**Procedures for carrying out visits to various locations by Council Officers and Healthcare Practitioners**. **Version 04**

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.

While new COVID-19 cases in Cumbria continue to drop, there are still are still areas within the county that have infection rates above the England average. The Government has now published its ‘Roadmap’ to cautiously ease the lockdown restrictions

The Government still maintains that their aim is to continue to prioritise the safeguarding, and protect the welfare of vulnerable children, and maintain the delivery of children’s social care during the pandemic.

Council officers and Healthcare practitioners are therefore still able to carry out site visits to

schools, hospital/clinics, children’s centres, or an individual’s home. However, these visits must continue to be very carefully planned and take into consideration any local restrictions under the COVID tier alert system.

To support officers and practitioners, the generic risk assessment has been reviewed 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, doing visits on alternate days, doing one visit in the morning with another in the afternoon only if you are certain that it is safe to do so. The number of visits you carry out will 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.**

# Lateral Flow Testing

From 8th March 2021 the Government has confirmed twice-weekly testing using rapid lateral flow tests will be offered to adults working in the wider school community. These tests are voluntary, but you are encouraged to get involved in the testing.

Getting a rapid test is quick and convenient. The expanded regular testing offer for people without symptoms will be delivered through:

* testing in-person via workplace testing
* local authority test sites
* collection at a local PCR test site during specific test collection time windows.
* [a new home ordering service,](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests) has been launched that will allow you to order lateral flow tests online to be delivered to your home
* You should test yourselves twice weekly every three to four days to fit in with your schedule. (This can be done the evening before the visit but no earlier.)
* If you get a positive reading you must follow this up with a PCR test
* You should continue to test even if you have had the vaccine.
* After a positive result, you should recommence home testing 90 days after your positive test was taken.
* You can dispose of the test items in you normal household waste
* You may be asked by the Headteacher of the school you are visiting to take a test before your visit.

# Corporate Guidance for employees who are Clinically Extremely Vulnerable

The Council has produced a [Corporate message](https://content.govdelivery.com/accounts/UKCCC_INTERNAL/bulletins/2ad1ab9) regarding supporting those employees who have been identified as Clinically Extremely Vulnerable.

# 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.

If you are likely to leave your mobile phone in a locker or communal area, and you have the NHS COVID-19 app installed, you should pause the contact tracing function in the app. If it is paused, the phone and Bluetooth remain on, but the phone does not record contacts.

 Pausing contact tracing is only recommended in 3 situations:

* when an individual is not able to have their phone with them, for example because it is stored in a locker or communal area – this is to avoid the app picking up contacts when the individual is not with their phone
* when an individual is working behind a Perspex (or equivalent) screen, fully protected from other colleagues and members of the public, as the individual is considered to be adequately protected from contracting coronavirus (COVID-19)
* in a health or care setting where staff are wearing medical grade PPE (for example, a surgical mask) as these individuals are also considered to be adequately protected.

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. Latest Government guidance recommends the wearing of face coverings for pupils (over the age of 12), staff and visitors in communal areas of educational settings.

In primary schools where social distancing is not possible in indoor areas between members of staff or visitors, face coverings should be worn

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 and areas should be well ventilated. 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.