# COVID19 Assurance Form

Setting/School: Date Completed:

Completed by: Designation:

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| **Measure required** | **Links to documents** | **Evidence/Relevant Documents/information** |
| 6 principles of prevention are actively implemented:  1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend settings  2) clean hands thoroughly more often than usual  3) ensure good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach  4) introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach  5) minimise contact between groups where possible  6) where necessary, wear appropriate personal protective equipment (PPE) |  | Please provide completed Covid Risk Assessment |
| Contact number provided to therapist/health provider to ring on the morning of the appointment to complete a pre attendance Covid call regarding Covid cases in the school |  | School Setting Contact Number:  Time telephone is manned:\_\_.\_\_ - \_\_.\_\_ |
| Space will be provided for all appointments allowing for   * 2m social distancing for the duration for the appointment and any subsequent liaison * No through traffic e.g. not a corridor |  |  |
| The child/young person will be bought to the appointment venue by a member of school/setting staff working in their ‘bubble’ |  |  |
| \*Where requested by the provider, this member of staff will remain during the appointment to enable of the facilitation of the session, providing direct support to the CYP |  |  |
| Confirmation of schools engagement in track and trace program and that the service will be contacted should a positive case be confirmed within the school environment |  | Provider Contact Number in the event of a positive Covid case being confirmed  Tel: 01493 808630  Manned 08.30 – 16.30  Please email [ecch.saltcovid@nhs.net](mailto:ecch.saltcovid@nhs.net) in the event of a positive case in your setting |
| Confirmation that school/setting understand that visiting therapy staff may have attended a different appointment immediately prior to the appointment at their premises. This visit may have included another setting or a home visit. |  |  |