**Procedures for carrying out visits in various locations by Council Officers and Healthcare Practitioners**.

The coronavirus (COVID-19) pandemic continues to present significant challenges to the country, including the way in which children’s social care services are delivered.

Now that lockdown procedures are being eased, there are more opportunities for visiting officers/practitioners to resume their site visits whether that be to a school, hospital/clinic, children’s centre or an individual’s home. However these visits must now be more carefully planned and take into consideration that the Coronavirus (COVID-19) has not been eradicated and could spread again quickly if we do not take precautions*.*

To aid the resumption of visits, a generic risk assessment has been developed to assist you in thinking about the risks that you might face when visiting the various settings and to consider what control measures you need to put in place to ensure your own safety as well as that of the people you are visiting.

You must always be guided by the rules of the setting you are visiting, so it is important to call ahead and check that the visit can still take place and that all parties concerned are fit and well and symptom free.

You might find that you cannot carry out the same numbers of visits in a day as you would under normal circumstances. This is somewhat unavoidable and you might need to consider other ways of working such as video calls etc. The number of visits you carry out would depend very much on the purpose of the visit, what you will do when you are on site, how long you are likely to be on site and what equipment, if any, you need with you. This has to be a local decision between you, your line manager and the Headteacher/Manager of the settings you are visiting.

**The decision to allow any visits to schools lies with the Head teacher who reserves the right to refuse entry into school.**

# How to use the generic risk assessment

Managers must ensure that individuals who are responsible for completing risk assessments have the relevant, skills, knowledge and experience to enable them to complete a robust assessment of the work activity [CCC Safety Procedure Risk Assessment 15](http://www.intouch.ccc/elibrary/Content/Intranet/535/615/984/3793011104.pdf?timestamp=4401313626)

**Column 1** identifies the potential hazard and how people might be affected.

**Column 2** is the score you apply to the potential of the hazard occurring without control measures. This score is calculated by using the matrix in the risk assessment document. In this example below I have said that the risk of transmitting or contracting the virus is ‘Possible’ and the consequence of that is ‘Major’. By multiplying Likelihood (**3**) and Consequence (**4**) you get a score of **12** which whilst could be seen as a tolerable risk, you should still look to reduce it further.

**Column 3** contains a list of control measures that you might already have in place – In order to tailor this to your specific roles you can add to and remove any control measures that would not apply.

**Column 4** is to add any additional control measures that aren’t already in place but may be required in order to reduce the risk to as low as reasonably practicable.

**Column 5** is the residual score which is the score you can now apply to this hazard taking into account the control measures. In this example I have now said that the Likelihood is ‘Unlikely’ **(2)** and consequence ‘Moderate **(3)** giving a residual score of **6** thus reducing the risk by half

**Column 6** is for where additional control measures (Column 4) have been identified the name person who is responsible for ensuring the control measures are implemented and a date for when it should be completed.

| **1** | **2** | **3** | **4** | **5** | **6** |
| --- | --- | --- | --- | --- | --- |
| Hazard Description and How are people at risk | Potential Risk | Current Control Measures | Additional Control Measures | Residual Risk | By Who and when |
| **Risk of contracting or transmitting the virus COVID-19 during visits to schools** | **Medium**  **3L x 4C**  **12** | Where possible any observations will be carried out remotely through video conferencing etc. | If the Head teacher/Manager/Manager has any doubts regarding the fitness/wellness of visiting officers/practitioners they reserve the right to refuse entry into the school. | **Medium**  **2L x 3C**  **6** |  |

# Protocol for visiting schools

Individual service areas will have existing risk assessments for specific situations and client groups. COVID-19 specific controls should be applied to these existing risk assessments.

Prior to visiting the school, a copy of the school COVID-19 risk assessment should be requested – these control measures must be adhered to. Where the existing control measures indicate that the visiting officer/practitioner would not be able to undertake the visit, a discussion should be held with the Head teacher and an agreement reached that would allow the visit to go ahead with additional control measures in place or where this is not possible, consider what alternative methods can be implemented.

When arriving at school, the visiting officer/practitioner must follow all school

Covid-19 rules. When signing in, it is important to use your own pen. Only take with you what is required for the visit. Personal items such as handbags should not be taken into school/clinic. Ensure that all personal items are locked away in the boot of your car.

Whilst on site, social distancing measures will be followed as far as possible, where this is not possible, depending on the activity/observation other mitigating measures should be considered. The [PHE guidance](https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings) states that ‘The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others’. Therefore you will not require PPE beyond what you would normally need for working with a specific child.

Where you have to use PPE you must have seen and agreed the risk assessment, the guidance document ‘[Protecting you and protecting others](https://cumbriacs.proceduresonline.com/chapters/docs_library.html#covid)’ and watched the PHE guidance video [‘donning and doffing PPE](https://www.youtube.com/watch?v=-GncQ_ed-9w).

Any equipment that is required for the visit should be wiped down prior to and after use with antibacterial wipes. No equipment should be used until hand hygiene has been carried out by all parties concerned with handling/touching the equipment.

Visiting officers/practitioners should not expect the usual offers of refreshments and should either take their own bottled water or with permission of the Head teacher use the school facilities to make your own hot drinks in your own cups. If the visit is likely to extend into the lunchtime, you should eat your lunch in your car or away from the building although it is not recommended that you go too far from the school premises and minimise the number of people you come in contact with.

When leaving the school, ensure that any equipment you have used is wiped down prior to returning it to the car.

# Protocol for visiting hospital clinics

Visiting officers should check in advance of any visit to a hospital/clinic regarding additional protocols and whether PPE is required

All visitors will be required to wear a face covering when attending hospitals or clinics however current hospital guidance states that face masks can be removed for communicating with a deaf person as long as all parties follow the social distancing requirements.

Where PPE is required staff will be shown how to wear, remove and dispose of it correctly

Only equipment that is required for the visit should be taken in to the setting. Avoid taking personal items such as handbags etc. Ensure that all personal items are locked away in the boot of your car.

# Protocol for home visits

Individual service areas will have existing risk assessments for specific situations and client groups. COVID-19 specific controls should be applied to these existing risk assessments

Check beforehand if anyone in the household has any symptoms, is self-isolating or shielding.

If everyone in the household is symptom free, service critical visits can go ahead as normal whilst following PHE guidance on social distancing and good hand and respiratory hygiene.

Social distancing measures should be maintained as much as possible. You must carry with you your own hand sanitiser and any other PPE that has been identified for the specific activity that is being undertaken.

# Use of equipment

Each service area has various pieces of equipment for various tasks, these might range from simple plastic building blocks to more complex pieces of kit such as audio/visual devices. All pieces of equipment must be thoroughly cleaned before and after use and where possible, following the manufacturer’s instructions or any additional guidance that has been provided. Where equipment cannot be easily cleaned, arrangements should be made to ensure that it can be taken out of use for up to 72 hours to avoid any cross contamination.