

CBTA - CV19 - Risk Assessment Checklist

Owners Name:

Dogs Name:

Date: / /2020

To be used via telephone/video consultation prior to a proposed visit or appointment:

- Y/N** Does the history indicate that the Canine Bowen Technique Session is necessary and valuable at the current time?
- Y/N** Has a thorough history been obtained so that face to face discussion can be avoided or minimised?
- Y/N** Does anyone at the property being visited:
- Y/N** Have a high temperature?
 - Y/N** Have a persistent cough?
 - Y/N** Have a loss of/change to sense of smell or taste?
- Y/N** Is anyone at the property undergoing self-isolation?
- Is there anyone at the property who is considered vulnerable to, or requires shielding from, COVID-19 as a result of:
- Y/N** Age over 70
 - Y/N** Underlying health condition
 - Y/N** Pregnancy
- Y/N** Has it been established who from the client's premises will be in attendance during the visit/appointment?
- Y/N** Are they the most appropriate person?
 - Y/N** Has it been explained that others should not attend unless there is a specific need for more assistance?
 - Y/N** Has the need for physical distancing and wearing of gloves (if you decide to use gloves) been emphasised?
- Y/N** Has a strategy been determined that permits physical distancing?

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- Y/ N Have arrangements for parking and raising attention been discussed?
- Y/ N Have facilities for hand-washing been discussed?
- Y/ N Has the importance of not handling your equipment been discussed?
- Y/ N Have you explained that you are unlikely to discuss the case in person but will discuss the case by phone/video after the visit
- Y/ N Has the journey been planned to avoid/minimise stops?
- Y/ N Has the need for an outdoor session been discussed?
- Y/ N Have you explained that you may refuse to proceed with the session if you feel that it cannot be undertaken safely?
- Y/ N Do you have appropriate means of bagging/containing anything that cannot be sanitised/sterilised at the property, including overalls/practitioner 'top layer' clothing?
- Y/ N Have you summarised your justification for the visit on your notes or below?
- Y/ N Has any other practice/practitioner refused to attend on the basis of a CV19 risk assessment?
- Y/ N Are you happy to attend on the basis of the results of this risk assessment?

NOTES:
JUSTIFICATION FOR VISIT:
AGREEMENT OF VISIT PLAN/RISKS FOLLOWING THIS RISK ASSESSMENT WITH OWNER: Y/ N
HOW & WHEN WAS PLAN AGREED WITH OWNER? BY EMAIL/PHONE ON DATE: / /2020
SIGNED BY OWNER (EMAIL SIGNATURE ACCEPTED):