

**Risk assessment**

Document to be completed by relevant manager for each period of visit and uploaded and attached to child’s record

**Part A - To be completed when child does not need to be seen**

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| --- | --- |
| Name of child |  |
| PER ID |  |
| Type of Plan – Sec 47/ CIN/CP/CIC/Pathway |  |
| Date last visited and by whom? |  |
| Are there any underlying health condition for the child or household member: diabetes, weakened immune system, cancer, chronic lung disease/ respiratory issues | *Specify the condition.* |
| Has any household member been diagnosed or asked to be isolated? |  |
| What other options have been explored for seeing/maintaining contact with the child e.g. skype, video call via WhatsApp, phone call |  |
| Is another professional seeing this child in the period for visits?   * Have you had a conversation with them regarding what we want them to look out for during the visit or given them any specific questions we may want them to ask on our behalf. * Confirm and agree with professional visiting the child what they should be assessing and information required, and follow up in writing * Have you confirmed what feedback you will receive and the timescale for this. * Confirm the visit has taken place within 24 hours of planned contact and request written feedback, to be received within 24 hours of the contact |  |
| Manager’s rationale for supporting that child is not visited on this occasion |  |

**Part B – To be completed for those children who must be visited**

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| --- | --- |
| Name of child |  |
| PER ID |  |
| Type of Plan – Sec 47/ CIN/CP/CIC/Pathway |  |
| Managers Rational for why child needs to be seen and by whom?   * Prior to visit do lateral checks indicate that other professionals are visiting, and can they potentially contribute * If another partner professional is visiting confirm arrangements for feedback immediately following the visit and within 24 hours * If a partner agency is no longer visiting that professional must relay this to the allocated social worker immediately so that other arrangements can be agreed |  |
| Has a phone call been made prior to the visit to ascertain any health concerns for child and any household members – i.e. is anyone showing Coronavirus symptoms – high temp/fever, persistent cough and difficulties in breathing |  |
| During visit check if the family require support due to vulnerabilities – i.e. food supplies, accessing medical care/ attention – do they have family members or community resources who can assist? |  |
| For visits to the home – follow hygiene /social distance rules below \* |  |

**\***hygiene/social distance rules

* Wash hands prior to visiting and immediately following visit
* If using latex gloves and apron ensure these are on before entering the home. When the visit is completed, dispose of the gloves/aprons in a bin and wash hands before putting on another pair of gloves and apron
* Do not go into another household without washing your hands and if available use latex gloves/ aprons
* Maintain a 2-meter distance (approx. 3 arm lengths) from household members. In order to prevent spread of the virus, try to avoid physical contact with the children in the household.
* Try not to touch any surfaces and try not to take any other personal items in with you i.e. bags and coats when visiting
* Do not touch your face until you have washed your hands thoroughly in line with guidance
* Try to remain standing during your visits if possible and ask for windows to be opened so there is ventilation
* Consider if the visit can be done at the doorstep as this will help in terms of ventilation
* Keep visits to a short period of time – be succinct and undertake the visit based on the risk being assessed and any support the family may require