BCA Risk Assessment for visiting October 2020

Name of Resident to be visited	
Date	Time – start and finish
Purpose of the visit / special instructions (eg room clearance / birthday etc)	
Is this an 'essential' visit?	
How many people are visiting	Please name these people: (max 6) This will change depending on the 'Tier' locally
1. 2. 3.	4. 5. 6.
In what location (in the home) will the visit take place	
Check there is nobody else in this area / doing the same thing, at this time:	Yes / No
About the people visiting: • Has anyone had covid in the past 2 weeks • Has anyone been abroad in the last 2 weeks – If so, where? Did they need to quarantine and has this been completed? • What is the Tier allocation in the area in which the visitor lives? • Who does the person visiting live with? • Where have they been in the past 7 days (e.g. shopping / visiting / work) etc? • Have you or any other visitors been in contact with anyone who is attending university in the last 14 days? • Has anyone had: A cough / temperature or sore throat? Diarrahoea or vomiting Feeling unwell (that is unusual to them) Loss of taste or smell Been an inpatient in hospital Visiting anyone with these symptoms at anytime in the past 2 weeks Been contacted by track and trace and told to isolate in past 2 weeks	Yes / No Yes / No Details if relevant: Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
Please check with those visiting that the understand the needs for the following: • handwashing on arrival	

- Please announce arrival at the front door using door bell and we will direct from there
- entrance to the home via door nearest to location of visit – this may mean a fire exit
- social distancing
- to remain in one place only and not to leave that location (ie no walking around the home)
- to refrain from using facilities (unless essential) and to inform us of the facilities (toilets / wash hand basins) being used so that we can clean them thoroughly.
- To avoid touch (as much as possible)
- The use of the bell to leave the premises / emergency
- These arrangements may change with little notice if numbers / risks increase or change.

Staff name: **Signature:**

Date and time:

Outcome: