**COVID -19 Match Risk Assessment Template Inc. Home Visits**

*(updated April 2022)*

**Volunteer’s Name**: ­­­­­­­­­­­­­­­­­­­­­­­­

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| **Question** | **Increases/Reduces risk** | **Detailed answers** |
| Do they have any health issues/conditions that places them at a higher risk? |  |  |
| Have they been vaccinated and/or received any boosters? If so when was last booster? |  |  |
| Do they live with or are they a visiting carer for someone in a higher risk category that would mean they are putting someone else at increased risk if they were to have face to face contact? |  |  |
| **(If the organisation decides it requires this and supplies these - if not delete the question)** Would they be willing to take a Lateral Flow Test before a home visit or attending a group? |  |  |
| How do they feel about the easing of restrictions and home visits or group meetings, what are their preferences/thoughts re their role? |  |  |
| How would they get to a face to face meeting? If it involves public transport is this increasing the risk? How do they feel about this? |  |  |

**Date Completed: Staff Member Name:**

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| **Review Date** | **Any changes to the above? Yes/no** | **If NO add next review date** | **If yes completed a new sheet and review match guidance** | **Staff Member Name** |
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**Service User’s Name:­­­­­­­­­­­­­­­­­­­­­­­­**

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| **Question** | **Increases/reduces risk** | **Detailed answer** |
| Do they have any health issues/conditions that place them in a higher risk category? |  |  |
| Have they been vaccinated and/or received any boosters? If so when was last booster? |  |  |
| Do they live with someone in a higher risk category that would mean they are putting someone else at increased risk if they were to have face to face contact? |  |  |
| **(If the organisation decides it requires this and supplies these - if not delete the question)** Would they be willing to take a Lateral Flow Test before a home visit or attending a group? |  |  |
| Is the service user able to understand and follow social distancing rules? Age, disability or a condition such as living with dementia may impact upon this. |  |  |
| How do they feel about the easing of restrictions and home visits, what are their preferences/thoughts about this? |  |  |
| For adults with Incapacity or for children what are carer/parental views on all of the above. |  |  |

**Date Completed: Staff Member Name:**

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**Match Risk Assessment**

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| --- | --- | --- | --- |
| **Service Users Name** | **Yes/No add Summary** | **Volunteers Name** | **Yes/No add Summary** |
| Anything from individual risk assessment that requires distance befriending to be maintained? |  | Anything from individual risk assessment that requires distance befriending to be maintained? |  |

**IF YES, MAINTAIN DISTANCE BEFRIENDING AND NOTIFY BOTH PARTIES**

**If No, you need to risk assess by either carrying out a home visit of the property prior to the volunteer’s visit or being able to ascertain on the phone the following. These are no longer required by Government however the suggestion for all is to ensure ‘COVID Sense’ (your usual home visit risk assessment should be in place and this is an addition):**

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| **Considerations** | **Yes/no/details** | **Level of risk low medium high** | **Any actions to be put in place to lower risk – consider the following add/delete as required** |
| Is there access to a suitable indoor or outdoor space where 1m distance can be maintained? |  |  | * Shortest route to the indoor/outdoor space to be used * Adequate ventilation * Opportunity for regular hand hygiene |
| Suitable seating arrangements? |  |  | * Separate seating which allows social distance (sharing a sofa for instance is not ideal) |
| Travel arrangements? |  |  | * Are they within walking distance to location? * Does volunteer have a car to get to visit? * If car sharing consider should masks be worn? * Public transport: consider length of journey, avoid busy routes and times, could a taxi be considered? * Volunteer aware of requirements re distancing and your guidance on mask wearing. |
| Toilet Considerations? |  |  | * Ensure thorough hand washing, sanitising, wiping surfaces before and after and not using communal towels. |
| During the Visit |  |  | * Ensure you continue to take sensible precautions and actions to reduce the risks following ‘COVID sense’. |

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| **Options to lower risk/ mitigating factors** | | | |
| Vaccinations | Befriender | Befriendee | * Have either party been vaccinated and/or received boosters? * When was your last booster? |
| Lateral Flow Tests | Befriender | Befriendee | If the organisation decides it requires these and supplies them **or** if befriendees are eligible for free LFTs  Would either party be willing/able to undertake LFT before a visit? |
| PPE Use | Befriender | Befriendee | * Establish both parties’ views and preferences on masks * Face masks are still a recommended method of reducing risks although not legally required. * You need to be able to ensure supplies for the match and provide guidance to both parties on correct use and disposal. |

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| **Detail what is being agreed:** |

**Date Completed: Staff Member Name:**

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**Once this is complete:**

1. Notify both parties and provide a guidance sheet/visit plan explaining what is/isn’t allowed.
2. Remind both parties

* if they develop any symptoms or are unwell or have been in contact with anyone with COVID-19, they must cancel meeting and speak to the organisation for advice.
* If anything changes re their health or circumstances they should contact the organisation
* Clarify if anything changes re government, including local lockdown restrictions or organisational advice how you will notify them.

**REMEMBER AT ALL TIMES YOU HAVE A DUTY OF CARE TOWARDS THE VOLUNTEERS AND SERVICE USERS AND THE REPUTATION OF YOUR ORGANISATION TO CONSIDER**

**Useful References:**

[NHS- Testing for COVID-19](https://www.nhs.uk/conditions/coronavirus-covid-19/testing/get-tested-for-coronavirus/)

[GOVERNMENT GUIDANCE - LIVING SAFELY WITH COVID-19](https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19)