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| **Coronavirus Risk Assessment for Visiting Adult Care Home Providers** | | | | | | | | | | |
| **This template risk assessment is intended to help you document the risk control measures you have introduced within the workplace to control the spread of coronavirus (COVID-19).**  **You must modify this risk assessment to ensure it reflects your activities and the specific risks and controls you have in place.** | | | | | | | | | | |
| **Location/Dept:** | | | | | | **Date Assessed:** | **Assessed by:** | | | |
| **Task/Activity:** Designated Person (Visitor) visiting protocol | | | | | |  | **Reference Number:** | | | |
|  | | | **Risk rating before implementing control measures** | | |  | **Risk rating after implementing control measures** | | |  |
| **Activity/ Task** | **Hazard/Risk** | **Persons at Risk** | **Likelihood (1-5)** | **Severity (1-5)** | **Risk/Priority** | **Controls Measures in Place** | **Likelihood (1-5)** | **Severity (1-5)** | **Risk/Priority** | **Additional Controls Measures Required** |
| Designated Person visiting home | Coronavirus being introduced into the care home via Designated Visitor  The Designated Visitor takes COVID-19 (or other infections) out into the community  An outbreak of COVID-19 or other infections | Employees Residents Visitors | 3 | 4 | 12 | Visiting will be adopted on a person-centred approach.  Visiting will only be permitted if the care home has been COVID free/or fully recovered as agreed by Public Health for 28 days from last symptoms of any resident.  Testing policy in place for care home staff and residents.  Visitors must not have symptoms of COVID-19, and if they have recently had COVID-19, they must follow guidance on self-isolation.  Designated Person will be the same person and will be limited to frequency (initially once a week in stage two) and by length of visit to 30 minutes if outside.  Visitors will be required to agree to a screening process, including responding to a health questionnaire and signing a declaration form.  Visitors will not be permitted to use the toilet facilities.  Stage 1 of visiting will be essential visits only where it is imperative that a friend or relative is allowed to see their loved one in the circumstances where their loved one may be dying or where they may help to ease significant personal distress.  Stage 2 of visiting includes essential visits as mentioned above and garden visits (one key person/Designated Visitor).  All staff wear masks at all times when in resident areas.  Liaising with local Health Protection Team.  Monitoring of residents for signs and symptoms of infection.  Residents are encouraged and guided to remain in their rooms as much as possible.  All staff follow Infection Control Policy guidance, including handwashing on entering and leaving the care home and regularly throughout their shift.  All staff wear appropriate PPE in line with current guidance when performing resident-facing tasks.  Staff have increased their cleaning regime across all public areas and within any visiting areas in line with current guidance.  Handwashing facilities, both soap/water and alcohol-based hand rub dispensers are available immediately on entering the care home and upon leaving.  Any current visitors are required to answer health questions regarding potential exposure to the virus and current health status.  Any visitors to the care home are required to wash their hands on entering and leaving the care home. When this involves a resident who was suspected or confirmed COVID-19 positive, they are also required to wear PPE (gloves, plastic apron and mask).  The designated area at **the front/back/side** of the care home will be allocated for visits.  Residents to be accompanied in and out from the home into and out of the garden.  This area will have limited furnishings which are easy to clean after a visit.  The area to be used will continue to reduce the footfall within the body of the care home.  The Designated Visitor and resident will be required to wear a face covering and any further PPE as appropriate (e.g. mask, gloves and apron).  The Designated Visitor and resident will be required to maintain physical distancing.  At the end of the visit, the area will be cleaned by staff prior to any other Designated Visitors entering the care home.  All visits will be pre-programmed to reduce the number of visits in the care home and they will also be time limited to 30 minutes.  All visits will be discussed with the resident/Designated Visitor/POA and written in the resident’s care plan, taking into account of individual choice regarding any visits and nomination of the Designated Visitor.  Stage 3 of visiting includes essential visits, garden visits with multiple visitors and indoor visits (one key person/Designated Visitor). | 2 | 4 | 8 | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>  Exceptions are only where toilet facilities are available without entering the main residential facility and must be regularly cleaned. |

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| **Risk/Priority Indicator Key** |

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| **Likelihood** |  | **RISK / PRIORITY INDICATOR MATRIX** | | | | | | |
| 1. Improbable / very unlikely |  | LIKELIHOOD | 5 | 5 | 10 | 15 | 20 | 25 |
| 2. Unlikely |  | 4 | 4 | 8 | 12 | 16 | 20 |
| 3. Even chance / may happen |  | 3 | 3 | 6 | 9 | 12 | 15 |
| 4. Likely |  | 2 | 2 | 4 | 6 | 8 | 10 |
| 5. Almost certain / imminent |  | 1 | 1 | 2 | 3 | 4 | 5 |
|  |  |  | | 1 | 2 | 3 | 4 | 5 |
| **Severity (Consequence)** |  | SEVERITY (CONSEQUENCE) | | | | |
| 1. Negligible (delay only) |  |  |  |  |  |  |  |  |
| 2. Slight (minor injury / damage / interruption) |  | **Summary** | | **Suggested Timeframe** | | | | |
| 3. Moderate (lost time injury, illness, damage, lost care provider) |  | 12-25 | High | As soon as possible | | | | |
| 4. High (major injury / damage, lost time care provider interruption, disablement) |  | 6-11 | Medium | Within the next three to six months | | | | |
| 5. Very High (fatality / care provider closure) |  | 1-5 | Low | Whenever viable to do so | | | | |

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| **Review Record** |

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| **Date of Review** | **Confirmed by** | **Comments** |
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I have read the risk assessment and understand and accept its contents form part of my job role. I will keep myself informed of any changes.

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| **Employee Name (Print)** | **Employee Signature** | **Date** |
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