pain symptoms, have dark patches of skin or redness of the skin, peeling skin as well as swelling of the skin. COVID-19 has not been confirmed in all cases of suspected Covid Toes.

Who is a COVID-19 Survivor? (Added 9/19/20)

A COVID-19 survivor is anyone who believes they have/had COVID-19 and has not yet died from COVID-19. Because of the lack of testing, as well as a lack of accurate testing, there is no way to know how many people have or had COVID-19. The tests aren't sensitive enough to pick up micro-hints of the virus, so a person has to have enough of a viral dose at onset, or had enough time to have the virus replicate enough for a test to provide a positive reading. Getting a test before there is enough viral load in a person's body will provide a false negative.

Often, people infected with COVID-19 do not know what to do when they suspect they have the virus. Even to this day, people are told by their doctors that they do not have the right symptoms to get tested and later find out that they have COVID-19. There have also been documented cases of infrequent situations where a spouse tests positive and the other spouse who has symptoms, does not test positive even after multiple testing, but the ongoing symptoms point to COVID-19.

COVID-19, Stress and Trauma: (Added 9/19/20)

Since March 2020, there has been quite a bit of stress in everyday life due to COVID-19, without even having to catch the virus. There was the initial stress of being locked down in March and April 2020, not knowing what was going to happen, how long that inconvenience would last or how rent was going to get paid. For many, the state employment agencies had to cope with sudden mass unemployment, which led to delays in unemployment payments of significant magnitudes for many of the unemployed. There is also the ongoing stress of dealing with daily life – people who stand too close to you in a line, people who do not follow mask regulations, how to manage working from home while your children are hopefully studying online, not knowing if your seasonal allergies are actually COVID-19 symptoms, or fear from hearing that one of your friends tested positive for COVID-19 and you were recently in their presence. But once a person contracts COVID-19, the stress elevates.

This new stress begins with “do I have it”, “what do I do about it” and “am I going to die from it”? The stress increases depending on whether your healthcare system treats you from a holistic standpoint, or if you’re left on your own to figure things out based on what your primary healthcare physician does or does not tell you. For example, people with mild to moderate symptoms, often self-isolate at home. Knowing when they can stop self-isolating is often a big question. A study indicated that over 20% of the people in the study were determining on their own when to stop self-isolating instead of relying on a healthcare provider. There were different reasons for this: they had not been able to get tested and were having to manage their illness on their own, their situation did not neatly fit the parameters accepted by the CDC and their local healthcare jurisdiction, they were not part of a healthcare system, or they did not trust their doctors.

Survivors of the severe form of COVID-19 often end up on ventilators. Having “hospital delirium”, an altered mental status which has a sudden onset (a neuropsychiatric manifestation) can occur in 40-80% of those who are ventilated (11) and sometimes in ICU patients who are unventilated. Prior to COVID-19, “hospital delirium” was considered to be an issue that older adults dealt with during severe illness, but it is now being treated as a common occurrence in ICUs for COVID-19 related issues regardless of age. One of the guidelines used for determining delirium is “DSM-5” (2) in which all of the criteria must be met:

- “Disturbance of attention and awareness
- Disturbance develops acutely and tends to fluctuate in severity
- At least one additional disturbance in cognition
- Disturbances are not better explained by preexisting dementia
- Disturbances do not occur in the context of a severely reduced level of arousal or coma
- Evidence of an underlying organic cause or causes”

Burning alive, people in your room who are not there, being attacked by cats, not knowing where you are or who the people around you are, are examples of delirium. It can cause people to harm themselves as they try and get away and save themselves. Sometimes, delirium can cause people to lose cognitive function and leave people in a fog.

The effects of being in ICU, receiving the medications to treat the various effects of COVID-19 and delirium can lead to nightmares, exacerbate existing post-traumatic stress syndrome (PTSD), create PTSD and/or lead to post intensive care syndrome (PICS). PICS is the physical, cognitive and psychiatric injury that can occur when people are in ICU regardless of whether they had delirium or not. Developing panic attacks or PTSD does not require someone to have had the severe form of COVID-19. People with mild or moderate forms have developed them as well.

Long Haulers: (Added 9/19/20)

Long haulers are COVID-19 survivors who have not returned to normal health weeks to months after they have tested negative regardless of whether they had mild, moderate or severe symptoms. There are some long haulers who were sick in March and are still dealing with the effects at the time of this report. While they may have tested negative, their bodies are still dealing with a combination of long-term inflammation and damage done to systems and organs in the body.

In July 2020, the Indiana University School of Medicine and Survivor Corps published the results of a study which indicated the symptoms that long haulers were experiencing. The top 8 symptoms that were mentioned by people were:

- Fatigue 100.0%
- Muscle or body aches 68.1%
- Shortness of breath, difficulty breathing 67.0%
- Inability to exercise or be active 58.4%
- Headache 57.9%
- Difficulty concentrating or focusing 57.0%
- Difficulty sleeping 48.3%
- Memory problems 45.0%

The percentage indicates the percent of people in the study who reported that they experienced the symptom – for example, all survey participants reported fatigue as a symptom but only 68.1 % of them reported muscle or body aches. Survivors reported 98 different symptoms. (22) In looking at symptoms, it is easy to start associating the systems or organs potentially causing the symptoms, to the symptoms. For example, difficulty concentrating or focusing, or memory problems are indicative of brain injury. But massage therapists are not doctors, we do not know what the underlying causes actually are – and the survivors’ doctors do not necessarily know the full extent of damage either.

Issues with anxiety and PTSD are reported as issues among the long haulers. Every day can present new and different issues than the day before. Long haulers can have periods of what seem like recovery and then they lose ground. In the early days of March, April and May, care was often discontinued when survivors tested negative without any further education of what could continue to happen. Often, people who reported on-going symptoms, even though they tested negative, were sometimes not believed by their doctors, or it was written off as anxiety. There are long-haulers who were never tested and often had to work with the medical system without a COVID-19 diagnosis as they tried to get treatment when they were sick and when they continued to display symptoms. Not being believed and having to fight the system that is supposed to help you, while ill, is incredibly stressful.

Another common issue among long haulers which is important for massage therapists to know about are the unexplained rashes that survivors can get well after they test negative. They come and go. Sometimes they occur in the same location sometimes the shift location. This can also happen with survivors that have no other symptoms.

In July, the CDC did a small survey. They reported that of 292 COVID-19 survivors surveyed, 35% had not returned back to normal health 2-3 weeks after testing negative. Of those who had not returned back to normal health, 26% were between the ages of 18 and 34. (42)

In the UK, approximately 392,000 (at the time of this update) have tested positive for COVID-19. King’s College London estimates that as many as 3.5 million in the UK could have contracted the virus, with most not tested. The college has an app for survivors, who have not fully recovered, to track their daily symptoms. Based on this app, King’s College London estimates that there are between 200,000-500,000 current long haulers in the UK. (20)

There are many facebook pages that have been set-up for COVID-19 survivors as a support network. We would recommend Survivor Corps as a good website to review. You can read survivor stories, see pictures of common skin lesion issues, see how people support themselves as well as read recommendations for what to do for specific issues. The link is: <https://www.facebook.com/groups/COVID19survivorcorps/>

Multidiscipline Clinics Beginning to Open to Specifically Treat COVID-19 Survivors: (Added 9/19/20)

In July, the first multidiscipline clinics opened on the East Coast, predominately in New York, to treat COVID-19 survivors. These clinics are just beginning to open elsewhere in the country. These clinics treat the whole patient for whatever the issues are that the patient faces versus the piecemeal care that is often currently being provided within traditional healthcare networks. There are currently, still, very few of these clinics.

What Does All of This Mean for Massage Therapists?

Initially, the CDC was reported as stating that about 25% of the people infected with COVID-19 could be asymptomatic. Now they are reported to have said 35% (the average between 20 and 50%). Reports on small groups of infected people from China have indicated that anywhere from 40% to 80% may be asymptomatic. (13, 14, 28, 33) It is a moving target. Regardless of the actual amount, it is substantial. This, combined with the fact that we do not have good information about when blood clotting issues begin in the process of having COVID-19 or when a person is safe from blood clotting issues after they have had COVID-19, as well as what is happening in a person's body when they are recovering from the virus means that there is considerable risk involved with any kind of manual therapy, to include massage therapy.

Massaging a Patient/Client Who Has Had COVID-19:

At this juncture, each individual massage therapist has to make an extremely important decision. There has not been enough time to determine when a person is safe from blood clot risk after having contracted COVID-19. Generally, people who have clots post recovery, have had them within about 6 weeks. However, that does not mean that people do not have considerable risk past that point. We just do not know. Nor do we know what percentage of people who recover from COVID-19 have clotting issues.

In addition, people who have more severe symptoms can take a few weeks to recover, while others are still recovering and may never fully recover. People with severe symptoms are dealing with scarred lung tissue and other organ issues, regardless of whether they were or were not on ventilators. People who had moderate to severe symptoms, which involved clotting, might still be on blood thinners, post COVID-19. We do not know enough about what is going on in bodies of people who have mild symptoms of COVID-19. These people have recovered from their disease, so autopsies only occur on them if they had some other condition that caused death. People who have had mild symptoms are also at risk for post-COVID-19 blood clotting and systemic inflammation issues, regardless of age.

- **WSMTA is recommending that anyone who has had COVID-19 not be massaged for at least 3 months post-illness, regardless of whether they have been cleared for massage by their doctor.** Massage therapists should stay on top of the literature about clotting and inflammation in survivors to determine when they should lift, reduce or extend this restriction. Instead of massage, consider energy work with the focused intent of healing, or at the most, very light rocking.
 - An exception to this recommendation is if the patient/client is newly post-surgery or newly acutely injured. Massage therapists will need to determine for themselves, with the patient/client's doctor and with the patient if the benefits of providing treatment outweigh the potential risks. If you do move forward with massage, we strongly recommend that you modify the techniques that you use, which are discussed in the next subsection.
 - Another exception to this recommendation would be if the patient/client is being treated by an organized consortium of healthcare providers who can guide the massage therapist on what and what not to do for treatment during this first 90 days post negative test. **Added 9/19/20**
- When working with children, exercise extreme caution until more is known about multisystem inflammatory Syndrome.
- When working with someone who did not experience symptoms of COVID-19, but tested positive for COVID-19 antigens, exercise extreme caution until more is known about issues this subset of people may have.

How To Mitigate the Risk of Massage in the COVID-19 World:

The safest thing to do for both the massage therapist and the patient/client is to put off doing all manual therapies, to include massage therapy, until we have more factual information about clotting and other risk factors. However, people are now back to having elective surgeries, they are travelling more so car accidents and other injuries are increasing, and people in chronic pain are still in pain. So, the question is, how do massage therapists reduce as much risk as possible for both the therapist and the patient/client? Here are WSMTA's recommendations:

- Reduce the Possibility of Contracting Coronavirus:
 - Have an infection prevention and control plan in place that reduces the risk of contact and airborne transmissions. This is the topic of the next section in this document.
 - Email the patient/client information about what a session is going to look like as well as include the health intake information that will be asked so they can "pre-think" about their situation prior to arrival.
 - Remind patients to stay home and cancel their appointment if they are not feeling well or have symptoms of COVID-19.
 - Have yourself and your facility completely ready to go by the time your client shows up.

- Reduce the Risk for Your Patient/Client -- Prior to the Patient Arrival: **(Updated 9/19/20)**
 - Prior to the day of massage for the first session, whether they are a returning patient/client or a new patient/client, contact your patient/client, ask them basic questions about general well being and ask them if they have had COVID-19. If they have not had COVID-19, ask some exploring questions to find out if they think they had COVID-19. If the answer is still no, invite them to come to the clinic for their massage.
 - If they did have COVID-19, or thought they might have but could not or did not get tested, ask them the following questions:
 - what their symptoms and experiences were
 - if they had any clotting issues
 - how long it has been since they were symptomatic
 - did they have any health issues since recovering from COVID-19
 - are they on any medications since COVID-19
 - explore answers, instead of just going down a yes/no checklist
 - Explain your policy to them about waiting to do massage until at least three months after they have tested negative for COVID-19 (or in the instance of when they feel they were symptom free if they felt like they had COVID-19 at some point in the past). Talk about the ongoing issues of inflammation and the aftereffects of COVID-19. Make this a health conversation based on your client's personal situation. The last thing massage therapists should do is make a COVID-19 survivor feel stigmatized for having had COVID-19. Assure the COVID-19 survivor that this wait period is a time for their body to calm down from the virus and not because you, as the massage therapist, are afraid of catching the virus from them.
 - If they have an extenuating situation in which massage would be indicated despite the risk of clotting and other inflammation issues, investigate the situation directly with the patient/client's doctor(s) as well as discuss with the patient/client what the risks are.
 - If they are 90 days post a negative test, invite them in for a massage unless you feel that they have continuing issues that would contraindicate massage.
 - If they are within 90 days since their last negative test, explain that they'll need to wait the remaining period of time. Put together information for the survivor to include explaining what blood clots are. After the conversation, email the patient/client information about the risks of massage at this time, so that they know what to look out for in their own daily life. Ask them to follow-up at the end of the 90 days. The massage therapist could also follow up as well.
 - Regardless of status, share the following website with the patient/client, "Stop the Clot, Spread the Word", it has extremely useful information about clots. The website is: <https://www.stopthecлот.org/spreadtheword/>

- Reduce the Risk for Your Patient/Client -- Upon Patient/Client Arrival: **(Updated 9/19/20)**
 - Take the time to do a thorough health intake -- each time, every time. This is checking for symptoms of coronavirus, asking about general health and checking the signs of health (temperature, SpO2, pulse, breath rate), asking standard questions about travel, contact with someone diagnosed with COVID-19 or contact with someone symptomatic but not diagnosed, etc.
 - Ask the patient/client if they can do all normal activities and exercises without any signs of increased stress, or if they have new symptoms, such as feeling:
 - out of breath or cough during the activity
 - any odd sensations in extremities/hands/feet
 - nausea
 - dizzy, or if they
 - get tired easily
 - quickly develop headaches
 - develop chest or muscle pain
 - Even if they told you in your pre message check-in that they did not have COVID-19, ask them again, if they have had COVID-19, sometimes people forget in the moment, or they could have been concerned initially about saying yes. If they did have COVID-19 or suspect they have had it, ask:
 - Explain your policy to them about waiting to do massage until at least three months after they have tested negative for COVID-19 (or in the instance of when they feel they were symptom free if they felt like they had COVID-19 at some point in the past). Talk about the ongoing issues of inflammation and the aftereffects of COVID-19. Make this a health conversation based on your client's personal situation. The last thing massage therapists should do is make a COVID-19 survivor feel stigmatized for having had COVID-19. Assure the COVID-19 survivor that this wait period is a time for their body to calm down from the virus and not because you, as the massage therapist, are afraid of catching the virus from them.
 - If they have an extenuating situation in which massage would be indicated despite the risk of clotting and other inflammation issues, investigate the situation directly with the patient/client's doctor(s) as well as discuss with the patient/client what the risks are.
 - If they are 90 days post a negative test, invite them in for a massage unless you feel that they have continuing issues that would contraindicate massage.
 - If they are within 90 days since their last negative test, explain that they'll need to wait the remaining period of time. Put together information for the survivor to include explaining what blood clots are. After the conversation, email the patient/client information about the risks of massage at this time, so that they know what to look out for in their own daily life. Ask them to follow-up at the end of the 90 days. The massage therapist could also follow up as well.
 - Regardless of status, share the following website with the patient/client, "Stop the Clot, Spread the Word", it has extremely useful information about clots. The website is: <https://www.stopthecлот.org/spreadtheword/>
 - If this is their first session (whether new or returning for massage):
 - Ask more in-depth questions about underlying risk factors. Do they have anything in their history that puts them at greater risk for developing clots (prior history, on birth control, pregnant, have cancer, recent surgery, overweight, confined to chair or bed for long periods of time, frequent flyer, smoker, have heart or lung disease, diabetic).
 - Explain what blood clots are. Provide the patient/client a handout about the risks of massage at this time, so that they know what to look out for in their own daily life. Thoroughly explain to them so they have enough knowledge to provide informed consent.

- If they have not had COVID-19, ask them if they thought at any time they might have had it, but weren't sure.
 - Suggest to your patient/client that they might want to consider self-monitoring and purchase their own pulse oximeter for use at home, at least through the duration of their treatment which would also include other therapies.
 - Explain that even though you are following the mandated sanitation, PPE and practice guidelines of all regulating bodies, that there still is the possibility that they may contract COVID-19 and they might have clotting issues if they either had COVID-19 or were asymptomatic and didn't realize that they had it. Also indicate if any of their underlying factors put them at greater risk. You should consider giving your patient/client a form detailing what your infection control and prevention procedures are (or post them on your website) and post them on the walls of your clinic or treatment walls.
 - Have your patient sign an acknowledgement of risk, providing consent for massage.
- Reduce the Risk for Your Patient/Client -- In the Treatment Room
 - Through the end of 2020, or while COVID-19 is a common issue, WSMTA recommends that all massage therapists use caution when massaging the legs, arms, neck, axilla and around the iliopsoas -- places where major arteries and veins reside to reduce the risk causing a clot to break away -- we just don't know how many people had the asymptomatic version. What does this mean when doing massage on these body areas?
 - avoid these areas if they're not necessary to accomplish the goals of the massage
 - avoid deep pressure
 - avoid techniques involving "stripping"
 - use techniques involving jostling, rocking, sports massage techniques that are not deep and strongly compressive, use Trager®, or any other such technique not mentioned
 - find ways to be lighter and gentler with whatever techniques you do use
 - Adjust your massage even further if your patient/client has underlying health conditions that would naturally increase the risk for blood clots, even if they haven't had COVID-19.
- Re-educate yourself on the signs of stroke, heart attack and venous thromboembolism
 - stroke:
 - CDC: https://www.cdc.gov/stroke/signs_symptoms.htm
 - American Stroke Association: <https://www.stroke.org/en/about-stroke/stroke-symptoms>
 - Poster: https://www.stroke.org/-/media/stroke-files/fast-resources/ds15972_stroke-fast-poster_2020_final.pdf?la=en
 - heart attack:
 - CDC: https://www.cdc.gov/heartdisease/heart_attack.htm
 - American Heart Association: <https://www.heart.org/en/health-topics/heart-attack/warning-signs-of-a-heart-attack>
 - Poster: https://www.heart.org/-/media/files/health-topics/heart-attack/heart-attack-warning-signs-infographic-ucm_488240.pdf?la=en
 - venous thromboembolism:
 - CDC: <https://www.cdc.gov/ncbddd/dvt/infographic-risk.html>
 - NIH: <https://www.nhlbi.nih.gov/health-topics/venous-thromboembolism>
 - Poster: https://www.cdc.gov/ncbddd/dvt/documents/vte_risk-infogr.pdf
 - consider posting signs or posters in your treatment room with the warning signs of stroke, heart attack and venous thromboembolism

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Using COVID-19 Testing as a Strategy (Added 9/19/20)

Consider using COVID-19 testing as a strategy to help keep your family, friends and patients/clients healthy. Testing is a tool that can be used to help keep massage therapists and other health care providers from spreading COVID-19 to others. Therefore, learning more about how to use this tool is beneficial to us as it is part of our risk mitigation strategy.

What if My Symptoms Aren't Just My Normal Allergies?

When a massage therapist goes back to practice, or if the massage therapist has been back for a while, one of the things probably not planned for is what to do if the massage therapist gets the sniffles, or a cough, or a sore throat. According to the Washington State Department of Health (DOH), if a person starts showing symptoms of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) the person should get tested. The current Washington State Department of Health recommendation is found at: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDconcerned.pdf>

But what do you do if you are a person who has allergies, ear infections or other chronic conditions that mirror COVID-19 symptoms? You don't know for sure that you don't have COVID-19 and you don't know for sure that you do have your condition. You can either choose to stay home and remain safe for the people around you for 14 days, or you can go get tested for coronavirus and know with greater probability.

What You Need to Know Before Getting Tested:

If you have insurance, it most likely will be free to you but you generally must obtain a doctor's referral first. Telehealth works great for this if your insurance allows it. Quite a few locations offer free testing, but they ask you to use your insurance if you have it to help defray the costs. At the time of publication, testing is free for all Washington State Office of the Insurance Commissioner regulated state health plans. Federal plans regulated by ERISA and other plans offered outside of Washington state to Washingtonians may not provide for free testing, so check your plan out in advance. If you use your insurance in the spirit of helping the state to defray costs, but didn't get a doctor's approval beforehand, you will probably end up having your insurance not cover all of the expenses. Also, some sites require a doctor's approval, others will test if you only have symptoms. For the latest information about whether Washington State still offers free testing, go to this website: <https://www.insurance.wa.gov/health-insurance-and-coronavirus-covid-19-frequently-asked-questions>

Where Testing Sites Are:

To find out where testing sites are around the state, go to: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/TestingSiteOnlineResources-LHJ.pdf>

Planning for Testing:

Nasal swab testing is generally the most accurate (about 85%) with throat swabs and blood testing less reliable. Make sure you know which type of test, the testing site you plan on going to offers and what the turnaround time for results is. Also, find out what lab is processing your test – some are better than others. If your test comes back negative, but your symptoms do not clear up, contact your doctor and figure out what your next step is.

However, find out what you need to do to get tested in advance of having a need to--what requirements does your insurance have, where are you going to do it, how do you register, what days are they open, what type of test is it and how long will it take to get results. Whether you are back in practice, taking a class or attending a limited gathering of some sort that is important to you, make sure you have been healthy for the 14 days prior and get tested if you have symptoms to help ensure you are healthy enough to participate and monitor for symptoms after.

Timing for Your Test:

A report by John Hopkins, published on August 18, 2020, indicates that the best time to test is either 8 days after exposure or 3 days after the onset of symptoms. These times will give you the lowest false-negative probability. However, 5 days post exposure is the earliest recommended time that a test should be done as the probability of false-negative only continues to marginally decline past 5 days until the lowest point at 8 days post exposure is reached. An interesting note, past 8 days after exposure, the probability of having a false negative start to increase. This information can be found at: <https://www.acpjournals.org/doi/10.7326/M20-1495>

The reason for delaying testing until at least 5 days after exposure or 3 days after symptoms, is that it takes time for your body to develop enough viral load to be picked up by a test and show a positive result. According to the John Hopkins data, testing the same day of, or the next after exposure will lead to a 100% false-negative test, and testing two days after the exposure will result in a very slight decrease from a 100% false negative. If you are planning on taking a trip and end up flying somewhere, plan on getting yourself tested either 5 days after your return flight (the day of potential exposure) plus the time it takes to get your results before you plan to go back to practice – or consider taking 14 days before returning to practice. If you start having symptoms, wait three days after you start experiencing symptoms to get tested – often, it will take that long to schedule your test.

Preparation for Returning to Practice

Creating an Infection Prevention and Control Program:

The WSMTA strongly recommends that the *WSMTA's Interim Guidance on Personal Protective Equipment (PPE)* and *WSMTA's Interim Guidance on Sanitation* be read prior to starting this section. It has much of the information needed to fill in the gaps of knowledge that might exist that are needed to put an action plan together. There are also useful suggestions on some strategies, especially in the document on sanitation. Please also review pages 5-11 of this document, keeping in mind the information regarding "standard precautions" and reducing infectious transmissions through "transmission-based practices" on page 4.

- Assess the risk to the massage therapist and staff, for existing underlying health conditions that put the massage therapist and staff at risk. Determine if each person should continue, return to practice, or possibly delay a return to practice. This information can be found on the CDC website at: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpeople-at-higher-risk.html
- Determine what PPE is needed for staff and patient/client use, where is it purchased from, how much is needed, where will it be stored, how will it be stored, what training is needed on how to use it?
- Determine what type of sanitation supplies are needed, where is it purchased, how much is needed, where is it stored, how is it stored, how to use it, what PPE is required to use it, what training is needed on how to use the PPE and the cleaning and disinfecting material?
- Determine the cleaning and disinfection procedures and schedules.
 - Determine what should be disinfected after every touch.
 - Determine what the high touch objects are as well as medium and low and create routine disinfecting schedules.
 - Review all procedures related to handling, storing and laundering linens or fabric PPE.
 - Review the process for removing and putting on PPE in the practice setting. What things are going to be touched in the process of removing PPE that will need to be disinfected? Where will the massage therapist remove and put on their PPE in relation to trash receptacles, wash stations and other things needed to put on and remove PPE items.
 - Review each room to determine what cleaning and disinfecting procedures may need to be updated.
- In non-treatment areas, what is the maximum number of people allowable per area -- reception, behind the front desk, hallways, breakrooms, multiple person bathrooms, offices, other spaces?
 - In a clinic with multiple treatment rooms, will the size of your reception area allow 6 feet between patients/clients as they wait? Will some have to wait in their car once checked in, or are there other areas where they can wait? Will you need to stagger session start times so that patients/clients do not all arrive at the same time?
 - What are the pinch points? These are areas people stack up such as the bathroom, computers for massage therapists and staff, water fountains, and corners or intersections in hallways. For clinics, how can the separation of people be maintained for social distancing (massage therapist as well as patient/client)?
- Remove non-disinfectable items from primary locations <https://www.ncbi.nlm.nih.gov/pubmed/28916372> Whether in the treatment room, a pathway to and from areas, the bathroom, breakroom, front desk area, waiting room area, there are many items that cannot, or cannot easily, be disinfected that are likely to be touched by patients/clients, massage therapists and staff. The WSMTA recommends that these items be removed, replaced or covered with material that can be disinfected, at least temporarily. This could be anything from a fabric covered chair or the massage therapist's favorite fabric wall hanging in the treatment room to magazines in the waiting area.

- Can you run your massage practice or clinic without blankets? The WSMTA is recommending that massage therapists discontinue the use of blankets with massage, if at all possible. Consider options of increasing the heat in the office, using table warmers and/or using a flat flannel sheet in lieu of a blanket over the top flat sheet on the table. This eliminates the need to have a clean blanket for each patient/client, it will reduce the storage space needed for linens and it will reduce the amount of wash and dry cycles needed throughout the day to wash a blanket after every client usage, as required in [WAC 246-830-500](#)
- Remove commonly handled items not pertinent to providing care. If a massage therapist collects knick knacks that often get handled, regardless of where they are in the work environment, even though they might be disinfectable, the WSMTA recommends that they be removed temporarily from the work environment. Between clients, there are many surfaces that need to be cleaned. The less that patients/clients touch, the less time it takes to clean. There is no guarantee that the massage therapist would know everything that was handled, especially when the patient/client is changing behind a closed door, which would mean that all knick knacks would have to be wiped down if they are stored within patient/client reach. If the massage therapist does not want to remove them, then consider putting them out of reach.
- Review how all items in a treatment room are handled. Is there enough space and storage for items that are used that are clean and dirty? For instance, is there a space for all pillow needs, ones not being used, as well as space for changing bolstering when moving the patient/client around on the table, as well as space for used pillows that are no longer needed?
- For each patient/client visit, how much time afterward is needed to change the room, clean and disinfect all high touchpoint areas and equipment used?
- Remove coffee, tea or water services. If coffee or tea are provided for either staff or patients/clients, consider temporarily suspending service. Water fountains may be easier to manage if used only by staff and protocols are put in place to clean surfaces after every use and if hand hygiene (page 39) is used after touching the water dispenser. This might mean temporarily moving the water dispenser out of the patient/client eyesight.
- Determine what signage and taping is needed instructing patients/clients on standard recommendations for cough and hand hygiene and social distancing. Ready made signs can be found on the CDC and WHO websites at:
 - <https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit.html>
 - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> scroll to the bottom of the page for various downloadable signs.
- Sometimes, patients/clients bring family members (parents with children they could not find a babysitter for, an interpreter (professional, family or friend), or friends. Determine who may or may not attend a session with the patient/client. Make sure that patients/clients know to inform the massage therapist or clinic in advance if they find themselves in a situation of having to bring another person. The companions of patients/clients should also be screened for health, including understanding any underlying health risks they may have.
- **(Added 5/31/20)** Create a handout for patients/clients to use as a basis for educating them on blood clotting issues. Educate the massage therapist(s) and staff about the mechanics of COVID-19 on the vascular system and the issues it creates with blood clotting before and after the illness. Create a policy on how to work with patients/clients who have had COVID-19, who have tested positive for COVID-19 antigens, children, or who have underlying risk issues whether with regards to COVID-19 or blood clotting. Incorporate these into the prescreening and intake process and add information about this to your acknowledgement of risk and consent to massage form.
- Review intake materials. The intake paperwork should include a patient/client acknowledgement that there is risk inherent in obtaining massage due to being within the six foot social distancing guidelines regardless of following infection prevention and control guidelines and a provision for consent for care given the risks. There should be a sign off by massage therapist and the patient/client acknowledging that they will stay home in the instance of illness the day of a massage session and if they come into contact with someone with COVID-19 or has had COVID-19 up to 14 days prior to the massage. There should also be an acknowledgement that if the massage therapist or patient/client are not within measured signs of health or have symptoms that the massage session will be cancelled.

- How will the health of the massage therapist, staff and patient/client be checked and how often? How and where will the information be recorded? What tools are needed to check for health, what are the sanitation and PPE needs, and what training will be needed? What forms will need to be created or updated?
- If a massage therapist, staff or patient/client presents has symptoms or presents as unhealthy what are the procedures for handling this?
- If the massage therapist, staff or patient/client discovers that they have COVID-19 what should the massage therapist, clinic or patient/client do? This means that the patient/client should be informed about providing notification to the massage therapist or patient/client. Note: the sanitation portion of this is discussed in *WSMTA's Interim Guidance on Sanitation* in the "Disinfecting" section and the "How to Clean and Disinfect the Office Area" subsection.
- What are the return to practice guidelines for the massage therapist and return to treatment guidelines for the patient/client who has had COVID-19? Guidelines from the CDC can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

Communicate With Patients/Clients Prior to Returning, Keep Them Informed of Changes:

- Stay in touch with patients/clients as much as possible. Give them periodic updates.
- If your practice or clinic is closed tell your patients/clients why.
- Explain that the WA State Department of Health (WA DOH), Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA) and your professional associations have provided guidelines that you are following.
- Provide patients/clients with information on how your practice or clinic is changing to make them and you safer.
- Note that the tone of communication and the language used is very important.

Test and Purchase Necessary Sanitation Supplies, Tools and Personal Protective Equipment (PPE):

- At this point, massage therapists may have little choice about which PPE and Sanitation supplies are purchased, you may need to buy what you can find, when you find it or it won't remain available.
- Ideally, a massage therapist would test an item first, such as protective eyewear, and then go back and purchase multiples of the models that fit best and most comfortably. However, you might only find one or two available and might have to purchase them to guarantee that you have something that works and then go for comfort when you can find it.
- Think creatively. If a massage therapist cannot find something easily online, think of all the different types of industries it might be used in and look on those websites. For instance, goggles are hard to find. But they are used in so many different industries for many reasons. They are used in construction, material handling, automotive and so forth. Sometimes, you can find things in retail stores (when they fully reopen again), that you cannot online.
- In the "WSMTA's Interim Guidance on Sanitation" document, we offered this advice for finding disinfecting supplies:

Many of the disinfectants most likely to be known and available to massage therapists from the EPA N List will be regular household cleaning products like "Lysol", "Clorox" and other similarly branded products. Generally, these products have harsh chemical smells. The WSMTA recommends that massage therapists contact a local nursing home, their personal dentist, their family doctor or a nearby naturopathic physician who might be able to recommend a brand(s) for wipes and sprays which have no or low odor. Many of the brands used in the nursing, medical or dental end of healthcare are not available at this time or not available except by purchasing through a distributor. If a massage therapist is not able to directly purchase the recommended products online, a massage therapist might want to consider asking their contact if they might be able to add a small purchase with the next order their contact makes or buy a starting batch directly from their contact.

When Close to Returning to Practice, Triage Patients/Clients for Urgency of Care Needs:

- When massage therapists are able to return to massaging routine care patients/clients they will most likely need to determine how to reorder the treatment schedule. How this is done depends on what type of practice or clinic it is.
 - If the practice is more spa or relaxation-based, the massage therapist or clinic might be more oriented to first-come first serve.
 - If the practice is more treatment-oriented, the massage therapist or clinic might need to triage current patients/clients to know who to schedule first and how often before scheduling patients/clients with less need around them in remaining time slots.
- If the massage therapist or clinic has been closed since the start of "Stay at Home", consider starting the first week with 20% fewer patients/clients than the massage therapist or clinic feels they can handle with the new social distancing guidelines. This is to ensure that patients/clients flow smoothly and the massage therapist has enough time between patient/clients to complete all room turnover, charting and sanitation steps.

Massage Therapist and Staff are Fully Trained:

PPE Training

Under OSHA guidelines, employers are responsible for training their employees in all PPE and sanitation practices. However, self-employed massage therapists also need to follow the same guidelines and know how to use all supplies and equipment safely. This section is from the OSHA website at:

<https://www.osha.gov/SLTC/personalprotectiveequipment/index.html>

- Employers are also required to train each worker required to use personal protective equipment to know:
 - When it is necessary
 - What kind is necessary
 - How to properly put it on, adjust, wear and take it off
 - The limitations of the equipment
 - Proper care, maintenance, useful life, and disposal of the equipment
- If PPE is to be used, a PPE program should be implemented. This program should address the hazards present; the selection, maintenance, and use of PPE; the training of employees; and monitoring of the program to ensure its ongoing effectiveness.

Sanitation Training

This same planning and training also need to occur for sanitation activities, to paraphrase OSHA's PPE language:

- Employers are also required to train each worker required to use cleaning and disinfecting supplies to know:
 - When it is necessary
 - What kind is necessary
 - How to properly use it
 - What kind of PPE is needed to use it, how to put it on, adjust, wear and take it off
 - The limitations of the cleaner and disinfectant
 - Proper care, maintenance, useful life, and disposal of the cleaning and disinfecting materials and equipment.

- If cleaning and disinfecting materials are to be used a sanitation program should be implemented. This program should address the hazards present; the selection, maintenance, and use of cleaning and disinfecting materials and the proper PPE required to use it; the training of employees; and monitoring of the program to ensure its ongoing effectiveness.

The massage therapist and staff should be fully trained on all new items they will be handling, whether it's new items like infrared thermometers and pulse oximeters as well as to all new procedures.

Patient/Client Check-in Training (Added 5/31/20)

This same planning and training also need to occur for checking in patients/clients. Know where items will be stored, have disinfecting and hand sanitizing materials handy and have all your policies and procedures in place.

Prior to the Start of the Massage Session

Notify Patients/Clients of the New Check-in Process:

- Indicate how early the patient/client should arrive.
- Describe any changes to the office or clinic: for instance, spacing of chairs, removal of some items, lines on the floor, any clear plastic dividers to reduce air flow contact between patient/client and front desk staff.
- Describe the check-in process. Indicate if the patient/client's temperature, blood oxygen, pulse and rate of breathing may be taken.
- Clinics should indicate that patients/clients may be asked to remain in their cars if the waiting room reaches maximum capacity.
- Indicate that people who are not feeling well should stay home and reschedule their appointment.
- Recommend the patient/client shower and put on clean clothes just prior to departing for the massage and to travel directly to the massage therapist's office or clinic to reduce the amount of contamination on the patient/client.
- **(Updated 9/19/20)** Remind patients to wear facemasks (surgical masks or homemade) and ask that they refrain from wearing N95s or equivalent models, if it is at all possible unless they feel their health would be compromised. If they do want to wear their N95 ask that they bring another form of mask with them if they have it. N95s require seal around the mouth and nose to be effective. This seal cannot be maintained while the patient/client is prone in a face cradle. KN95s generally work fine in the face cradle.

Do As Much Screening Before the Patient/Client's Arrival as Possible:

- **(Updated 5/31/20)** Use phone, email, text or video conferencing as much as possible prior to the patient/client's arrival, especially for new patients/clients. Find out if new or returning patients/clients have had COVID-19 prior to their first visit. If a patient/client informs you that they have tested positive, inform them of your policy regarding patients/clients who have had COVID-19 and educate them on the issues of blood clotting.
- Have as many new patient forms submitted electronically as possible.

When Patients/Clients Arrive:

- If patients arrive and there is not enough space in the reception area, ask them to wait in their car until there is availability of space.
- Have patient/client use hand sanitizer upon arrival.
- **(Added 5/31/20)** Handle the payment at anytime in the process (before or after the massage) at a time where it makes sense to the massage therapist to do so in order to save on an extra round of hand sanitizing. For instance, with new patients/clients that need to fill out paperwork, take their payment when they hand you paperwork that you have to process. Whether you handle cash or credit card use hand sanitizer afterwards and wipe the credit card machine after each person touches it.
- If the patient/client was unable to fill out forms online, have them do it in the office instead of bringing filled out forms with them.
- Screen patients/clients for health. Record findings in the patient/client's chart or online record.
- Explain the new procedures in the office or clinic regarding PPE, coughing/sneezing, handling items, sanitation as needed, especially in the first return to care visit and for new patients/clients.
- The patient/client's PPE should be reviewed and checked for correctness of use. If the PPE is substandard, if available, a disposable surgical mask should be provided as the patient/client can then leave the office or clinic with it on. If a surgical mask is not available, then the patient/client should be given a temporary cloth mask to use while in session that is left in the room as part of laundry during the cleanup process.
- **(Added 5/31/20)** Have disinfected pens in one container available and another container labeled for used pens. Disinfect pens between use.

Donning PPE:

The information about how to don and doff (put on and take off) PPE is from the CDC website at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

- According to the CDC information, donning should occur prior to entering the patient/client room. However, if you have a home practice or work in a single person office with no internal waiting area that patients/clients can let themselves into, you should don PPE prior to greeting the patient at your door, if you have to individually let them into your home or office.
- If you choose not to wear gloves except when doing specific tasks when in the treatment room, you can put them on or take them off in the treatment room as long as you do hand hygiene (page 39) before putting them on and do hand hygiene (page 39) after taking them off if you do so in the room.

During the Massage Session

In the Treatment Room, Before Massage Begins:

- **PPE and Sanitation Explanation:** Explain PPE and sanitation while in the treatment room. The patient's facemask should remain on at all times. If the patient/client experiences problems with the facemask when prone, especially any kind of phobia, put your backup plan into practice, which may include having your patient/client lie sideline, or to be seated if the original intent was to only massage the back and arms while prone.
- **Intake requires no contact:** If the intake does not require the massage therapist to have contact with the patient/client, then maintain 6 feet of distance without the patient donning eye protection.
- **Intake requires contact:** If the massage therapist/patient does any form of assessment that requires contact, then provide the patient/client with eye protection before beginning.
- **Placement of patient/client items:** Explain to the patient/client where to place clothing, bags, shoes, loose items and any PPE.
- **Hand Hygiene:** Explain what hand hygiene is and when the patient/client should do it -- after accidentally touching face or PPE, before undressing, before getting on the massage table and before dressing.
- **Floor Strategy:** Explain how and where the patient/client will stand to get undressed and on the massage table as well as . (Read "Treatment Floor Strategy" in the "Disinfecting" section of *The WSMTA's Interim Guidance on Sanitation*)
- If the massage therapist touches their own or their clients PPE or face, use hand hygiene (page 39).

Massaging the Feet, Hands, Hair, Face and Neck -- and Intraoral -- and Oil/Lotion Container and Tools:

This entire subsection is from the "Treatment Strategy for the Massage Therapist" section of *The WSMTA's Interim Guidance on Sanitation*.

The hands, neck, face and hair/scalp represent high risk areas for possible contact with COVID-19. The feet can be at risk depending on if the person is a sock wearer or not and on what precautions the massage therapist takes in their treatment room to protect the patient/client from coming into contact with the floor.

OSHA's website at: <https://www.osha.gov/SLTC/covid-19/healthcare-workers.html> as the following recommendation:

Work from clean to dirty (i.e., touching clean body sites or surfaces before touching dirty or heavily contaminated areas) and limit opportunities for touch contamination (e.g., adjusting glasses, rubbing the nose, or touching face with gloves that have been in contact with suspected or confirmed COVID-19 patients or contaminated/potentially contaminated surfaces). Also, prevent touch contamination by avoiding unnecessary touching of environmental surfaces (such as light switches and door handles) with contaminated gloves.

Please note that hand sanitizer cannot not be used on oil or lotion covered hands. The surface area has to be cleaned of any "soil" first prior to disinfecting. Hands have to either be washed or disinfecting wipes would have to be used to remove the lotion and oil. Once it is removed, then another wipe or sanitizer can be used on the hands.

The WSMTA is making the following recommendations:

- Use hand sanitizer or disinfecting wipes just at the beginning of the massage. Despite having washed hands, the massage therapist will have touched many different things prior to the patient/client getting on the table.
- **(Updated 9/19/20)** Think strategically about organizing the massage so "clean" areas of the body can be massaged at the same times and then the "dirty" or riskier areas of the body can be massaged afterwards. Sometimes the treatment strategy will not allow for this, which means that extra hand hygiene will be required if you move from a "dirty" area to "clean".

- Use hand sanitizer (if you do not use lotion or oil) and disinfecting wipes or wash your hands (if you use lotion or oil) anytime you go from a "dirty" area of the body (neck, head, hands and potentially feet) to a clean area of the body.
- Feet: If the massage therapist knows they will be massaging the feet before the start of the session, depending on the situation, the massage therapist could ask the patient/client to use hand sanitizer or a sanitizing/disinfecting wipe on their feet as they get onto the massage table.
- Hands and forearms:
 - Have all patients/clients use the restroom to wash their hands up to their elbows (or as far to the elbow as clothing will allow) just prior to the session starting. Depending on what you observe in the session, you could also ask them to use hand sanitizer just prior to massaging their hands if they have been touching their face a lot.
 - Or, if they have been wearing long sleeves all day, you could have them bypass the hand and forearm washing and just provide hand sanitizer just prior to massaging their hands.
- Hair: The scalp can be massaged without coming into contact with the patient/client's lips, nostrils and eyes. Depending on how long the hair is and the style, it most likely will come into contact with the massage therapist's forearms, so keep this in mind when washing your hands and forearms after the massage.
- Face: Only massage the patient/client's face in an urgent care situation. To massage the face, the client will need to remove facemask and eye protection which creates risk of contaminating the patient/client's PPE and creates a more unsafe environment for both parties with the patient/client breathing into the shared air space of the treatment room. There is too much risk that the massage therapist's hands could create contact with the patient/client's lips, nostrils and eyes during the face massage.
- Neck: The neck presents an issue such that the massage therapist's hands and forearms come into contact with the neck, ears, hair and often the face. Often the thumbs and possibly the thenar eminences will wrap up and touch the cheeks. This means that the massage therapist's hands will quite likely come into contact with the patient/client's facemask. Especially when doing range of motion testing or any other kind of movement of the head.
 - Because of this, we recommend that neck massage be the very last thing that is done in the session to minimize the spread of germs from the patient/client's facemask to the rest of their body.
 - We also recommend that massage therapists suggest to the patient/client prior to the massage that they bring an extra facemask with them in case they need to change it after the massage.
- Intraoral: Only do intraoral massage with patient/clients with urgent need. To work intraorally, the client will need to remove their facemask which creates risk of contaminating the patient/client's PPE and creates a more unsafe environment for both parties with the patient/client breathing into the shared air space of the treatment room. There is too much risk that the massage therapist's hands could create contact with the patient's face and transfer that into the patient/client's mouth. If intraoral was performed in an urgent situation, we recommend that the client use a disinfecting wipe to wipe around the mouth. However, there are YouTube videos showing how to do intraoral massage that patient/clients can be given for selfcare that the massage therapist can review with the patient/client as an interim substitute for when it is again safe to practice intraoral.
- Oil/lotion container and tools: If the massage therapist moves from massaging "dirty" or higher risk areas of the body to "clean" areas, the lotion container or tool is either washed (same protocol as the 20 second hand hygiene wash as it is soiled) or wiped of any lotion or oil with a disinfecting wipe(s) to clean it and then wiped with a second wipe to disinfect it.

The Massage Therapist's Facemask:

This excerpt is from the "Extended Use and Reuse of PPE -- Disinfecting, Storage and Disposal" subsection in the "Disinfecting" section of *The WSMTA's Interim Guidance on Sanitation*.

If the massage therapist is wearing a surgical mask or N95 respirator, the WSMTA recommends that if the massage therapist has clients scheduled back-to-back, to not remove the facemask and protective eyewear while turning over the treatment room or clinic area for the next client, to reduce the possibility of contamination to the PPE. We recommend removing the facemask and protective eyewear only on breaks or for larger gaps in your schedule (if appropriate for your situation), appropriately storing them, and then using appropriate hand hygiene (page 39). If you are wearing homemade facemasks, then changing them between patients/clients is recommended, using appropriate hand hygiene (page 39).

Where to Doff PPE:

The information about how to don and doff (put on and take off) PPE is from the CDC website at:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

- According to the CDC information above, doffing of gloves and gowns (or in our case aprons or smocks) should occur in the patient room. Generally, most home practices have laundry baskets and trash receptacles in the room, so this works. If your laundry basket does not fit into the treatment room, remove your gloves, exit the room and take extra care in taking off your gown (or in our case aprons or smocks) outside of the treatment so as not to touch any surrounding furnishings.

After the Massage Session

Between Patients/Clients:

- Follow established cleaning and disinfecting protocols while changing over the treatment room.
 - Clean all soiled contact areas, furnishings and reusable PPE prior to disinfecting. Cleaning and disinfecting are discussed in the *WSMTA's Interim Guidance on Sanitation*, at the beginning of the "Disinfecting" section.
 - Throw away any disposable materials and PPE used to clean and disinfect.
 - Perform hand hygiene (page 39).
- Notate in each client's chart or computer record that all extra cleaning and disinfecting protocols were followed. This could be an abbreviation or a box that gets checked if it is a paper chart.

Going Home After Work:

There is almost no information on the internet about what healthcare workers should do when going home after work. Except to briefly say, change out of scrubs at work (if worn) into street clothes and upon arriving home, remove shoes and put your outer clothes into the washing machine separate from clothing worn only in the house, and then shower immediately.

It is best to remove your shoes immediately before or just as you enter your home. Take your clothes off as close to an entry as possible, ideally in a location no one else in the home enters. If you cannot immediately wash your clothes, have a receptacle lined with a plastic bag and with a lid to store them in until they can be laundered.

Laundry:

If the massage therapist washes their own linens and works outside of their home, transfer the linens in plastic bags or plastic totes with a lid. Disinfect the outside of the bags or totes before bringing them into your home or laundromat. Disinfect around the entrance way into the washer and dryer before and after. Either wear gloves or use proper hand hygiene (page 39) after touching dirty laundry and before touching clean laundry as well as when handling the bags or totes. Follow the guidance for laundry in the "Disinfecting" section and "Extended Use and Reuse of PPE -- Disinfecting, Storage and Disposal" subsection of the *WSMTA's Interim Guidance on Sanitation*. Either use clean plastic bags or use disinfected totes to return the clean linens to the office, disinfecting the outside of the bag or tote when they are returned.

If the massage therapist works within their home and uses their own washer and dryer, make sure to transfer clean and dirty laundry in separate containers unless the container can be thoroughly disinfected before putting clean laundry in it.

Hand Hygiene

This section on hand hygiene is copied from the "Disinfecting" section and "Hand Hygiene" subsection of the *The WSMTA's Interim Guidance on Sanitation*.

What is Hand Hygiene?

The information provided in this section is from the CDC at:

<https://www.cdc.gov/handhygiene/providers/index.html>

Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.

- Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers.
- Alcohol-based hand sanitizers are the preferred method for cleaning your hands in most clinical situations.
- Wash your hands with soap and water whenever they are visibly dirty.

- When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.
- Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet.
- Avoid using hot water, to prevent drying of skin.

The information provided in this section is from the CDC at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene-faq.html>

The CDC continues to *recommend* the use of alcohol-based hand rub (ABHR) as the primary method for hand hygiene in most clinical situations¹. ABHR effectively reduces the number of pathogens that may be present on the hands of healthcare personnel after brief interactions with patients or the care environment. In addition, frequent use of ABHR formulated with emollients is less damaging to the skin than frequent hand washing. This factor, along with ease of use and greater access, leads to greater overall compliance with use of ABHR than hand washing with soap and water. Hands should be washed for at least 20 seconds with soap and water when visibly soiled.

The information provided in this section is from the CDC at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene.

Massage therapists should perform hand hygiene every time their hands come into contact with their own or their client's PPE (especially facemask and eye protection), every time they remove their PPE or just prior to gathering up PPE to put on.

For Safety, Keep Skin Moisturized (Added 5/31/20)

This is copied from the American Academy of Dermatology at: <https://www.aad.org/public/everyday-care/skin-care-basics/dry/coronavirus-handwashing>

- There is **no evidence** that using a hand sanitizer makes it easier to pick up germs. It's dry skin that increases your risk of picking up germs. If you have dry skin from using hand sanitizer, apply moisturizer immediately after your hand sanitizer dries.

- Handwashing helps to prevent illness, but frequent handwashing can dry your skin. To prevent and heal dry skin, apply a hand cream or ointment after you wash your hands.
- When skin is moist, it can better protect you from germs.

After doing hand hygiene:

- Dry your hands with a clean towel but leave some water on them. You can also let your hands air dry. While your hands are slightly damp, apply your hand cream or ointment.
- Apply a pea-sized amount of hand cream or ointment into your skin, making sure you work some of the moisturizer into your fingertips and nails. Dermatologists recommend using a hand cream or ointment that:
 - Contains mineral oil or petrolatum
 - Comes in a tube rather than a pump-bottle
 - Says it's "fragrance-free" and "dye-free"

This moisturizer tends to feel less irritating to dry, chapped skin.