COVID-19 Risk Assessment



Prevention and control measures in long term care facilities

IDENTIFY HAZARD/ activity	PERSONS AT RISK?	WHAT ARE YOU DOING ALREADY?	LEVEL OF RISK* SEE CHART 0,1,2,3	FURTHER ACTION TO BE TAKEN	ACTION BY WHO?	ACTION BY WHEN?	DONE (TICK)

NAME OF CARE HOME_____

DATE ASSESSMENT WAS CARRIED OUT_____

DATE OF NEXT REVIEW _____

ASSESSMENT CARRIED OUT BY_____

RISK RATING	0	1	2	3
	UNLIKELY	LIKELY	VERY LIKELY	CERTAIN

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