**COVID 19 RISK ASSESSMENT**

Date/s contacted:

Customer name: Staff members name:

VI/HI/D/DB:

Mosaic number:

Address:

Customers communication preference and contact details:

* Telephone:
* SMS:
* Email:
* Letter:
* Other:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **RAG rating** | | | **Description of risks and specific circumstances. Detail the risk and contingencies in place to mitigate the risks.** |
| **Do you have or suspect you have CV19 or have you been in contact with someone who has?** |  |  |  |  |
| **Can mobilise safely** |  |  |  | **(i.e.Independent/equipment/informal carer support/formal care package/risk of falls/has careline)** |
| **Can get out of bed and manage personal care** |  |  |  | **(i.e. Independent/informal carer support/formal care package)** |
| **Can access food and drinks or has meals on wheels** |  |  |  | **(i.e. Independent/informal carer support/formal care package)** |
| **Can manage essential food, drink and personal item shopping and collect prescriptions** |  |  |  | **(i.e. Independent/informal carer support/formal care package)** |
| **Can manage meds even with a phone call prompt** |  |  |  | **(i.e.Independent/equipment/informal carer support/formal care package)** |
| **Can manage daily living tasks such as laundry and cleaning** |  |  |  | **(i.e. Independent/informal carer support/formal care package)** |
| **Can control heating thermostat and switch on/off lighting** |  |  |  | **(i.e. Independent/informal carer support/formal care package)** |
| **Can manage electric meter top up** |  |  |  | **(i.e. Independent/informal carer support/formal care package)** |
| **Has family or friends who can provide support in an emergency** |  |  |  |  |
| **Can communicate using phone (voice or text), email or other** |  |  |  |  |
| **Can alert for help in an emergency (inc Care line)** |  |  |  | **(i.e.Independent/equipment/informal carer support/formal care package/Care Line)** |
| **Can hear smoke alarm / CO2** |  |  |  | **(i.e.Independent/equipment/informal carer support/formal care package)** |
| **Can hear household alerts i.e.telephone, doorbell, baby monitor, burglar alarm** |  |  |  | **(i.e.Independent/equipment/informal carer support/formal care package)** |
| **Can access important CV19 information** |  |  |  | **(i.e.Independent/equipment/informal carer support/formal care package)** |
| **Risk of informal carer breakdown informal** |  |  |  |  |
| **Risk of formal carer breakdown i.e care package** |  |  |  |  |
| **Looks after children / family member.**  **School closure impact?** |  |  |  |  |
| **Significant isolation / impact on mental health / risk to self** |  |  |  |  |
| **Addional impacts due to factors such as dementia, LD, homelessness, risk of abuse, bereavement** |  |  |  |  |
| **Risks to maintaining employment i.e. AtW equipment at work and cannot WFH** |  |  |  |  |
| **Sudden sight / hearing loss and needing immediate support** |  |  |  |  |
| **Lives alone without support network and reliant on care package** |  |  |  |  |
| **Has very recently been discharged from hospital and needs support** |  |  |  |  |
| **Other identified risk** |  |  |  |  |
|  |  |  |  |  |

**Conclusion**

|  |  |
| --- | --- |
|  | **Outcome and actions required by our team** |
| **Not at significant risk** |  |
| **Some risk but managed** |  |
| **High risk and needs support** | **If significant concern of risk to life – detail in full and refer immediately to manager.** |