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| ROWAN ABLA CARDS ADAPTING TO RESTRICTIONS PHASE 1, 2 & 3 VISIT PLAN | | |
| **PURPOSE OF THE VISIT** | To re-engage with client |  |
| **OUTOMES FOR THE VISIT** | To initiate weekly visits (initially week nights and the odd weekend once a routine has been established) |  |
| **CHECK NO NEW SYMPTOMS** | Every visit |  |
| **HANDS WASHED / SANITIZED BEFORE AND PRIOR** | Every visit |  |
| **PPE DISPOSED OF APPROPRIATELY** | Every visit |  |
| **AVOID TOUCHING SURFACES** | Where possible |  |
| **REQUIREMENTS** | **DETAILS / RISK (i.e. garden/park/accessibility)** | **Y/N** |
| **Phase 1 - Outdoor Visits** |  |  |
| Is there access to suitable accessible outdoor space where 2m distance can be maintained? |  |  |
| Seating arrangements? |  |  |
| Protected from elements? |  |  |
| Accessible by client without assistance? |  |  |
| Any travel arrangements that can reduce risk? |  |  |
| Appropriate PPE available? |  |  |
| Toilet Considerations |  |  |
| Is Shielding still in force? |  |  |
| **Phases 2 & 3 – Indoor Visits** |  |  |
| Suitable seating (On separate seats) to maintain 2m distance? |  |  |
| Is the property accessed via a common stairway or thoroughfare? |  |  |
| Can we reduce risk by looking at alternative travel arrangements ? |  |  |
| Do other people live at the address? |  |  |
| Are there pets that are allowed to roam free? |  |  |
| Confirm if PPE is appropriate? |  |  |

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| **Are there any other measures which could be introduced to further reduce risk?** |

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| **Have there been any recent discussions that suggest risk has changed during lockdown** |

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| **Does the volunteer understand the risks and how to follow guidance to best control and reduce risk?**  **Name signed \_\_\_\_\_\_Visit Plan emailed to volunteer and conversation will take place if necessary with any changes**  **Volunteer has attended group supervision sessions detailing restrictions and also website is available \_\_\_\_\_\_ Date\_\_\_**  **\_\_\_\_\_** |

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| **Does the client understand and have reference to the visit plan and understand how to follow guidance to best control and reduce risk**?  **Name signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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