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| **Coronavirus Risk Assessment for Visiting Adult Care Home Providers (Scotland)**  |
| **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 VisitorThe Designated Visitor takes COVID-19 (or other infections) out into the communityAn outbreak of COVID-19 or other infections | Employees Residents Visitors  | 3 | 4 | 12 | A designated area at the front of the care home will be allocated for visits. This area will have limited furnishing, which is 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 should to wear face covering and any further PPE as appropriate (e.g. mask, gloves, and apron). The Designated Visitor and resident should maintain physical distancing. After the visit, the area will be cleaned by the housekeeping staff prior to other Designated Visitors entering the care home. All visits will be pre-programmed to reduce number of visitors in the care home and time-limited to 30 minutes. All visits will be discussed with the resident / Designated Visitor / Power of Attorney and written in the resident’s care plan taking account of individual choice regarding any visits and the nomination of the Designated Visitor.Visiting will only be permitted if the care home has been COVID free or fully recovered as agreed by local health protection team for 28 days from last symptoms of any resident.Testing policy in place for care home staff and residents.Home participating in the use of the Safety Huddle Tool.Visitors must not have symptoms of COVID-19, and if they have recently had COVID-19, they must follow guidance on self-isolation.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 (end of life, stress and distress).Stage 2 of visiting includes essential visits as mentioned above and garden visits (one key person / Designated Visitor for 30 minutes once a week).Stage 3 of visiting includes essential visits to respond or prevent a decline in residents’ wellbeing, which can include children and young people under 18. Garden visits with a maximum of six visitors from no more than two different households at the same time per resident for approx. 60 minutes and includes children and young people under 18. Indoor visits with one Designated Person for up to four hours once a week. Stage 4 of visiting includes essential visits and a controlled programme of garden and indoor visits.All staff wear masks at all times when in resident areas.Monitoring of residents for signs and symptoms of infection.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 visitors to the care home are required to wash their hands on entering and leaving the care home. Residents to be accompanied in and out from the home into and out of the garden**.**Visitors will be permitted to bring in gifts and residents’ belongings (kept to a minimum) and arrangements agreed with the care home manager in advance. Items will be wiped by care home staff before passing to residents. Any items which cannot be wiped clean will be placed in a plastic bag and sealed for 72 hours before passing to resident.Note: Home-prepared food or baking and non-helium balloons will not be permitted to be brought in.Therapets will be permitted during Stages 3 and 4 with the respective protocols in place. | 2 | 4 | 8 | Guidance and recommended risk control measures will be sourced directly from the GOV.SCOT 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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