Activity Description: **COVID-19 Prescription Delivery Volunteer**

**RISK ASSESSMENT**

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| **Assessed by:**  | **Date of Assessment: 17/4/20** |

**Likelihood: Severity/consequences: Risk rating (SC x L):**

1 - Highly unlikely 1 - Slightly harmful 1 - Trivial risk 6 - Substantial risk

2 – Unlikely 2 – Harmful 2 - Tolerable risk 9 - Intolerable risk

3 – Likely 3 - Extremely harmful 3 - 4 - Moderate risk

Main hazards/associated risks:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref No** | **Hazard/Risk** | **Who is at risk?**Consider: Young Persons, Disability, New & Expectant Mothers, Members of the Public, Client/Service User | **Control Measures** | **Locations** | **Likelihood** | **Severity** | **Risk Rating** |
| 1 | Recipient at risk if medication is not delivered when required, or is not stored appropriately. | Isolating person | Co-ordinator to check with person isolating when they require the medication by. Volunteer to ensure they are able to collect medication on time and to let Co-ordinator know of any delays. Any storage instructions passed on to isolating person. Medication to be kept out of direct sunlight during transportation. Any packages or bottles that are broken or damaged should be returned to Pharmacy. | Local area | 1 | 3 | 3 |
| 2 | Risk of breach of personal and sensitive information causing distress to isolating person | Isolating Person | Volunteers to be given clear guidance on not sharing personal information. Isolated person to know what to do if they have a complaint. Volunteer to be ID checked. | n/a | 1 | 2 | 2 |
| 3 | Risk of abuse (such as emotional or financial) by Volunteer. | Isolating Person | Volunteer to have limited contact with Isolated person. Volunteer to read safeguarding information sheets before they start volunteering. Isolated person to be given contact no. if they have a complaint and regular spot checks to take place by Co-ordinators for feedback. Volunteer code of conduct includes ‘do’s and don’ts and Volunteer to be ID checked. | Home of Volunteer or Service User | 1 | 3 | 3 |
| 4 | Risk of COVID-19 infection passed between Volunteer and Isolated Person  | Volunteer or Isolating Person | Volunteer to wash hands thoroughly for 20 seconds before and after volunteering. Volunteer not to touch face whilst volunteering. Volunteer to follow government Coronavirus guidelines Volunteer not to volunteer if any COVID-19 symptoms or member of household with symptoms for at least 14 days. Money not to pass between Volunteer and Isolating Person. Volunteer to follow social distance measures, leaving medication on doorstep and stepping back at least 3 spaces before contacting person by text message to confirm delivery so isolating person can retrieve medication. Volunteer to clean car after volunteering in particular high touch surfaces such as door handles, steering wheel and gear stick. Volunteer to avoid use of public transport where possible. Isolated person to be advised to wash hands after opening bag. | Local area | 2 | 2 | 4 |
| 5 | Risk of Volunteer selling, losing or passing medication on to wrong recipient. | Isolating Person, and others who may use medication. | Volunteer to check with Pharmacist that all items from prescription/s have been provided. Volunteer to deliver medication as soon as possible after collection. Volunteer to ensure Isolated person has retrieved medication before they leave the premises (staying at a safe distance). Medication NOT to be posted through the letterbox (as this could be picked up by child/ pet etc). Volunteers to let Co-ordinator know when medication has been delivered. Medication to be returned to Pharmacy if it cannot be delivered. Volunteer not to leave medication unattended. Where possible, Controlled Drugs should be delivered by the Pharmacy staff. If practical and safe, medication to be delivered by a pair of Volunteers. | Local area | 2 | 2 | 4 |

## Conclusions:

If the above recommendations are followed, then risks can be minimised.

### Review Date:

Review of this document should be annually or more frequent if:

* After an accident / incident involving an activity from this risk assessment
* Any significant changes to work practices, materials, equipment or legislation

**Assessor (Signed): Dated:**

**THIS RISK ASSESSMENT MUST BE SHARED WITH ALL INVOLVED IN THIS ACTIVITY**

The sharing of the risk assessment with all Volunteers involved with the activity is vital to ensure all control

measures are complied with, are practical and adhered to.