

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 _____

<i>RISK RATING</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
	<i>UNLIKELY</i>	<i>LIKELY</i>	<i>VERY LIKELY</i>	<i>CERTAIN</i>