

COVID RISK ASSESSMENT HOME VISITS

Company name: **Business name** Assessment carried out by: **Your name**

Date of next review: **Monthly review or Government guideline changes**

Date assessment was carried out: **Day/ Month/ Year**

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Done
<p>How many people in the household? Is it in line with government advice?</p>	<p>Myself/ Household members/ clients/ general public</p>	<p>Check with the client and record how many people live in the one household. Are there any allowances to home visits if the household number exceeds? Record the reason for allowances</p>	<p>Ensure household members do not exceed government advise including the Practitioner. If yes ask the home owner if there any restrictions/ allowances to the amount of people and visitors in the household.</p> <p>keep a post code log of the households</p>	<p>Assessment carried out by: Your name</p>	<p>Immediate effect Date/ Month/Year</p>	<p>YES or No</p>

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Done
Any COVID symptoms within the household	Myself/ Household members/ clients/ general public	Ask and record if any members of the household have any COVID symptoms. If yes to symptoms the home visit must not go ahead. A remote visit will be offered.	Do not visit the home offer a remote visit.	Assessment carried out by: Your name	Immediate effect Date/ Month/Year	YES or No
Any people visiting have COVID symptoms?	Myself/ Household members/ clients/ general public	Ask and record has anyone visiting the home had COVID symptoms. If yes, the home visit must not go ahead. A remote visit will be offered.	Do not visit the home offer a remote visit.	Assessment carried out by: Your name	Immediate effect Date/ Month/Year	YES or No
Have members of the household had to self –isolate?	Myself/ Household members/ clients/ general public	Has any family members had to self –isolate in the last two weeks. If yes, the home visit must not go ahead. A	Do not visit the home offer a remote visit.	Assessment carried out by: Your name	Immediate effect Date/ Month/Year	YES or No

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		remote visit will be offered.				
Have any people visiting the household had to self-isolate in the last two weeks?	Myself/ Household members/ clients/ general public	Asking and recording has anyone visiting the household had to self-isolate in the last two weeks. If yes the home visit must not go ahead. A remote visit will be offered.	Do not visit the home offer a remote visit.	Assessment carried out by: Your name	Immediate effect Date/ Month/Year	YES or No
Are clients able to wear a face covering or are they except?	Myself/ Household members/ clients/ general public	If clients are not except request a face covering to be worn while you are with the client. Practitioners wear a visor and a face covering within 1 metres of household members.	If the client refuses to wear a face covering the home visit must not go ahead. A remote visit will be offered.	Assessment carried out by: Your name	Immediate effect Date/ Month/Year	YES or No

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		Practitioners wear a face covering within 2 metres of household members				
Can household members be 1 metre apart from the practitioner with a face covering?	Myself/ Household members/ clients/ general public	If clients are not except request a face covering to be worn while you are with the client. Practitioner wear a visor and a face covering within 1 metres of household members.	If the client refuses to wear a face covering and are not except do not visit the home offer a remote visit.	Assessment carried out by: Your name	Immediate effect <i>Date/ Month/Year</i>	YES or No
To avoid cross contamination regularly keep business vehicles clean and hygienic	Myself/ Household members/ clients/ general public	Only myself the Practitioner using my vehicle.	Regularly clean the vehicle by a Professional Company.	Assessment carried out by: Your name	Immediate effect <i>Date/ Month/Year</i>	YES or No

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Clothing	Myself/ Household members/ clients/ general public	Practitioners must wear clean clothes daily. Practitioners are required to wear PPE Wear a protective apron. Wear protective gloves. Wear a visor and a Type II face mask Dispose of the apron, gloves and face covering safely after use.	Ensure you have sufficient PPE. If you do not have PPE you do not visit the home and a remote visit is offered.	Assessment carried out by: Your name	Immediate effect <i>Date/ Month/Year</i>	YES or No
Hand washing	Myself/ Household members/ clients/ general public	Wash your hands frequently for 20 seconds using soap and hot water, particularly after coughing, sneezing or blowing your nose	Carry with you anti-bacterial gel. If hand washing facilities are available wash your hands frequently for 20 seconds using soap and hot water, particularly	Assessment carried out by: Your name	Immediate effect <i>Date/ Month/Year</i>	YES or No

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		<p>Dry your hands on a disposable towel.</p> <p>Use anti-bacterial gel on your hands if hand washing facilities are not available</p> <p>Dispose of disposable towel safely.</p>	after coughing, sneezing or blowing your nose			
Cough or sneeze	Myself/ Household members/ clients/ general public	cover your mouth when you cough or sneeze with a tissue or sleeve – not your hands – and throw the tissue in the bin immediately and wash your hands	Use anti-bacterial gel	Assessment carried out by: Your name	Immediate effect Date/ Month/Year	YES or No
Touching door handles	Myself/ Household members/ clients/ general public	Ask for all doors in the home to be open	Wear protective gloves Use anti-bacterial gel	Assessment carried out by: Your name	Immediate effect Date/ Month/Year	YES or No

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		so you do not have to touch handles				
Sharing a pen	Myself/ Household members/ clients/ general public	Use your own pen. Do not share a pen	Wear protective gloves Use anti-bacterial gel	Assessment carried out by: Your name	Immediate effect <i>Date/ Month/Year</i>	YES or No
Cash payments	Myself/ Household members/ clients/ general public	minimise contact when people pay for or exchange things, for example by using contactless/ bank transfer and electronically signed documents	Issue bank transfer details to clients for payment to take place. Alternatively purchase a card machine.	Assessment carried out by: Your name	Immediate effect <i>Date/ Month/Year</i>	YES or No

More information on managing risk: www.hse.gov.uk/simple-health-safety/risk/