**Department for Children, Adults and Health (CAH)**

**Preventative Services**

**Risk Assessment for Home Visits during Covid 19**

Please ensure that before any visit you have read the latest Covid-19 visiting guidance which is available on Tri.x

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| **Name of Child/Young Person (main focus)** |  |
| **Date of Birth** |  |
| **Full Address to be visited** |  |
| **Who Lives at this address?**  **Please list their name and relationship to child/young person** |  |
| **Do you have Covid-19 symptoms or been in contact with someone with symptoms YES/NO** | |
|  | |
| **Is there a confirmed case of COVID-19 in the family home? YES/NO** | |
| If yes, when did the period of self-isolation start? | |
| **Is there anybody in the household with Covid-19 symptoms? YES/NO** | |
| If yes, give details: | |
| **Is there anyone in the home who was previously shielding? (or currently shielding if the program has been resumed). YES/NO** | |
| If yes, detail reason: | |
| **Have the family been in contact with a person with symptoms or a person who is confirmed to have COVID-19? (that they know of or have been informed by track and trace)? YES/NO** | |
| If yes, give details: | |
| **Does your child/young person have a nursery/early years/ school place? YES/NO**  **Are they attending? YES/NO** | |
| Please give details: | |
| **Does the young person have independent methods of contacting professionals or other safe/trusted adults within the family?** (Social media, own mobile phone, safe identified family members, phone credit, apps such as WhatsApp, Microsoft Teams or other) **YES/NO** | |
| If yes, give details: | |
| **Can the session be conducted virtually/remotely?** (e.g. via Microsoft Teams/Skype/phone)  **YES / NO**  **Detail any information below:** | |
| **If you are conducting your session remotely, what could the potential impact be of not seeing the young person/family face to face?** | |
| **If you plan to see a young person/child/family in person, please state the reasons you have assessed the visit:**  **As essential and/or**  **In the best interests of that child/young person/family**  **As safe to do so.** | |
| Detail here: | |
| **If a face-face visit in the house is required and your answers above state that there is potential that someone in the household is showing symptoms or has previously been shielding have you picked up a pack of PPE and read the government guidance within the visiting guidance about how to use this safely?**  **Yes/No** | |
| If in your professional judgement, visits should go ahead, there are some questions you will need to go through with the family:   * When I arrive, can we agree that a 2 metre distance is kept where possible between you and me (and any others in the household) in line with Government guidance about social distancing and that we move to an alternative room ideally with an open window/outside space if appropriate, as a precautionary measure? YES/NO/NOT POSSIBLE * Discuss any issues of confidentiality – can conversations be overheard and if so, agree how this can be addressed. | |
| Save this Risk Assessment on Mosaic as an ‘attached document’ using the format “Covid 19 Risk Assessment/ID No/ddmmyyyy. Don’t forget to attach it to each of the relevant parties in the family.  Before each subsequent home visit please review this Assessment and if needed please update and attach any new version. If the version remains the same then please put a case note in the child/young person’s file titled” Home Visit during Covid 19” and confirm you have reviewed the Risk Assessment and it remains valid. | |
| Is a direct visit agreed by manager? YES/NO  Rationale: | |
| Authorising Manager:  Date agreed: | |
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