**SCHEME : RISK = Resuming CARDS visits**

## RISK ASSESSMENT

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| **Please list hazards here:** |  | **List groups of people who are especially at risk from the significant hazards which you have identified:** |
| CONTRACTING COVID 19  Passing on COVID 19 to vulnerable Adults with underlying Health Issues  Passing on COVID 19 to staff/volunteers with underlying health issues |  | Volunteers  Staff  Service users  General Public |



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| **List existing controls, or note where the information may be found in more detail, here:** | |  | | **List the shortcomings in practice or procedures here:** |
| * **Email to all volunteers providing link to HR online video containing coronavirus awareness free e-learning video covering**  1. Understanding what the Coronavirus is and what is known about it so far. 2. Advice on how to reduce the risk of contracting/spreading the infection. 3. Information on the symptoms and protocol to follow (WHO and Government advice) should someone contract the virus.    * **Scottish Govt Covid19 Framework Document**    * <https://www.gov.scot/collections/coronavirus-covid-19-guidance/>    * **COVID19 Specific Risk assessments for**    * **SERVICE**    * **INDIVIDUAL**    * **ORIGINAL RISK OF CLIENT**    * **NEW RISK OF CLIENT**    * **VOLUNTEER ENGAGEMENT & CONSENT**    * **Service risk assessment spreadsheet containing;**    * **Individual risk, guide to conversation checking all guidance for social workers doing home visits.**    * **Above conversation informs a visit plan approved by volunteer and staff member and service user**    * **Double visit with all recommencing visits**    * **Support and Supervision sessions via zoom**    * **Guidance on website relating to all restriction phases and scenarios**    * **PPE Available for all volunteers and service users**    * **ACAS Guidelines for employees (volunteers)**    * **Handwashing guidance**    * **Scottish Government coronavirus link**    * **NHS coronavirus link**    * **Health and safety policy**    * SCRR with list of all staff/volunteers/clients with underlying health issues which increase risk related to contraction of COVID 19    * On call Manager / Rota    * Use of 111 police or emergency service    * Telephone and in person access to CARDS Staff    * Online supervision – availability of manager to discuss & receive guidance where required to ensure best practice is informed and thought through    * Staff testing via PCR testing April 2021    * Staff vaccinations    * Volunteer testing    * Volunteer vaccinations    * Public health contacts    * Support from residential service staff on testing and covid 19 risk assessment | |  | Communication breakdown between client and staff  Alcohol/drug use rendering service user contribution to visit plan incorrect or inappropriate to use in assessing risk.  Third party / public presence at visit  Volunteers being out of practice with the dynamics of physical visits and relevant controlling policies.  Volunteers having had little or no contact with staff or other volunteers to personally reflect on their role & becoming isolated and removed from the organisation and its practice.  Non standardised PPE being used by volunteers or service users.  Key people service manager and support workers become infected and are unable to manage staff and volunteers creating a higher risk to all individuals due to breakdown in normal reporting and communication channels  Changes in service Users personal and physical circumstances not being picked up via phone calls  New volunteers who have only experienced telephone contact we are yet to see if this raises any further possible risk around boundaries or the risk of the client disengaging with the service as they do not like using the telephone service.  High risk individuals referred where telephone calls are not suffice for level of risk.  Service users or staff not adhering to guidelines out of work  Time consuming and difficult access to vaccinations for volunteers  Service users remaining the most vulnerable  Service users being unsure and confused with guidelines |



**List the risks which are not adequately controlled and the action you will take where it is reasonably practicable to do more. You are entitled to take cost into account, unless the risk is high:**

**Identify who will be the responsible / lead person for the control of the risk:**

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| **RISKS** | **ACTION TO BE TAKEN** | **TIMESCALE** | **LEAD** |
| VOLUNTEERS AND STAFF NOT FOLLOWING GUIDANCE  NEW AND MORE RELEVANT GUIDANCE COMING IN TO PLAY AS AND WHEN PUBLIC HEATH RELEASE THUS DEAMING OUR GUIDANCE AND RISK ASSESSMENT PROCESS REDUNDANT  New volunteers not having same information around covid and vounteering as volunteers who were active during initial pandemic  Communication breakdown between client and staff  Alcohol/drug use rendering service user contribution to visit plan incorrect or inappropriate to use in assessing risk – And or  Third party / public presence at visit  Non standardised PPE being used by volunteers or service users.  Key people service manager and support workers become infected and are unable to manage staff and volunteers creating a higher risk to all individuals due to breakdown in normal reporting and communication channels  Changes in service Users personal and physical circumstances not being picked up via phone calls  High risk individuals referred where telephone calls are not suffice for level of risk.  Service users or staff not adhering to guidelines out of work  Time consuming and difficult access to vaccinations for volunteers | GROUP SUPERVISION SESSIONS TO CONTINUE AT ONCE A MONTH AND CONSIDER INCREASING TO ALLOW EVERYONE THE SPACE AND TIME TO DISCUSS AND REFLECT ON FOLLOWING GUIDANCE AND LEARN FROM COLLEAUGES DOING IT WELL AND MISTAKES MADE  SHARE OUR PROCES AND GUIDANCE ALONG WITH LINK TO THE WEBSITE ETC AND OPEN DISCUSSION AROUND WHAT INFO TO USE AND WHAT WILL BE DONE IN TRANSITION PERIOD OF CHANGING GUIDANCE WE FOLLOW  Refresh email sent to all current volunteers with link to the website for information shared on keeping safe.  Risk assessment to be reviewed and all current live volunteers to engage in discussion with service and client  Check call to client before every visit – New Visit Plan  Discussion with the client has to take place before visit plan is approved and is checked again at time of visit. No visit plan will be approved if unsufficent or unreliable information comes to light.  PPE packs available on request from CARDS - Standardised and approved masks, gloves and hand sanitizer. This is not a condition of the service due to the logistics and time consuming issue of posting or distributing packs. This creates traffic to the head office that is seen to be increasing risk in one area while not reducing significantly in another.  Staff testing and staff vaccinations along with Covid 19 Risk assessment shared regularly in a shared space on line with all other staff on leadership team. Last update April 2021  The most that can be done is being done in this area. Where we are concerned we have notes, supervision and great communication between staff and volunteers to pick up on any. Issues that arise will be dealt with by a staff member or locum before volunteer visit  Staff visits to take place before matching  Increase admin hours around this task | **ONGOING REVIEW ON GROUP S & S**  **IMM SEP**  **May 2021**  **March to May 2021**  **March to May 2021**  **Jan to March 2021**  **Jan to March 2021** | TRACEY  TRACEY  DONE MID SEPTEMBER 2020  Tracey Stewart  Tracey Stewart  Tracey Stewart  Tracey Stewart |
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| **Please describe type of training required, staff identified, and dates this will be provided:** | | |
| **TYPE OF TRAINING** | **WHO** | **DATE OF TRAINING** |
| All government guidance – on website  Coronavirus awareness online training – emailed to all vols  Risk Assessment via new visit plan – don’t  New visit plan training via zoom – done | All volunteers and Staff to be able to access via email, website and discussed at group or one to one level | Reviewed September 2020  Training April May June July and August via zoom group supervison  New recruits to one to one visit plans and induction sessions |



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| **Identify the person(s) responsible for ongoing monitoring and how this will be carried out:** | | |
| **NAME** | **TASK** | **HOW** |
| TRACEY DAVID AND GILLIAN | Progress service from current telephone contact communication to physical / face to face visits in line with the traditional  Continue to monitor and highlight up to date government guidance with volunteer and service user to allow for consistent complying with guidance | Staff to liaise weekly with volunteers.  Risk and cogent information to be disseminated at weekly video team meeting.  Concerns actioned by Team Leader.  **COMPLETE JULY / AUGUST 2020**  **Ongoing discussion around how we monitor the actual use of PPE when volunteer and client are in their own company without staff.**  **Keep communication open and refective session around boundaries in relation to PPE specifically done in September 1st via zoom and will continue to be part of a discussion at group supervision**  **Audit of visit plans will be done January 2021**  **Not completed in January – new audit done in March – April – May – Almost complete** |

**Assessment undertaken ( date ) : March 2020 Assessment review date : June 2020, September 2020**

**Signed : T. Stewart Signed :**

**Printed : Tracey Stewart Printed :**

**Job Title : Volunteer Co-ordinator Job Title :**

**Date :15th March 2020**

**Date :21st June 2020**

**Date : 2nd September 2020**

**Date : 29th September 2020**

**Date : 15th December 2020**

**Date : 31st January 2021**

**Date : 17th April 2021**