

**RISK ASSESSMENT – VISITING DOMESTIC PREMISES DURING CORONAVIRUS PANDEMIC (COVID-19)**

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| ***Department:*** | *insert* |  |  |
| ***Manager:*** | *insert* |  |  |
| ***Work Activity being assessed:*** | Work activity in domestic premises (Non domiciliary care/non healthcare setting) during the COVID-19 pandemic | ***Risk Assessment Number:*** | *insert* |
| ***Date of assessment:*** | *insert*  | ***Date of next review:*** | *1 Month or sooner if Government advice changes*  |

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| **SCOPE OF OPERATION, LOCATION AND TIME** | **ASSOCIATED GUIDANCE** |
| **SCOPE OF OPERATION (description of tasks being undertaken):** Work activity in domestic premises (Non domiciliary care/non healthcare setting) | NHS 111<https://111.nhs.uk/covid-19>Government guidance: <https://www.gov.uk/coronavirus><https://www.gov.uk/government/organisations/public-health-england>**Links to national guidance:**[**https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes**](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes)[Guidance for households with possible coronavirus (COVID-19) infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) |
| **LOCATION:****Domestic premises (Non domiciliary care/non healthcare setting)** |
| **WHEN DOES THE ACTIVITY TAKE PLACE** *(early hours, during normal hours, after 6pm or at weekends)* |

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| **Council Risk Assessment Sheet** |
| **Activity:** | Staff undertaking visits/work activity into domestic premises during COVID-19 (Non domiciliary care/non healthcare setting) | **No. of pages:** | 8 | **Page number:** | 1 |

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| **What are the hazards?** | **Who is at risk and How would they be harmed?**(e.g. staff, public, contractors – trip, slip, fall, assault) | **What is currently done to reduce / control the risk?** | **Risk level scoring****(H,M,L)** | **What more can be done to reduce risk?** | **Action by whom, by when?** |
| ***Staff who are clinically vulnerable, extremely clinically vulnerable (shielding) or live with a household member who is vulnerable or extremely vulnerable*** |  | Where staff can deliver their service remotely/from home they will until/unless advised otherwise by their manager. Staff with vulnerabilities will undertake their usual work remotely/from home if possible or redeployed to other work that can be undertaken remotely. If the nature of the work is that clinically vulnerable persons cannot work remotely, the manager will considerif the control measures in the risk assessment are sufficient to protect the staff member or what other alternative options are available (eg working in lower risk areas) for the staff member and consult with HR as needed.**Clinically Vulnerable:**Staff who are clinically vulnerable (see section 8 [here](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing)) can attend the workplace if required but are advised to minimise contact with others outside their household as much as possible. Staff who are concerned should speak to their manager. Managers to take HR advice if needed.**Extremely clinically vulnerable (shielded):** Staff who are extremely clinically vulnerable (shielding) (see [here](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)) are advised to stay at home and avoid all contact with others, except for essential medical treatment or support. You will have received a NHS letter if identified as needing shielding. Please discuss with your manager. Managers to take HR advice if needed.**Staff living with a household member wo is Clinically Vulnerable or Extremely clinically vulnerable (shielded):** Staff who are living with or caring for a vulnerable or shielding household member are advised to follow the guidance [here](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19). Please speak to your manager if you have any concerns. Managers to take HR advice if needed. |  |  | Manager and Staff |
| ***Staff with COVID-19 symptoms or tested positive and potentially spreading to staff and others*** | **WHO**Staff and those who they come into close contact with.**HOW**The virus is spread by droplets from coughs and sneezes and droplets picked up from surfaces  | Staff that show symptoms of COVID-19 or tested positive to report condition to manager immediately. **Do not attend the workplace.**Staff should access NHS 111 online which is an online interactive and personal checklist:<https://111.nhs.uk/covid-19>**Staff who become symptomatic should self-isolate for 7 days.** **If a staff member is a household contact of someone who becomes symptomatic (the case) the staff member should self-isolate for 14 days. If the staff member starts symptoms they need to self-isolate for 7 days from that date.**Staff to seek a swab test (see [here](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)) which if negative means they can return from sickness absence.If well enough, return to normal duties. If this involves working from home, please complete a health & safety self-assessment of your home working environment, see [here](https://enfield365.sharepoint.com/%3Aw%3A/r/sites/intranethealth/_layouts/15/Doc.aspx?sourcedoc=%7B1A0B4C84-5D99-4D48-B44B-48ADCAE1280A%7D&file=H_and_S-_Remote_Working_Self_assessment__2_.doc&action=default&mobileredirect=true)If staff develop symptoms whilst at work, inform manager and leave the workplace immediately, go home and book a swab test (see [here](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)).  | M | No – to stop spread from symptomatic staff, staff with symptoms must not attend work | All staff - ongoing  |
| ***Staff who have higher risk factors to Covid-19 such as:**** ***Shielding staff***
* ***Clinically vulnerable (over 70 or underlying health conditions)***
* ***Pregnant***
* ***BAME***
* ***Carer for a vulnerable person***
* ***Men over 40***
 | **WHO**Staff with protected characteristics **HOW**Emerging evidence suggests that alongside underlying health conditions, there are key demographic factors that can affect people’s vulnerability or is a ‘risk factor’ in relation to COVID-19. Such as:Older people, Men (from 40 and over), and people from Black and Asian and Minority Ethnic communities (BAME) and a combination of these factors. The causes of these increased risk factors are not yet fully understood, and further research is taking place. | *Managers will need to consider staff who have the higher risk factors. Please ask staff to complete an individual risk assessment to return and discuss with you. Once the individual risk assessment is complete, please return to HR for the employee’s file. Please see the individual risk assessment.* *Managers should encourage conversations with staff in these risk factor groups - exploration for the risk factors and perception of the staff member. Where there is agreement that the risk factors can be mitigated with the existing control measures in the risk assessment to everyone’s satisfaction no change is needed. Where however it is clear there is increased risk for a staff member which is not mitigated by the existing control measures in the risk assessment the manager must provide support and make necessary adjustments to mitigate those risks.**Consider with the staff member if it is more suitable for them to in lower risk work or work remotely in the interim, and take HR advice of any other measures if needed.*  |  |  | Manager and Staff |
| ***Potential exposure to occupants not showing symptoms of COVID-19 in home/third party environment - non-healthcare setting*** | **WHO**Staff and those who they come into close contact with.**HOW**The virus is spread by droplets from coughs and sneezes and droplets picked up from surfaces | **Before making a visit to a domestic premises:** 1. Consider if a physical visit is needed to the home. Determine if the need for the visit can be assessed/undertaken remotely via photos, live streaming or video footage.
2. If a physical visit is needed, make an appointment in advance. When making the appointment ascertain if the person or anyone in their household has symptoms or tested positive for Covid-19. If the resident or someone within the household is shielding (has received an NHS shielding letter) a visit should only be made inside the home if it is an emergency.
3. Defer the visit for at least 14 days if it is not an emergency and then seek to make a new appointment, again checking the health status of the resident and household occupants.
4. If the visit is an emergency to protect the occupant from a safety risk and the occupant or member of their household have symptoms - please see below.
5. When making the appointment advise the occupant of these safety measures they will need to take for the appointment:
* Place all pets in a closed room
* Ask other occupants to remain in a closed room during the visit
* Open all windows to ventilate the rooms
* Open all internal doors so that they do not need to be handled
* To keep at least 2 metres distance from the staff at all times

  | L |  | Manager – provide wipes and hand sanitiser and any PPE identified as necessary in the risk assessmentStaff to follow the control measures |
|  |  | **During the visit to a domestic premises:**1. On the day of the appointment, either in the morning or, if you are making several visits when you are near to the premises, ring the occupant again to check if they or any household member have symptoms or are positive for Covid-19 and defer the visit if they have.
2. On arriving at the property, staffs should assess the condition (dynamic risk assessment) of the occupant(s) and premises, before entry. If the occupant(s) is showing signs of fever, continuous cough or is short of breath, staff should not enter the property and contact their line manager for advice, before leaving the location.
3. Before entering the premises ask if the occupants have opened the windows and internal doors and placed pets or other occupants in a closed room.
4. Before entering the premises wash your hands if possible (hot soapy water for 20 seconds) or use hand sanitiser. Gloves are not required in this situation or a substitute for regular handwashing, but staff can use them if preferred if they follow correct hygiene procedure for putting them on, removing and disposing of them.
5. Ask the occupant to keep at least 2 metres distance or if appropriate stay in another room during the visit. Also, to minimise face to face contact stand sideways on to the direction of the occupant.
6. Take the minimum amount of belongings or equipment into the premises and avoid leaving them on any surfaces. Avoid touching surfaces if possible. Personal issue of equipment rather than shared equipment if possible.
7. If work is needed on surfaces clean them down first with single use wipes.
8. Minimise the duration of the visit to the shortest time possible.
9. Staff should avoid drinking or eating inside the resident’s home.
10. Staff should avoid touching their face, nose or mouth during the visit.
11. Cough or sneeze into a disposable tissue and dispose of in a bin as soon as possible. If you do not have a tissue available cough/sneeze into the crook of your arm. Keep disposable tissues with you.
12. Face masks or face coverings are not required in this situation but if staff wish to wear them please inform the resident in advance of the visit (so as not to alarm them).
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|  |  | **On leaving the domestic premises:**1. On exiting the premises, staff should immediately or as soon as practicable, wash their hands or use hand sanitiser if no water is immediately available.
2. Staff should use single-use cleaning wipes to clean any equipment or phones used during the visit and place in a bag, tied and to dispose in the bin as soon as possible.
3. If further follow up visits are needed, seek to assign to the same staff member if possible.
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| ***Exposure to individuals with known or suspected Covid-19 symptoms in home/third party environment - non-healthcare setting*** | **WHO**Staff and those who they come into close contact with.**HOW**The virus is spread by droplets from coughs and sneezes and droplets picked up from surfaces  | 1. Where the occupant has symptoms of covid-19, or have informed you that they have tested positive for Covid-19, or they are shielding and the visit is an emergency, the staff member must wear, disposable gloves; eye googles/visor; and a suitable face mask before accessing the home. Consider disposable overalls.
2. Ask if the resident with symptoms can stay in a different room and a household member without symptoms be present for the visit but maintaining 2 metre distance.
3. If there is no other household member ask if the resident with symptoms is able to wear a mask or face covering if they have one.
4. Follow the other control measures as outlined above for ‘during the visit to a domestic premises’.
5. On exiting the premises, the staff member should remove gloves first before touching face/face mask, and then their face mask (if disposable) placing them in a black plastic bag and tie off the bag. Wipe any non-disposable PPE (eg eye protection).
6. Immediately or as soon as practicable, staff should wash their hands or apply sanitising hand gel where handwash facilities are not available.
7. All bagged waste must be double bagged at the end of the appointment, stored for 72 hours and disposed of in general waste.
8. If further follow up visits are needed, seek to assign to the same staff member if possible.
 |  |  | Manager – provide wipes and hand sanitiser and any PPE identified as necessary in the risk assessmentStaff to follow the control measures |
| ***Potential exposure to covid-19 in communal areas*** | **WHO**Staff and those who they come into close contact with.**HOW**The virus is spread by droplets from coughs and sneezes and droplets picked up from surfaces | 1. *Consider the communal area environment (narrow/enclosed or open and well ventilated), lifts, stairs etc, the amount of time likely to be spent there, ability to socially distance and the potential users of the communal area which staff might come into contact with.*
2. *Consider if the control measures for visits to domestic premises to non-symptomatic residents are sufficient or further measures are needed.*
 |  |  | Manager – provide wipes and hand sanitiser and any PPE identified as necessary in the risk assessmentStaff to follow the control measures |
| **Potential stress/anxiety caused by COVID-19** | **WHO**Staff **HOW**eg fear of catching the virus, increased/intense workloads, redeployment to other areas, bereavement, illness, feeling isolated | Reassurance to staff of measures taken seriously to protect their safety.Communication of message that for most people Covid 19 results in mild illness. Also, that transmission of the virus is more likely if in contact with someone with symptoms at less than 2 metres for 15 minutes or more. Regulator communications from Chief Executive/Coronavirus email Regular contact with managers and colleaguesOne to one supervision meetings with managerAccess to the Employee Assistance Programme 24/7, and managers can refer staff to the Occupational Health Service.Computer based training on coronavirus and stress – see portal [here](https://enfield365.sharepoint.com/sites/intranethealth/SitePages/h%26straining.aspx) and on i-learnStaff Guide for bereavement during the coronavirus period – see [Bereavement Guidance](https://enfield365.sharepoint.com/%3Aw%3A/r/sites/intranethr/_layouts/15/Doc.aspx?sourcedoc=%7BB89C538F-19B4-406F-AF2B-82DEBB572908%7D&file=COVID%2019_Bereavement_Staff%20Guide%20v6%20(002).docx&action=default&mobileredirect=true&DefaultItemOpen=1&cid=0fed1552-343e-4bb7-b369-ee80a71618f6)Coronavirus staff updates and FAQs – see [here](https://enfield365.sharepoint.com/sites/intranethub/SitePages/Coronavirus-FAQ%27s.aspx) |  |  |  |
| ***Travel to and from the visit***  |  | Please refer to the risk assessment for work related use of vehicles |  |  | Manager and Staff |
| ***Travelling to and from work*** |  | If staff are not working remotely/from home, staff are encouraged to walk, cycle or use their car to travel to/from work.Avoid using public transport if possible, but if not discuss possible staggered start and finish times to avoid peak travelling times. |  |  |  |