## Activity Risk Assessment Landscape Report



| Reference 401  |          | 401   | )1   |              |                  | Activity Description         |            |   | Managers visiting potential new residents in their current location to assess needs, suitability and moving in |             |                      |  |
|--|----------|---|--|--------------|------------------|------------------------------|------------|---|--|-------------|----------------------|--|
| Assessment Date  |          | 10/07/2020  |  |              | Publish          | Publish To Portal            |            |   | No   |             |                      |  |
| Assessor Name  |          | Belinda Tompkins  |  |              | Descrip          | Description                  |            |   | Visiting potential new residents in the community  |             |                      |  |
| Assessment Team<br>Members   |          |   |  |              | Review           | Date                         |            | 12/10/2020  |  |             |                      |  |
| Project Risk Assessment<br>Reference   |          |   |  |              | Overall          | Overall Potential Risk Level |            |   | 12   |             |                      |  |
| Org Unit   |          | The Royal British Legion -> Generic Risk Assessments    |  |              | s <b>Overall</b> | Overall Residual Risk Level  |            |   | 9  |             |                      |  |
| Location   | Location |   | Beneficiaries home, hospital or other care home  |              |                  | Number Of People Exposed     |            |   | 5  |             |                      |  |
| Risk Assessment<br>Category  |          | Covid 19 Management                                     |  |              | People           | Exposed                      |            | Beneficiary, wider household or family, other providers, staff (Managers) |  |             |                      |  |
| Date Record Create   | d        | 10/07/2020  |  |              |                  |                              |            |   |  |             |                      |  |
| Hazard Category &<br>Hazard Phrases  |          | s At Risk & How<br>erson At Risk                        | Control Measures   | L            | S                | R                            | Additional | Control Measures  | L  | s           | R                    |  |
| Covid 19 travel Lack of parking and bike facilities Lack of personal hygiene Other people may have Covid 19 Public transport very busy Travel in rush hour - no social distancing possible Unable to travel alone in own vehicle | Exposu   | and volunteers<br>e to Covid 19 and<br>c of catching it | Avoid travel - utilise technology for video calls and meetings - obtain as much information before visiting the beneficiary Encourage staff to use their own transport where possible Follow social distancing guidelines Increase hand washing and use of hand sanitiser Use of face coverings/masks when on public transport | 3 - Unlikely | 3 - Harmful      | 9 - Moderate<br>Risk         |            |   | 3 - Unlikely   | 3 - Harmful | 9 - Moderate<br>Risk |  |

## Activity Risk Assessment Landscape Report



| Covid 19 - Visiting homes of people we support Unable to socially distance  Lack of information provided to household on risks and control measures  Lack of information provided to staff on risks and control measures. | Staff, volunteers, beneficiary, member of household Exposure to Covid 19 Risk of catching Covid 19             | maintaining social distancing Limit paperwork and touch points such as ipads and tablets.  Maintain social distancing during the visit Only visit one home a day Provide face masks/face coverings to staff and people at the house Provide face shield and ensure that it is sanitised before and after use Provide hand sanitiser and use this regularly and on entering and leaving the house Provide support remotely, avoid visits where possible - obtain as much information as possible before visit to reduce time in the house. If possible conduct the meeting remotely. Provide gloves and aprons and ensure that they are worn when required. Dispose of PPE correctly. | 3 - Unlikely | 3 - Harmful | 9 - Moderate<br>Risk | 3 - Unlikely | 3 - Harmful | 9 - Moderate<br>Risk |
|---|--|--|--------------|-------------|----------------------|--------------|-------------|----------------------|
| Covid 19 - Visiting homes of people we support Person with illness in household Staff member/volunteer has Covid 19 but no symptoms Covid 19 symptoms occur after visit (up to 14 dayss)                                  | Staff, volunteers,<br>beneficiaries, household<br>members<br>Exposure to Covid 19<br>Risk of catching Covid 19 | food from household  Complete health questionnaire for all people present in the home before visit (24hrs max time scale)  Do not attend if anyone has symptoms  Ensure that there is a communication plan for illness to be reported to RBL or beneficiary if illness occurs after visit.  Ensure effective communication with household prior to visit   | 3 - Unlikely | 3 - Harmful | 9 - Moderate<br>Risk | 3 - Unlikely | 3 - Harmful | 9 - Moderate<br>Risk |

## Activity Risk Assessment Landscape Report



| Covid 19 - vulnerable people Staff, volunteers may be clinically vulnerable and more susceptible to Covid 19 and/or effects  Beneficiary may be clinically vulnerable Household member may be clinically vulnerable Someone in the household may be shielding | Staff Beneficiaries Volunteers Members of the household where visit is taking place Clinically vulnerable people may be at an increased risk of catching and/or effects of Covid 19. Shielding people are at high risk if they contract Covid 19 so need to be protected from the risk of catching it | identify as clinically vulnerable.<br>Support all staff with a specific<br>risk assessment and control<br>measures, including working | 4 - Likely | 3 - Harmful | 12 -<br>Substantial<br>Risk | 3 - Unlikely | 3 - Harmful | 9 - Moderate<br>Risk |
|---|---|---|------------|-------------|-----------------------------|--------------|-------------|----------------------|
|   |   | Minimise visit time   |            |             |                             |              |             |                      |

**Assessment Conclusion** 

**Signatures**