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| Coronavirus Risk Assessment for Visiting Adult Care Home Providers – Post 19 July 2021 | | | | | | | | | | |
| 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 | 5 | 5 | 25 | 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 14 days from last symptoms of any resident.  Testing policy in place for care home staff and residents. Lateral flow tests (LFTs) will be completed on site for staff and residents. Visitors will be required to complete an LFT on site before conducting their visit if they are unable to provide a negative test result from an alternative route. The negative test result must have been from an LFT taken earlier on the same day of the visit and visitors will be asked to show proof of the negative test result before every visit.  The home will display a QR code at the entrance. Visitors will be asked to provide their name and contact details or scan into the premise using the NHS Test and Trace app.  The home will limit the numbers of visitors to a single constant visitor per resident, wherever possible. Where additional visitors are visiting, the resident will identify their named visitors to the home so that necessary testing and support required to facilitate COVID-secure visits can be provided.  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 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.  We will follow the guidance from the director of public health assessment on the suitability of visitors.  In the event of an outbreak or local lockdown, the care home will rapidly impose visiting restrictions.  All staff wear masks at all times when in resident areas.  Individualised risk assessments will be completed for residents where necessary, including in respect of specific vulnerabilities set out in the resident’s care plan. This may mean that some individuals will sensibly take a different approach to visiting – but this would be on the basis of individual clinical advice.  Visits will stop in the event of an outbreak.  Liaising with local Health Protection Team.  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.  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 / visiting area.  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. Contact is allowed but it is advised that this is kept to a minimum.  At the end of the visit, the area will be cleaned by staff prior to any other Designated Visitors entering the care home.  Visitors will have no contact with other residents and minimal contact with care home staff.  The care home will maintain a record of any visitors to the home and anyone they have interacted with.  All visits will be pre-programmed to reduce the number of visits to the care home. [Note: No time limit is specified within legislation and therefore it would be up to the care home to determine and implement if required.]  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.  The home will consider the use of plastic or glass barriers between residents and visitors where possible.  The home will consider the possible use of designated visiting rooms, which are only used by one resident and their visitor at a time and are subject to regular enhanced cleaning.  The home will ensure that areas used by visitors are decontaminated several times throughout the day and avoid clutter to aid cleaning.  Visitors will be encouraged to walk to the home or use their own transport.  Visitors will be encouraged to keep personal interaction with the resident to a minimum, for example avoid skin-to-skin contact (handshake, hug) and follow the latest social distancing advice for as much of the visit as possible.  The home will discuss with visitors any items they wish to bring with them on their visit, such as a gift.  Advice for residents and families will be set out in the visiting policy of the care home and shared with them. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>  Exceptions are only where toilet facilities are available without entering the main residential facility and must be regularly cleaned. |
| Lateral Flow Tests (LFTs) | 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 | 5 | 5 | 25 | In order to carry LFTs safely, the care home will:   * Prepare a designated entrance where visitors can put on PPE before interacting with others; and * Prepare a designated area for testing where a visitor can wait whilst awaiting their LFT result. This area will be away from the main part of the home, so a visitor does not interact with any other staff or residents prior to receiving their test results.   The home will take stock of PPE and will ensure there are enough in place for visitors.  Member of staff will complete the NHS Test and Trace online training portal before completing tests. |  |  |  |  |

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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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