

VET PHYSIO PHYLE COVID-19 DECLARATION

In signing this document I accept the requirements and regulations of Vet Physio Phyle's treatment regimes and practice outlined below.

Please tick all boxes, circle the YES/NO options, print, sign and date the form.

VET PHYSIO PHYLE ACTIONS

- Pre-visit risk assessment for each yard.
- Sanitising equipment and changing clothing between each appointment.
- Hand washing with hot water and soap between each appointment.
- Strict use of face masks at all times.
- Daily temperature checks that are recorded.
- Subscriptions to NHS Track and Trace app.
- In the event of being unwell, the client will be contacted as soon as possible to reschedule appointments. No client will be visited in the instance where I am unwell.
- New referrals will be discussed with the vet to determine the clinical condition of each case in addition to the practical considerations of stable yard set up.

CLIENT ACTIONS

- Please ensure only one person is present at the time of the appointment with no congregating or spectating of appointments.
- Please ensure that the location where the treatment is taking place is not in an area of high volume traffic.
- Please ensure the horse is tied up appropriately for the appointment time to avoid contact with both yourself and head collars/leadropes.
- Please ensure all gates/doors are open for my arrival to avoid contact.
- Please have a bucket of water ready to hand for either hand washing or for Radiofrequency appointments. I will provide my own soap and towel.
- All payments are to be made by bank transfer or Paypal. No cash please.
- Please wear a mask for the duration of the treatment and ensure to maintain a 2 meter distance from me at all times.
- If your horse is unsettled to treat, please either have a haynet ready or discuss the potential for sedation from your vet.
- Please ensure loose dogs are kept away from my area of practice to decrease risk of transmission further.
- Please advise of any yard specific lockdown measures that are being implemented prior to the date of your appointment.
- All clients are to complete a COVID-19 Declaration Form prior to the appointment time which confirms that you are not experiencing or come into known contact with anyone with COVID-19 symptoms, and also risk assessment for each stable yard.

STABLES RISK ASSESSMENT

- Do you have any gates and/or doors that have to be opened to access your horse for the treatment? **YES/NO**
 - If yes, can these be opened for me upon arrival? **YES/NO**
- Are there any loose pets? **YES/NO**
 - If yes, can these pets be contained during the appointment time to reduce the risk of virus transmission? **YES/NO**
- Is it possible to treat your horse outside, or only in a stable? **YES/NO**
 - If only stable treatment is available, can the horse be treated without the handler present in the stable? **YES/NO**
- Is it possible to maintain a social distance during the treatment? **YES/NO**
 - If no, please outline the reason here to allow for my assessment as to whether I will be able to carry out the appointment:

- Are you able to provide water for hand washing? **YES/NO**
 - If no, hand sanitiser will be used prior to and following the appointment.

This form will be stored alongside your client records for future reference and protection. If any information on this form is subject to change, notification is to be made as soon as possible to Vet Physio Phyle.

I confirm that I am not currently experiencing any symptoms of COVID-19. If this changes, I will contact Calli Charles from Vet Physio Phyle immediately.

I confirm that I have not knowingly been in contact with anyone experiencing symptoms or diagnosis from COVID-19.

I confirm that I will wear appropriate PPE at the time of the appointment.

I confirm that I will adhere to the client actions outlined below.

I have read and accept the precautionary actions taken by Calli Charles at Vet Physio Phyle to minimise all risk where possible.

I agree to the application of the information collected from this form to a risk assessment form provided by Health and Safety Executive.

Print: _____

Signed: _____ **Date:** _____



Thank you for your compliance and consideration.

Calli Charles BSc (Hons) Veterinary Physiotherapist
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