**APPENDIX A**

|  |  |
| --- | --- |
| **RISK ASSESSMENT** **This risk assessment should be used/read in conjuction with government and LRF guidance on COVID-19** | **Insert Local Authority Logo** |
| **PART A. ASSESSMENT DETAILS:**  |
| **Area/task/activity**: Officer Visits to a Service Users living in the Community and Residents who live in Care Homes **Location of activity**:  |
| **Care Home/Supported Living Home Address****& Contact details:** |  | **Name of Person(s) undertaking Assessment:** |  |
| **Signature(s):** |  |
| **Home manager /SLS team leader/Dom Care Manager** |  | **Date of Assessment:** |  |
| **Signature:** |  | **Planned Review Date:** |  |
| **How communicated to staff:** |  | **Date communicated to staff:** |  |

| **PART B. HAZARD IDENTIFICATION AND CONTROL MEASURES:** |
| --- |
| **List of significant hazards**(something with the potential to cause harm) | **Who might****be harmed** | **Type of harm**  | **Existing controls** (actions already taken to control the risk -include procedure for the task/activity where these are specified) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PART C: ACTION PLAN Further action / controls required**  |
| **Hazard** | **Action required** | **Person(s) to undertake action?** | **Priority** | **Projected****time scale**  | **Notes / comments**  | **Date****completed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |