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|  | **Risk Assessment of Short Term Home Help/ Activity Buddy / Carers Support (Flexible Volunteering)****Service Area:** **Service area:**  | **Carried out by:** |
| **Date:** | **Review date:**  | **Specialist assessment needed\*\*:** |
| **What are the hazards?** | **Who might be harmed and how?** | **What are we already doing?** | **Risk rating\*****L,M or H** | **What further action is necessary?** | **By whom?** | **By when?**  | **Done** |
| **Travel to and from clients home or on shopping trip** | **Volunteer:**AccidentGetting lost | Volunteer to consider how they will travel to and from visit.Volunteer to plan shopping trip route and mode of transport. | LL | Full address to be provided to the volunteer including postcode. Volunteer to plan journey | Volunteer | On day of visit |  |
| **Lone working** | **Volunteer:**AssaultInjuryVerbal abusePhysical abuseAccident Slips, trips and fallsNot returning home at the end of the visit | Visits to take place during the day (Monday to Sunday) – typically between 9am and 6pm.Volunteers to carry mobile phone. Volunteer to familiarise themselves with home and client RA.Ensure Volunteer has read and familiarised themselves with the Lone working Policy and are clear about what they can and can’t do as a lone worker e.g. cannot use stepladder to reach top cupboards.Ensure volunteers are able to follow the guidance in the Lone working policy. | LLLLM | Volunteer to notify co-ordinator of any incidents.Volunteer to check in and out of the visit with family member /friend whenever possible.Volunteer to consider quick exit strategy in advance of any visitVolunteer to phone 999 if necessary.Volunteer to ensure that family/friends know who to contact if there are any concerns about not returning when expected after a visit | Volunteer | On day of visit |  |
| **Incidents whilst on home visit** | **Volunteer:**Risk of lone working to unknown clientHaving difficulty finding property, appear to be lost and feel vulnerablePets in the home – injury, allergy, intimidation and tripping hazardSmoke – health effects of passive smoking | Client and home RA to be completed and shared with volunteer.Home RA to be carried out prior to volunteers visit.Request that client put pet in another room during visitRequest that the client does not smoke during the visit.  | LLLL | Contact co-ordinator if unable to find the property.Ensure the volunteer is aware of what pets are in the home.Ensure the volunteer is aware if the client smokes.Volunteer to contact coordinator if any issues. | Volunteer | On day of visit |  |
| **Food or drinks preparation.**Burns and scolds from cooker, hob, hot pans, boiling water etc.Using knives and sharp objects such as peelers and gratersHazardous ChemicalsSpillagesHygieneElectrocution / electrical shocks | **Volunteer and Client:**could hurt themselves or others**Volunteer and Client:**could hurt themselves or others**Volunteer:**Cleaning products contain chemicals that may be harmful if they come into contact with skin or are inhaled**Volunteer and Client:**could slip and cause injury**Volunteer and Client:**preparing/ eating the food or drink.**Volunteer and Client:**Faulty appliances can cause electrocution or fire which can cause serious injury and death. | Volunteer must apply safe cooking techniques.Volunteer to attend/cover Food Safety training.Volunteer must adhere to safe techniques when using implementsVolunteer to attend/cover Food Safety trainingEnsure volunteers are instructed to check labels for dangers and use products appropriately.Room to be checked throughout session by volunteer for spillages and cleaned up immediately if one occurs.Volunteer warned to take care when moving around the kitchen. Volunteer to attend/ cover Food Safety trainingVolunteers should tie long hair back and wash hands thoroughly before starting and after any food preparation. Volunteer to attend/cover Food Safety trainingVolunteer to wipe clean surfaces before and after use When using electrical items, volunteers to follow the manufacturer’s instructions. Advise volunteers not to touch plug sockets with wet hands and check for exposed wires and burn marks on cables and plugs before using appliances e.g. kettles and kitchen equipment. | LLLLLLLL | Volunteer to contact coordinator if needed or call 999 for emergency treatment.Volunteer to contact coordinator if needed or call 999 for emergency treatment.Volunteer to contact coordinator if needed or call 999 for emergency treatment.Volunteer to contact coordinator if needed or call 999 for emergency treatment.Volunteer to contact coordinator if needed or call 999 for emergency treatment.Volunteer to contact coordinator if needed or call 999 for emergency treatment. | Volunteer | On day of visit |  |
| **Manual Handling** | **Volunteer and Client:**Injuries to back/neck/arms and legs resulting from manual handling of client Injuries to back/neck/arms resulting from transferring heavy shopping bags  | The volunteer should not lift the client in anyway or assist with transferring e.g. out of a chair to standing positionVolunteers to ensure shopping bags are not too heavy for them to lift and the weight is evenly distributed | LL | Volunteer to contact coordinator if client needs a moving/handling assessment. | Volunteer | On day of visit |  |
| **Pushing Wheelchairs** | **Volunteer:**Injuries to back resulting from pushing wheelchairs | Volunteer is not to push wheelchairs, unless they have had moving/handling training. | L | Volunteer to contact coordinator if client needs a moving/handling assessment. | Volunteer | On day of visit |  |
| **Risk of infectious diseases whilst visiting clients in their home** | **Volunteer& Client:**Cross infection | Visits are to be rearranged if client/volunteer have an infectious illness/feeling unwell.  | L | Client and volunteer to inform the Volunteer coordinator if visit needs to be cancelled or replaced with telephone contact. | Volunteer | On day of visit |  |
| **Being exposed to unhygienic environments and harmful substances.** | **Volunteer:**Potential for injury or spread of illness to volunteer.  | Volunteers to be observant and avoid contact with inappropriate substances, and uncleaned surfaces. Volunteers to wash hands before and after each visit. Volunteer to familiarise themselves with the client and home RA | M | The volunteer to pass concerns on to the Volunteer co-ordinator. | Volunteer | On day of visit |  |
| **Environment** | **Volunteer or Client:** Incur an injury from uneven ground, steps in and out or within client property, wet or frozen surfaces and may receive cuts, abrasions, bruising or broken bones.Allergic reactions, bites and stings may also occur | Ensure appropriate footwear is worn.Seek first aid/medical treatment if needed It is advised that anyone with a known allergy or reaction carries appropriate medication / adrenaline, any ongoing health conditions will be discussed prior to visit. | LL | Volunteer coordinator to be informed of any accidents/incidents, volunteer/coordinator to complete the relevant paperwork Volunteer coordinator to be informed of any accidents/incidents, volunteer/coordinator to complete the relevant paperwork  | Volunteer | On day of visit |  |
| **Weather conditions** | **Volunteer:**  Dangerous travelling conditions due to adverse weather | Assess weather conditions before the visit and plan your journey appropriately.  | L | Cancel the visit through the volunteer coordinator if there are severe weather warnings. | Volunteer | On day of visit |  |

**Risk rating system\***

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| **SEVERITY** | **PROBABILITY** |
| **outcome** | **example** | **score** | **outcome** | **score** |
| **MINOR** | Bruising, minor cuts, mild irritation to skin or eyes | **1** | **Unlikely** (eg no previous history) | **1** |
| **SERIOUS** | Loss of consciousness , burns, broken bones, injury or condition resulting in 3 or more days absence | **2** | **Possible** (eg similar incidents have happened in the past) | **2** |
| **MAJOR** | Permanent disability , major notifiable injury or disease | **3** | **Probable** (eg same situations have happened in the past) | **3** |
| **FATAL** | DEATH | **5** | **Highly probable** (eg has occurred recently here or in another organisation) | **5** |

**Probability score x Severity score = Risk Rating total**

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| --- |
| Risk rating total |
| 1-4 | low risk |
| 5-10 | medium risk |
| 15-25 | high risk |

**\*\*Specialist assessments will be need for:** fire, hazardous substances, significant manual handling tasks, computer workstation users (DSE), nursing or expectant mothers, working at height, noise and use of personal protective equipment.