WOKINGHAM
BOROUGH COUNCIL

Children's Services Practice Standards: visits to children during the COVID-19 pandemic

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Document Control Information

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Document Control

Version	Date	Description
Version 1	30.03.20	Temporary guidance on visits to assist practitioners during the COVID-19 pandemic
Version 2	17.04.20	Guidance expanded to include specific guidance on CIN Meetings and Core Group Meetings; more detail on what to do in preparation for a home visit (including considerations and answers table); and clarification on procedures when members of a household fall within the clinically extremely vulnerable category.
Version 2.1	22.04.20	Updates made to reflect changes in national PPE guidance where social distancing cannot be maintained.
Version 2.2	09.06.20	Updated to clarify standards for CIC and Care Leavers, and to include updated versions of the COVID-19 Visiting Risk Assessment form and PPE Risk Assessment form.
Version 3	29.10.20	Guidance updated throughout to reflect latest practice in light of ongoing relaxations to lockdown restrictions, and in response to the introduction of local COVID alert levels.
Version 3.1	20.11.20	Guidance updated to reflect the introduction of a national lockdown from the 5th November; amendments to - *Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE*) from 13th November 2020; and amendments to - *Coronavirus (COVID-19): guidance for children's social care services* from 16th November 2020.
Version 3.2	11.12.20	Guidance updated to clarify the expectations for visiting Early Help cases, following the end of national lockdown on the 2nd of December.
Version 3.3	22.12.20	Guidance updated following the introduction of new Tier 4 measures.
Version 4	07.01.21	Guidance updated and restructured following the implementation of National Lockdown. Details added to clarify expectations for Supervising Social Workers when visiting foster carers. New expectations around PPE also clarified - including the requirement for practitioners to wear a Fluid Resistant Surgical Mask for all face-to-face visits.

Contents

Introduction

This guidance is for all frontline social care practitioners at Wokingham Borough Council who are likely to need to visit or meet with children and families during the COVID-19 pandemic, or carry out virtual equivalents where appropriate.

Relevant professionals include, but are not restricted to Social Workers, Supervising Social Workers, Children's Practitioners, Occupational Therapists, Family Workers and Personal Assistants.

The document has been developed to provide guidance on how we should conduct and record social care visits and meetings during the COVID-19 pandemic, and to clarify expectations around their frequency during this period.

The guidance is based on the principle that social care practitioners should continue to make statutory visits on a face-to-face basis wherever it is possible to do so, and in accordance with usual statutory timescales. Where such visits entail visiting a household that has a suspected or confirmed case of COVID-19 (or a household member in a period of self-isolation) the visit should be informed by a robust risk assessment process - considering the risks posed to the child, family and worker. This is in accordance with latest Government guidance on the provision of Children's Social Care during the pandemic[1].

Following the implementation of Tier 4 restrictions in December 2020, and the subsequent introduction of national lockdown on Monday 4th January 2021, this guidance was revised to make clear that non-statutory face-to-face visits to children should be minimised wherever possible.

This guidance is subject to change and will be updated accordingly as the situation around COVID-19 changes.

[1] https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#what-care-should-staff-visiting-families-in-their-own-homes-take

Determining the type and frequency of visits needed during the COVID-19 pandemic

Children subject to Child in Need Plans

It is anticipated that Social Workers will only make face-to-face home visits to children subject to Child in Need plans:

- When a risk assessment has deemed it absolutely necessary to prevent significant harm; and/or
- To fulfil a statutory duty which cannot be fulfilled in any other way; and/or
- When risk of infection to staff and people visited can been mitigated in accordance with national protocols.

All Children in Need must have a **COVID-19 Visiting and PPE Risk Assessment** (see Appendix B) conducted by the allocated Social Worker and their Team Manager, which is then recorded as a management oversight.

The purpose of the risk assessment is to collate all relevant health information about the child and their household and to then make a judgement about visiting.

This decision will need to balance considerations of:

- risks to children and young people
- risks to families
- risks to the workforce
- national guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

The assessment will be regularly reviewed and updated in supervision, detailing any decisions made around visiting requirements, and the rationale for any variations made to our usual practice standards. The assessment will also be updated as and when any new significant information is acquired about the child or family in the future.

Where a virtual visit has been agreed, this will generally be conducted by WhatsApp or another equivalent software that enables a video-call function accessible to the child and family. It should be noted that a telephone call alone does not constitute a virtual visit and should not be recorded as such.

It should also be noted that irrespective of the frequency and type of visiting agreed upon for a child, during the pandemic there remains an expectation that practitioners will make some form of contact with the child's Safety Network on a **fortnightly basis** where this is possible and appropriate, including contact with non-resident parents where this is applicable.[1]

[1] Dependent upon the status of the child and the reason for our involvement, this level of contact may not always be appropriate. Any variation to this standard that is decided upon in light of the individual circumstances of the child should however be clearly recorded on the child's file as a Management Oversight, in the Visiting Risk Assessment and in the child's Safety Plan - together with the rationale for the variation.

Children subject to Child Protection Plans

All Child Protection Cases will receive face-to-face visits within the usual statutory timescales, or more frequently if required by the child's plan.

Exceptions to this can only be considered in the following circumstances:

- When a member of a household or placement has symptoms of COVID-19
- When a member of a household or placement has a confirmed case of COVID-19.
- When a member of a household or placement is within a recommended period of self-isolation (i.e. following symptoms or a confirmed case, or as instructed by NHS Test and Trace)[1].

When any of these circumstances arise, a **COVID-19 Visiting and PPE Risk Assessment** (see Appendix B), will be undertaken by the allocated Social Worker and their Team Manager (with input from the Service Manager where the case is high risk) and will be recorded on the case file as a management oversight.

The decision on the type of visit agreed will need to balance considerations of:

- risks to children and young people
- risks to families
- risks to the workforce
- national guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

Any decision to undertake a virtual visit will require management oversight and agreement from a Team Manager, as well as scrutiny from the relevant Service Manager. Virtual visits should have the same focus as a standard social work visit, but can be conducted using technology (such as Skype or WhatsApp) that enables as meaningful as possible contact with the children and parents. It should be noted that a telephone call alone does not constitute a virtual visit and should not be recorded as such.

Cases that have virtual visits agreed should be continuously reviewed to ensure the visiting risk assessment remains appropriate, and to monitor the health information of the household so that normal face-to-face visits can resume when the period of symptoms/isolation has concluded.

It should also be noted that irrespective of the frequency and type of visiting agreed upon for a child on a Child Protection Plan, during the pandemic there remains an expectation that practitioners will make some form of contact with the child's Safety Network on a **fortnightly basis** where this is possible and appropriate, including contact with non-resident parents where this is applicable.[2]

[1] For more details on the circumstances in which people should be in a period of self-isolation, please see the latest NHS guidance here: https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/

[2] Dependent upon the status of the child and the reason for our involvement, this level of contact may not always be appropriate. Any variation to this standard that is decided upon in light of the individual circumstances of the child should however be clearly recorded on the child's file as a Management Oversight, in the Visiting Risk Assessment and in the child's Safety Plan - together with the rationale for the variation.

Children subject to Child in Care Plans

All Children in Care cases will receive face-to-face visits within the usual statutory timescales, i.e. at a minimum of every **6 weeks** (or 3 monthly if the placement circumstances mean that this schedule has already been agreed).

Exceptions to this can only be considered in the following circumstances:

- When a member of a household or placement has symptoms of COVID-19
- When a member of a household or placement has a confirmed case of COVID-19.
- When a member of a household or placement is within a recommended period of self-isolation (i.e. following symptoms or a confirmed case, or as instructed by NHS Test and Trace)[1].

When any of these circumstances arise, a **COVID-19 Visiting and PPE Risk Assessment** (see Appendix B), will be undertaken by the allocated Social Worker and their Team Manager (with input from the Service Manager where the case is high risk) and will be recorded on the case file as a management oversight.

The decision on the type of visit agreed will need to balance considerations of:

- risks to children and young people
- risks to families
- risks to the workforce
- national guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

Any decision to undertake a virtual visit will require management oversight and agreement from a Team Manager, as well as scrutiny from the relevant Service Manager. Consultation will also be required with the child's Independent Reviewing Officer before proceeding on this basis. Virtual visits may also need to take place more frequently based on the need of the child.

Virtual visits should have the same focus as a standard social work visit, but can be conducted using technology (such as Skype or WhatsApp) that enables as meaningful as possible contact with the child. It should be noted that a telephone call alone does not constitute a virtual visit and should not be recorded as such.

Such cases should be continuously reviewed to ensure the visiting risk assessment remains appropriate, and to monitor the health information of the household or placement, so that normal face-to-face visits can resume when the period of symptoms/isolation has concluded.

It should also be noted that irrespective of the frequency and type of visiting agreed upon for a Child in Care, during the pandemic there remains an expectation that practitioners will make some form of contact with a child's Safety Network on a **fortnightly basis** where this is possible and appropriate, including contact with non-resident parents where this is applicable.[2]

[1] For more details on the circumstances in which people should be in a period of self-isolation, please see the latest NHS guidance here: https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/

[2] Dependent upon the status of the child and the reason for our involvement, this level of contact may not always be appropriate. Any variation to this standard that is decided upon in light of the individual

Care Leavers

As with Children in Care, all visits for Care Leavers will be undertaken in accordance with the usual statutory timescales and Wokingham Practice Standards (**8 weekly basis**) and should be conducted on a face-to-face basis unless any of the above exemptions apply (i.e. the household or placement is symptomatic or is in a period of self-isolation). In such cases, the same risk assessment process should be carried out. (See ***Children subject to Child in Care Plans*** for full details).

Foster Carers

Supervising Social Workers should make visits to foster carers in accordance with the usual statutory timescales and Wokingham Practice Standards, and should be conducted on a face-to-face unless any of the above exemptions apply (i.e. the household or placement is symptomatic or is in a period of self-isolation). In such cases, the same risk assessment process should be carried out (See ***Children subject to Child in Care Plans*** for full details).

Children with Disabilities

All of the above guidance with regard to Children in Need, Child Protection and Child in Care cases should be applied in the same way when cases are allocated to the Children with Disabilities Team. However, in recognition of the additional medical vulnerabilities of this cohort, alongside the more varied reasons for our involvement with such children, strict adherence to the guidance may not be appropriate in all cases, and thus a greater degree of flexibility may be permitted. Any variations to the guidance will however need to be clearly recorded and explained on the child's file as a Management Oversight, in the child's **COVID-19 Visiting and PPE Risk Assessment form**, and in the child's plan. Exemptions require sign off by the relevant Service Manager.

Early Help (including CWD Early Help)

Following the introduction of the new Tier 4 measures, and the subsequent introduction of National Lockdown in January in 2021, all Early Help cases should now be visited virtually, in accordance with the WBC Practice Standards.

The only exceptions are when:

- Activity is supporting statutory Child Protection or Child in Care activity; or
- Risk to a child is identified as having increased to a level that might require statutory intervention; or
- Communication difficulties make it difficult to conduct the visit virtually (Children with Disabilities only).

Prior to any face-to-face activity being progressed, the **COVID-19 Visiting and PPE Risk Assessment** (see Appendix B) should be completed. This is to be conducted by the Allocated Worker and their Manager and recorded as a management oversight.

circumstances of the child should however be clearly recorded on the child's file as a Management Oversight, in the Visiting Risk Assessment and in the child's Safety Plan - together with the rationale for the variation.

How should visits be recorded?

Social Work Visits and visits to Care Leavers should be recorded in the usual way unless they were virtual visits.

Where a virtual social work visit has taken place, this should be recorded in the Mosaic workflow step *CH – Children's Social Work Virtual Visit*.

If the virtual visit was for a Care Leaver, this should be recorded in the Mosaic workflow step *CH – Leaving Care Virtual Visit.*

Specific Mosaic guidance for accessing these two steps is available in the document *Mosaic CSC Guidance – Recording Virtual Visits*.

Please note that a telephone call alone does not constitute a virtual visit in any circumstance, and should not be recorded as such.

What are the recording standards around virtual visits?

The content of a virtual visit record should be the same as if the visit had happened face-to-face.

Virtual visits must be recorded on Mosaic on the same day that they occur.

How should face-to-face visits be organised and conducted?

The following offers a framework for sensible and safe practice for face-to-face visits, alongside links to relevant national guidance.

What to do if you think you may have COVID-19

If you think you have COVID-19 (or if anyone in your household thinks that they do), you should follow the latest NHS guidance for households with possible infection. This can be found here. If you are advised to self-isolate at home you should follow government advice and guidance. You should not come into the office or make any face-to-face visits until it is safe to do so.

What to do in preparation for a face-to-face visit

Before any visit is undertaken, consideration should be given to the health status and clinical vulnerability of the allocated worker. Under current guidance, staff who are classified as being **Clinically Extremely Vulnerable** should not conduct visits and should work from home. In this event, alternative arrangements to undertake visits will need to be made by the line manager.

Should the allocated worker be identified as being **Clinically Vulnerable**, a personal risk assessment should be undertaken with the allocated worker's line manager, using the **Individual Safety Assessment** form under Appendix A. The use of PPE to mitigate risk should enable clinically vulnerable staff members to continue to undertake face-to-face visits. The **COVID-19 Visiting and PPE Risk Assessment** form should be completed in conjunction

with the personal risk assessment and consideration given as to how the visit can continue to take place safely.

Once the allocated workers clinical vulnerability has been considered (and if needed risk assessed), the worker will then need to make contact with the family prior to the visit taking place, in order to establish the household's latest health information. This call should also be used to discuss how the visit can be undertaken as safely as possible. Specifically, the following information should be ascertained/confirmed:

- Is there anyone in the household displaying symptoms of coronavirus (COVID-19)?
- Is there anyone in the household with a confirmed diagnosis of coronavirus (COVID-19)?
- Is there anyone in the household undertaking a recommended period of self-isolation?
- Is there anyone in the household who falls into the clinically extremely vulnerable category?[1] i.e. those who have medical conditions that place them at greatest risk of severe illness from coronavirus (COVID-19).
- Can social distancing feasibly be maintained in the household?

Consideration should also be given to the possibility of self-reporting issues. For example, if the service user is:

- Unable to accurately communicate whether they have symptoms on arrival (and have no one who can communicate on their behalf);
- Unable to understand or comply with social distancing instructions on arrival; or
- Is aggressive or uncooperative.

If no new information is identified via the phone checks, the visit should go ahead as planned, adhering to the guidance below that sets out how to visit families under different circumstances i.e. using one of the following:

- *What to do when visiting a household where someone has symptoms/a confirmed case of COVID-19, someone is self-isolating, someone falls into the clinically extremely vulnerable category OR where social distancing cannot be maintained?*

  or

- *What to do if visiting a household where there are no symptoms or confirmed cases of COVID-19, nobody self-isolating, nobody that falls into the clinically extremely vulnerable category AND social distancing can be maintained*

If significant new information is gathered from the call that we were previously unaware of - for example, a member of the household has recently started showing symptoms - the child's **COVID-19 Visiting and PPE Risk Assessment** form will need to be completed/updated, and then used to consider whether and how the visit can continue as planned.

For a summary of the approach that should be taken prior to a face-to-face visit being conducted, see *Appendix C - Assessment of risks and steps to mitigate them for child and worker.*

[1] For more details on those defined as clinically extremely vulnerable, including a list of relevant medical conditions, see latest PHE guidance here.

What to do when visiting a household where someone has symptoms/a confirmed case of COVID-19, someone is self-isolating, someone falls into the clinically extremely vulnerable category OR where social distancing cannot be maintained?

In circumstances where a face-to-face visit must take place despite someone in the household having symptoms, a confirmed case of COVID-19 or being in a period of self-isolation OR if it has been identified that members of the household fall into the clinically extremely category OR that social distancing cannot be maintained, **the use of PPE is required.**

PPE will be issued, worn and disposed of in accordance with Wokingham Borough Council's *PPE guidance for Social Care Staff*.[1]

In summary:

- As a minimum the following PPE will be required for any visit where a member of the household displays symptoms or has a confirmed case of COVID-19:

- Fluid Resistant Surgical Mask (FRSM)
- Apron
- Gloves

- As a minimum the following PPE will be required for any visit where any member of the household falls into the clinically extremely vulnerable category:

- Fluid Resistant Surgical Mask (FRSM)
- Apron
- Gloves

- As a minimum the following PPE will be required for any visit where social distancing cannot be maintained:

i) Within 2 metres but NOT in physical contact:

- Fluid Resistant Surgical Mask (FRSM)

ii) Within 2 metres AND in physical contact:

- Fluid Resistant Surgical Mask (FRSM)
- Apron
- Gloves

Considering the above guidance on the use of PPE, the **Visiting and PPE Risk Assessment Form** should be completed before the visit takes place and recorded on the child's file.

The following guidance on personal conduct during the visit should also be noted and adhered to:

- From what we know, transmission of COVID-19 is most likely to happen when there is close contact (within two metres) of an infected person so you should therefore remain **socially distanced** from the person as much as possible. It may be possible in some

[1] More details on how to use PPE safely can also be found via the latest Government guidance pages here.

circumstances for elements of the visit to be achieved without entering the property (i.e. remaining at the doorstep or using a garden). This should be discussed with your Team Manager and explored with the family prior to your arrival.

- It is likely that the risk of transmission increases the longer someone has close contact with an infected person. It may in some circumstances be possible to carry out some elements of the visit remotely, thus reducing the time you are required to visit in person - this should be discussed with your Team Manager and explored with the family prior to your arrival.

- It is possible that someone might become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching a door knob or shaking hands then touching own face). It is therefore advisable to **avoid touching surfaces** (such as door handles, light switches etc.), and to avoid putting any of your own personal items down on any surfaces.

- You should avoid touching your face until you have washed your hands. It is advisable to wash your hands when you enter the premises and at the end of your visit (if the condition and location of the hand washing facilities are appropriate). Where hand washing is not available, clean your hands using alcohol-based hand gel.

- It should be noted that the person you are visiting may be able to help you to protect yourself. For example, by social distancing by two meters, by coughing and sneezing into a tissue, or by wearing a face mask to protect you from their respiratory secretions. They may also, where appropriate, agree to opening a window to improve ventilation in the room, or to leaving all internal doors open to minimise contact with door handles. It is advisable to contact the household in advance of the visit to discuss the environment and available space to help you manage risks. Communicating with households prior to arrival, and on arrival, will also help to ensure the household understands the social distancing and hygiene measures that should be followed once the visit has commenced.

- After the visit, sanitise any equipment that you have brought in or out of the home, for example by using disinfectant wipes to clean phones or laptops. Dispose of any protective equipment in line with public health guidance and wash your hands before touching other items. At the end of the day, it is also advisable to remove and wash clothes that may have been exposed to the virus.

What to do if visiting a household where there are no symptoms, no confirmed cases of COVID-19, nobody self-isolating, no residents that fall into the clinically extremely vulnerable category, AND social distancing can be maintained?

If no one is showing any symptoms of COVID-19 in a household, there are no confirmed cases, nobody self-isolating, no residents that fall into the clinically extremely vulnerable group, AND social distancing can be maintained, then **practitioners are only required to wear a Fluid Resistant Surgical Mask.**

However, an important exception to this rule would be if the worker's individual risk assessment has indicated that further PPE would be beneficial to them in mitigating the risk of the visit. For example, this could be the case where the worker is clinically vulnerable. In

such cases, whilst Government guidance does not specifically stipulate that the use of further PPE is required, this will be made available by Wokingham Borough Council as required.

Regardless of whether further PPE is required or not, normal good hygiene practices should still be applied, and the above guidance on personal conduct during a visit is still advisable - for example not touching surfaces, and using open spaces such as gardens where possible. Notably, in these circumstances it is still important to follow the NHS advice about safe handwashing, and social distancing should still be followed by ensuring a two-metre distance during the visit.

The only other exception to these rules is if you are visiting a household where personal care and/or moving & handling may be needed. In such cases, even where a household meets the above criteria (i.e. no symptoms/confirmed cases, nobody self-isolating, nobody with clinical vulnerability and social distance can be maintained) in addition to a Fluid Resistant Surgical Mask, the practitioner should also use an apron and gloves.

What to do if the person has symptoms when you arrive

If the person unexpectedly has symptoms when you arrive, or someone within the household does, as long as you are not leaving the person at risk you should end the visit or decline to enter the building, and then report back to your manager. You should observe the above hygiene protocols.

What to do if visiting a household where it has not been possible to ascertain whether the family has symptoms or a confirmed case of COVID-19?

When it has not been possible to ascertain whether any member of a household is suffering from symptoms of coronavirus prior to the face-to-face contact taking place, steps should be taken to mitigate risk. These steps can include, but are not restricted to:

- knocking on the front door or ringing the doorbell and then stepping back to a distance of 2 metres in adherence to social distancing guidelines
- taking additional PPE as a precautionary measure

What to do if you are clinically vulnerable to COVID-19 and are scheduled to conduct a face-to-face visit.

Staff risk assessments should be undertaken with managers to ensure that appropriate measures are taken to support staff with clinical vulnerabilities to COVID-19. If you have any concerns about a face-to-face visit that you are scheduled to conduct, please discuss this with your line manager in the first instance.

Multi-agency work and meetings

Any multi-agency work or meetings that require the attendance of a child or family will continue within their usual prescribed frequency - whether statutory or in accordance with the child's plan or WBC Practice Standards.

Multi-agency meetings can be held face-to-face where it is deemed safe to do so, or can take a blended approach with some members joining virtually and some joining in person. In such cases, the option for family members to attend in person should be prioritised.

Where it is deemed that a virtual meeting is the safest option, they should be conducted using a medium that families are able to access. This might mean using WhatsApp, Skype, or the conference call facility on your work mobile phone (See *Appendix D - Guidance for using the conference facility on work mobiles*).

Irrespective of the frequency and type of meetings that the child's plan entails, in any case where partner agencies are involved, Social Workers will need to ensure that they liaise with each agency on a **fortnightly basis** as a minimum.

Core Group Meetings and Child in Need Meetings

All Core Group and Child in Need meetings will take place virtually as per their usual frequency.

It is expected that wherever possible, all agencies and members of the family network will come together for the conference call and that the agenda will be followed and recorded in the usual way.

In the event that a professional or member of the Safety Network is unable to join the call, their views should be obtained beforehand and they should be contacted afterwards to confirm any changes to the plan. Amended plans should then be signed off by the relevant Team Manager and circulated within 2 weeks of the virtual meeting taking place.

Appendix A - Individual Safety Assessment for Staff

Colleagues in increased risk groups - Covid-19

Safety Assessment and Actions

It is the line manager's responsibility to complete an assessment with staff who fall into the clinically vulnerable and clinically extremely vulnerable categories, as set out on the government websites link below, to ensure appropriate measures are taken to provide a safe working environment. The form can also be used for any WBC worker who may not be in a vulnerable category but whose job could put them at higher risk. This form has been developed to support managers with this assessment, but it must be completed in conjunction with the latest guidance from Public Health England. Further information on Covid-19 can be found here: **Coronavirus (Covid-19) guidance**

The Following guidance can be accessed with regards to vulnerable categories:

Clinically Extremely Vulnerable

Clinically Vulnerable

Main Risks – Exposure to Covid-19, impact on current heath conditions, mental wellbeing

Note:

1) The impact to office and public spaces is monitored via the Corporate and Property Covid-19 risk assessments. This form is for use with individual workers.
2) In the absence of formal guidance we are looking at increased risk amongst Black, Asian and Minority Ethnic (BAME) communities in particular Black and Asian (African, Caribbean, Indian, Pakistani, Bangladeshi, Filipino, Chinese, Japanese) and the guidance for Clinically Vulnerable should also be applied to those in this group until further national guidance is forthcoming.
3) This risk assessment should be reviewed regularly to ensure it remains relevant and appropriate under changing circumstances.

<table>
<tr><th colspan="6">General Information</th></tr>
<tr><td>Worker Name(s):</td><td colspan="2"></td><td>Job Title:</td><td colspan="2"></td></tr>
<tr><td>Line manager:</td><td colspan="2"></td><td>Manager's job title:</td><td colspan="2"></td></tr>
<tr><td>Current Work Location:</td><td colspan="2"></td><td>Working hours:</td><td colspan="2"></td></tr>
<tr><td>Date of Assessment:</td><td colspan="2"></td><td>Review date:</td><td colspan="2"></td></tr>
<tr><td rowspan="3">Individuals underlying health condition / category / other factors:</td><td>Please tick appropriate boxes:</td><td>✓</td><td rowspan="3">Current post involves:</td><td>Please tick appropriate boxes:</td><td>✓</td></tr>
<tr><td>Notified as on 12 week Shielding (clinically extremely vulnerable – link above)</td><td></td><td>Working directly with people who have tested positive for COVID-19 or working within2 metres of someone who has tested positive</td><td></td></tr>
<tr><td>Clinically Vulnerable – as per current list – link above</td><td></td><td>Entering premises where there are known cases of Covid-19 but not directly working with those who have tested positive and at least 2 metres from anyone who has tested positive.</td><td></td></tr>
</table>

	If pregnant - +/- 28 weeks			Working directly with people not tested / unknown Covid-19 status and unable to maintain social distancing– within any setting	
	BAME (see note 2) **-** worker or family/household members			Working directly with people not tested / unknown Covid-19 status but able to maintain social distancing – within any setting	
	Concerns re impact on mental wellbeing			Providing a service working with the public (e.g. reception) and may have contact with people not tested / unknown Covid-19 status	
	Other specific concerns *e.g. caring for vulnerable relative*			Providing a service that has no direct contact with the general public or end users of the service	
				Using Public Transport to travel to/from or for work	

Mitigation of risk		
Risk Factor	**Current Position**	**Additional action to reduce risk (mitigation)**
What is already in place to control the risks for this worker?		
If not already working from home, could the role be undertaken from home?		
Could alternative work be done at home? Either with team or redeployed?		
Can face to face interactions be limited, if applicable?		
Has PPE been provided in line with current PHE guidance, and training provided in its use?		
Has advice been sought from Public Health or Health & Safety Specialists (where appropriate)?		
Have any other risk assessments been carried out with this member of staff?		
Other considerations:		

Worker's comments

Assessment		
Please tick appropriate box:	✓	Monitoring / further action:
Actions agreed as detailed above reduce the risks to the worker(s)		Date agreed to review action:
Actions agreed as detailed above do not fully reduce the risks to the worker(s) / some concerns remain.		

Additional notes
Please add any additional notes as appropriate (following discussion with a Health & Safety or HR Specialist, if applicable): *Line managers should conduct a thorough, sensitive and comprehensive discussion with staff. They should identify any existing underlying health conditions or risk factors that increase the risk for the worker in undertaking the role identified. The conversation should be an ongoing basis (complete review date above) and consider worker feelings regarding safety and mental health and wellbeing. Where required, identified managers will seek HR advice and potentially Public Health or Health & Safety advice.*

Contact HREnquiries@wokingham.gov.uk if you have queries completing this risk assessment.

Appendix B - COVID-19 Visiting and PPE Risk Assessment Form

Type of plan and frequency of visits prior to COVID-19 restrictions:		
Is there a confirmed case of COVID-19 in the family home?	Yes	No
If yes give details:		
Are the family self-isolating due to showing symptoms?	Yes	No
If yes, detail reason:		
Weighing up the risks is it safe to proceed with a planned (face-to-face) home visit?	Yes	No
	Rationale:	
If No, can the visit be conducted virtually and what platform will be used?	Yes	No
	Rationale:	
Frequency of visits agreed:		
Format of visits agreed:		
Is PPE required for the visit?	Yes	No
Why is PPE required for this visit? (e.g. household has symptoms, household has a confirmed case of C19, household is shielding, social distancing is unable to be maintained)		
What is the nature of the visit? Will it involve undertaking a form of assessment that requires close proximity contact, or manual handling?		
In light of the information gathered, what PPE is required based on latest PHE advice/guidance?		
Risk assessment agreed by manager?	Yes Comments	No Comments
Details of authorising manager:		

Appendix C - Assessment of risks and steps to mitigate them for child and worker

A general rule of thumb for when staff are undertaking face-to-face home visits is that if good hygiene and social distancing is implemented, only a Fluid Resistant Surgical Mask is required. However, further PPE will be required if the people being visited are displaying symptoms of coronavirus (COVID-19); have a confirmed diagnosis of coronavirus (COVID-19); someone in the household is in a recommended period of self-isolation; someone in the household is in the clinically extremely vulnerable category; or if it is determined that social distancing cannot be maintained.

It may also be possible that your own clinical vulnerability will necessitate further PPE, which will be considered as part of the **Individual Safety Assessment** for Staff, which should be undertaken with your line manager before any face-to-face visiting takes place.

Prior to carrying out a visit the allocated worker will also need to make contact with the family to establish the household's latest health information, and to discuss how the visit can be undertaken as safely as possible. Specifically, the following information should be ascertained:

a) Is there anyone in the household displaying symptoms of coronavirus (COVID-19)?
b) Is there anyone in the household with a confirmed diagnosis of coronavirus (COVID-19)?
c) Is there anyone in the household undertaking a recommended period of self-isolation?[1]
d) Is there anyone in the household who falls into the clinically extremely vulnerable category? i.e. those who have medical conditions that place them at greatest risk of severe illness from coronavirus (COVID-19).[2]
e) Is social distancing feasible in the household?

Consideration should also be given to the possibility of self-reporting issues. For example, if the service user is:

- Unable to accurately communicate whether they have symptoms on arrival (and have no one who can communicate on their behalf);
- Unable to understand or comply with social distancing instructions on arrival; or
- Is aggressive or uncooperative.

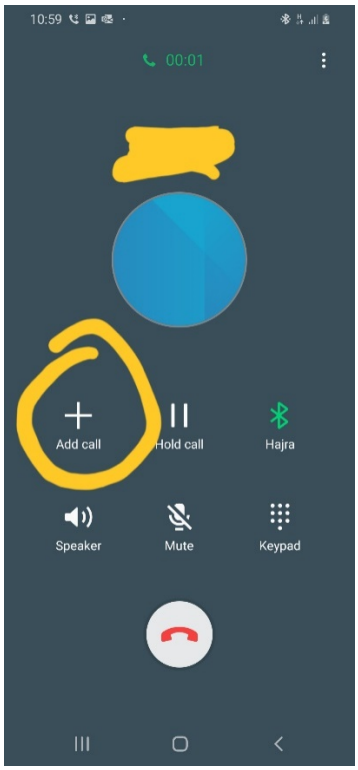
If any new information is identified in relation to the above that has not already been reflected in the child's **Visiting Risk and PPE Assessment Form**, the form should be updated accordingly, and the practitioner should consult with their Team Manager and Service Manager as to how/whether the visit should proceed.

If a face-to-face visit is scheduled for a household with symptoms/a confirmed case, residents who are self-isolating, residents who are clinically vulnerable, or where social distancing is not possible, additional PPE will be required. In such cases the PPE section of the **Visiting and PPE Risk Assessment** form should be completed with the relevant line manager, and a copy of this should be placed on the child's case record.

The latest version of the **Visiting and PPE Risk Assessment** form can be found here.

[1] For more details on the circumstances in which people should be in a period of self-isolation, please see the latest NHS guidance here.
[2] For more details on those defined as clinically extremely vulnerable, including a list of relevant medical conditions, see latest PHE guidance here.

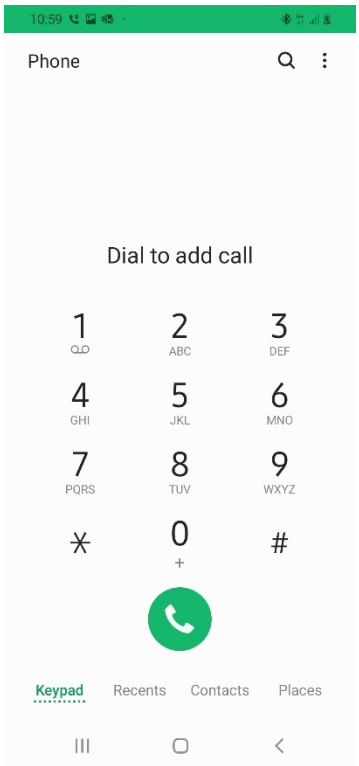
Appendix D - Guidance for using the conference facility on work mobiles



1. Make the first call to the first participant of the meeting.

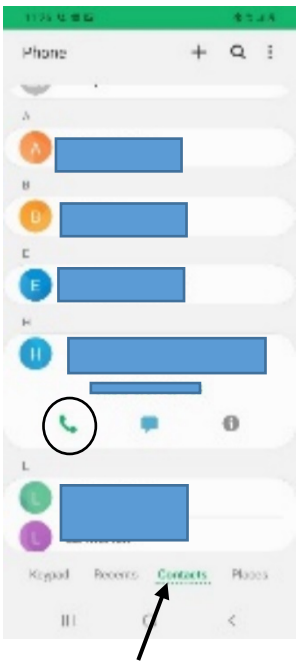
   When you are connected let them know you are adding other participant to the call and they will be put on hold.

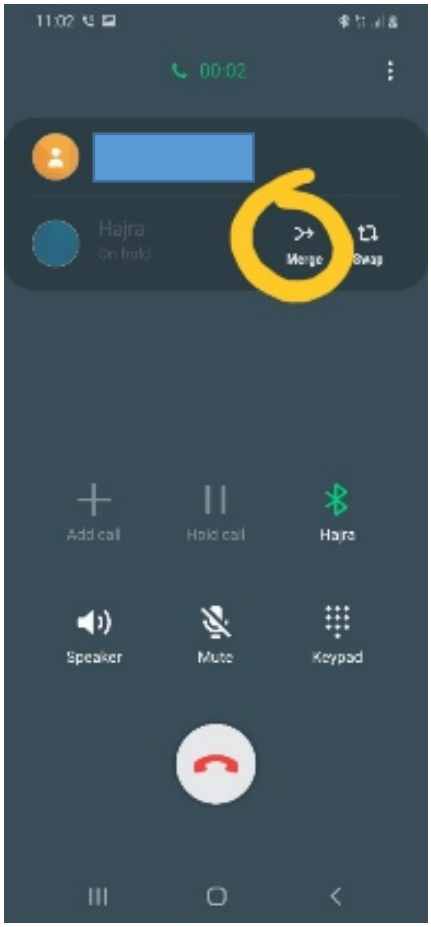
   Then press 'Add call'



2. You will then be taken to this page, dial the next number and make the call.

If it is a number you have saved click contacts and make the call as you usually would. Please see the image





3. Then click 'merge'

This will connect all participants.

4. If you need to add more participants click 'add call' and repeat step 2 and 3.