

| Management of Visitors' to Services Policy Including COVID-19 | |
|--|---|
| Document Control: Document Number: PP/ACG/D25 Version 2 | |
| For the latest version of this policy please refer to the electronic location below or the website | |
| Summary | This policy sets out the safe facilitation of visiting within ACG services considering a dynamic risk-based approach. |
| Scope | All Staff |
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| Lead Director | Director of Governance and Quality |
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Contents

| | | |
|-----|---|----|
| 1. | Introduction..... | 3 |
| 2. | Purpose..... | 3 |
| 3. | Scope | 4 |
| 4. | Aims..... | 4 |
| 5. | Visiting Guidelines..... | 5 |
| 6. | Infection Prevention | 7 |
| 7. | Restricted visiting / access/ closures due to infection control risks | 8 |
| 8. | Management of Visiting during the Covid-19 Pandemic | 8 |
| 9. | Roles Responsibilities | 9 |
| 10. | Policy Review Statement | 10 |
| 11. | Associated Documents..... | 11 |
| 12. | Associated References and Further Guidance..... | 11 |
| 13. | Audit and Monitoring..... | 12 |
| 14. | Document Change History..... | 13 |
| 15. | Appendix 1 – Covid-19 Risk Management: Visitors to the Service | 14 |
| 16. | Appendix 2 – Visiting during COVID-19 Information Leaflet | 18 |
| 17. | Equality Statement | 21 |

Policy

1. Introduction

- 1.1. Active Care Groups main priority continues to be to reduce the risk of coronavirus (COVID-19) transmission across all service. ACG recognises the challenges that are faced in all its services and that these differ between service settings but remains clear that safeguarding of staff and individuals using our service from infection, and the particular risks of outbreaks of infection remains a priority whilst also considering the difficulties that lock down has imposed and the need for contact to be established with families across the service.
- 1.2. This Policy enables staff to manage visiting in a way that provides appropriate access whilst protecting:
 - Privacy, respect and dignity
 - Confidentiality
 - Infection prevention and control
 - Security and safety
 - Safe effective care environments
- 1.3. There is the potential of causing immediate and/ or long term emotional and psychological harm by enforcing visitor restrictions. The management of visiting will be taken in a risk-based, balanced way, which will aim to reduce the anxiety experienced by families and friends.
- 1.4. Services must use this risk-based approach to make an informed decision regarding whether visiting can be safely facilitated.

2. Purpose

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- 2.1. Active Care Group recognises that visiting is an important part of the improving the health and wellbeing of our individuals using our service and their loved ones.
- 2.2. This policy aims to provide principles and guidance to help services support and safely manage visitors to the service through a risk-based approach. This is achieved by managing the infection, prevention and control and protecting the emotional and psychological wellbeing of the individual using our service, their family and others.

3. Scope

3.1. The following roles may be affected by this Policy:

- All staff involved in providing healthcare within services within the Group.
- Individuals using our service in residential and care home settings, individuals living in their home are excluded from this policy
- Family and friends of individuals using our service

3.2. The following stakeholders may be affected by this Policy:

- Commissioners
- External health professionals
- Local authority
- NHS

4. Aims

4.1. The aims of this policy are to:

- Ensure there is a consistent approach to visiting
- To reduce the risk of infection transmission
- To protect individuals using our service, staff and others in our services

- Maintain individuals using our services' privacy, dignity, respect, confidentiality and ongoing care
- Maintain effective communications in the event of visiting restrictions

5. Visiting Guidelines

5.1. Communication

- 5.1.1. It is requested where possible that each individual using our service has a nominated person who will contact the Service to check on their condition. They will be responsible for communication to other family and friends as agreed with the individual using our service. This enables the care team to spend more time providing direct care to individuals using our service and others. The preferred method of communication will be agreed.
- 5.1.2. Guidance leaflets for visiting should be provided by each individual service.

5.2. Visitors to Individuals using our service

- 5.2.1. Each service where appropriate will advise as to how many visitors are safe at any one time.
- 5.2.2. Where individuals using are service are being cared for within Group facilities the Nurse in charge/ Care manager must be made aware of any children visiting and the child must always be accompanied by a responsible adult with a risk assessed based approach.

5.3. Visiting Times

- 5.3.1. Where services have visiting times, these will be advised and the Nurse in charge / Care Manager is responsible for the management of these. Where visits are

requested outside of designated times consideration will be made of personal circumstances or a person's clinical condition.

5.4. Cameras and recording devices

- 5.4.1. Camera devices should only be used in clinical / care areas with the agreement of the person being photographed, filmed or recorded. No other person or staff should be filmed or recorded.

5.5. Zero Tolerance to verbal or physical abuse

- 5.5.1. The group operates and zero tolerance to any kind of verbal or physical abuse and visitors may be asked to leave if their behaviour causes disturbance or distress to other patients or staff.

5.6. Safeguarding of Vulnerable adults

- 5.6.1. Where there are concerns related to an individual using our service being visited by someone who has allegedly caused them harm, there will be a protection plan in place as part of the multi-agency adult protection policy and procedures. Where staff identify increasing or new risks then this must be escalated to the appropriate adult protection co-ordinator.

5.7. Children Visiting

- 5.7.1. Children are permitted to visit individuals using our service who are not undergoing isolation procedures. During restricted visiting as a result of an infection control outbreak children under 16 years are requested not to visit. Children visiting must always be accompanied by a responsible adult.

6. Infection Prevention

6.1. Visitor's Health

6.1.1. To minimise the risk of healthcare associated infections visitors are asked not to visit an individual using our service if:

- They or anyone in their household has shown COVID-19 symptoms within the last 48 hours
- They have a temperature
- They have tested positive of Covid-19 within the last 14 days
- They have visited any 'high risk' countries within the last 14 days
- They currently or have had diarrhoea and / or vomiting in the last 48 hours
- They have an existing medical condition that puts them at risk of infection i.e. immunocompromised as a result of a clinical condition or treatment. A service risk assessment must be carried out.
- Visitors should have no contact with other residents and minimal contact with care home staff (less than 15 minutes / 2 metres). Where needed, conversations with staff can be arranged over the phone following an in-person visit
- visitors should be encouraged to keep personal interaction with the resident to a minimum, for example avoid skin-to-skin contact (handshake, hug) and follow the latest social-distancing advice for as much of the visit as possible

6.2. Hand Hygiene

6.2.1. All visitors must follow hand hygiene requirements throughout their visit.

6.3. PPE

6.3.1. The service manager/care manager will advise on the correct PPE to be worn should it be required. This must be adhered to at all times by all visitors.

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6.4. Individuals using our services' beds

- 6.4.1. Visitors are requested not to sit on the individuals using our services' beds but on chairs provided to minimise the risk of spreading infection.

6.5. Toilet Facilities

- 6.5.1. Visitors are requested to use specific visitors' toilets where these are provided, cleaning guidance will be followed whether visitor's toilets are provided or not.

7. Restricted visiting / access/ closures due to infection control risks

- 7.1. Local infection control policies / protocols of the service will be followed where there is an identified infection control risk. In the event of service closure or a need to restrict visiting to an individual using our service at home, the Service Manager will be responsible for ensuring that relevant parties are informed in a timely manner. Daily updates the Government will be followed and this will inform restricting visits will only be in place as long as necessary. It will be the decision of the Service Manager to liaise with the local authority as to when it is safe for visiting to take place.

8. Management of Visiting during the Covid-19 Pandemic

- 8.1. The Local service must have provision and be able to respond quickly when there is a confirmed or suspected COVID-19 case within the service, to immediately return to restricted essential visits only (for example, end of life), with no exceptions.
- 8.2. Local service risk assessments must be completed in line with the Group Risk Assessment (Appendix 1) and stored at service level. The risk assessment should help to identify why a different approach is applied and any factors that are relevant to a decision relating to the individual or groups.

- 8.3. The arrangements of enabling a visit to an individual using our service when there is a risk of Covid-19 transmission requires the service managers to consider:
- The circumstances of the individual's care provision
 - The service and its local circumstances (local risk, presence of outbreaks in the community)
 - The application of visiting access or restrictions that are reasonable and proportional
- 8.4. Where possible the individual using our service will be actively involved in decisions, it may also be necessary to involve other members of the multi-disciplinary team, commissioners and, where appropriate the family. Consideration of the rights of individuals using our service who may lack the relevant mental capacity needed to make particular decisions and, where appropriate, their advocates or those with power of attorney should be consulted.
- 8.5. Family members may play an integral part of the care team in delivering the individuals using our services' physical and/ or emotional care and this should be considered along with the individual's diagnosis, age and mental capacity. Limiting visitors' access should be assessed on a case by case basis together with the local environment / service restrictions.
- 8.6. The Group recognises that visiting guidance is frequently changing depending on national and local Covid -19 pandemic epidemiology. National and local guidance should be monitored for any changes to current restrictions whether that be imposing or uplifting.

9. Roles Responsibilities

9.1. Chief Executive Officer

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9.1.1. The chief executive officer has overall responsibility for this policy throughout the organisation.

9.2. Director of Quality

9.2.1. The nominated Director has delegated responsibility for this policy and the executive directors must be familiar with this policy and support the implementation of this policy throughout the organisation.

9.3. Ward/ Care/ Service Managers

9.3.1. They are responsible to ensure their staff are familiar with this policy and that all aspects are implemented appropriately to ensure equity and safety.

9.4. Staff Training

9.4.1. Staff will require appropriate training to ensure they understand the principles of this policy and its appendices.

9.5. Compliance

9.5.1. Will be monitored through incident reporting and audit.

10. Policy Review Statement

10.1. This document may be reviewed at any time at the request of either staff or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

11. Associated Documents

- Safeguarding Adults Policies
- Whistleblowing Policy
- Mental Capacity Act and Deprivation of Liberty Policy
- Managing Complaints, Concerns and Compliments Policy
- Incidents, Serious Incidents, Events and Escalation Policy
- Incident Reporting procedure
- Information Governance Policy
- Information Sharing Policy
- Data Protection Policy
- Reporting Incidents to External Organisations
- Covid-19 Policy
- Infection Prevention and Control Policy
- Personal Protective Equipment Policy
- Pandemic Fly Plan Policy
- Sharps and Needlesticks Infection Prevention and Control Policy
- Temporary Isolation for Containment of Covid-19
- Outbreak Management and Barrier Nursing Policy
- Oral Care Policy

12. Associated References and Further Guidance

- Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20
- Care & Support Statutory Guidance, issued under the Care Act 2014

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- Mental Health Act 2007
- Human Rights Act 1998
- Equalities Act 2010
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2017
- Care Quality Commission
- Care Inspectorate Scotland
- Care Inspectorate Wales
- <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>
- <https://www.england.nhs.uk/coronavirus/publication/visitor-guidance/>
- <https://gov.wales/hospital-visiting-during-coronavirus-outbreak-guidance>
- <https://www.gov.scot/news/visiting-family-and-friends-in-hospital/>
- <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>
- <https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>
- <https://careprovideralliance.org.uk/coronavirus-visitors-protocol>
- <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes>
- <https://gov.wales/keep-wales-safe-work>
- <https://www.gov.scot/publications/coronavirus-covid-19-returning-to-work/>

13. Audit and Monitoring

| Objective | Lead | Measure | Frequency | Reporting |
|--|-----------------------------|------------------|-----------|--------------------------------------|
| Number of completed Covid-19 risk assessments, | Quality Team or Quality and | Via CQC Register | Monthly | Quality and Governance Report within |

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| | | | | |
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| including documented evidence of number of declined and approved visitations. | Governance Director | | | the audit section |
| Record the number of complaints raised when a declined visit is escalated. | Quality Team or Quality and Governance Director | Data to be stored confidentially at service level | Monthly | Quality and Governance Report |
| Audit of track and trace evidence (to be held securely due to data protection. | Quality Team or Quality and Governance Director | Data to be stored confidentially at service level | | Quality and Governance Report within the audit section |

14. Document Change History

| Version | Description of revision (include reason for revision) |
|---------|---|
| 1 | Initial Version |
| 2 | <p>Section 6.1.1</p> <p>Visitors should have no contact with other residents and minimal contact with care home staff (less than 15 minutes / 2 metres). Where needed, conversations with staff can be arranged over the phone following an in-person visit</p> <p>Visitors should be encouraged to keep personal interaction with the resident to a minimum, for example avoid skin-to-skin contact (handshake, hug) and follow the latest social-distancing advice for as much of the visit as possible</p> |

15. Appendix 1 – Covid-19 Risk Management: Visitors to the Service

This Risk Assessment has been devised to protect our Service Users, Staff and Visitors as we expand access to our care facilities.

| | | | | |
|---|-----|----------------------------|--|--|
| Name of assessor: | | Date of assessment: | Any other individuals involved in assessment: | |
| Risk Analysis Matrix below. Risk Grade | | | | |
| Very Low | Low | Medium | High | |
| Things to consider: | | | | |
| What is the Risk? | | | | |
| Covid -19 transmission to Service Users, Employees and others who may come into the Service. We must consider the emotional and psychological wellbeing of Service Users, Staff and their family/ others. | | | | |
| Legal regulations and guidance: | | | | |
| <ul style="list-style-type: none"> • Coronavirus Act 2020 • Health and Safety at Work Act 1974 • Mental capacity Act 2005 • Care Act 2014 • Human Rights Act 1998 • Equality 2010 | | | | |
| What precautions can be implemented to reduce the risk? | | | Risk score before precautions | Risk score after precautions |
| | | | | Is risk after precautions considered acceptable? By whom? |

| | | | |
|---|--|--|--|
| <p>Employee Induction and local training includes:</p> <ul style="list-style-type: none"> • Infection prevention and control including PPE management • Health and Safety • Mental capacity • Safeguarding • Risk Management and incident reporting • Data protection | <p>Likelihood 5 Consequence 4 Risk 20 High</p> | | |
| <p>Employees have read the relevant Group and local policies and protocols relating to:</p> <ul style="list-style-type: none"> • Infection prevention and control • Covid -19 • Health and Safety • Mental capacity • Safeguarding • Risk Management and incident reporting • Visitors • Housekeeping • Data protection | | | |
| <p>Epidemiology:</p> <ul style="list-style-type: none"> • National and local Coronavirus case data is monitored to understand the community risk and spread and to enable local analysis of when restrictions might be made or uplifted. • Local environments should also be considered when applying this data such as aerosol generating procedures being undertaken and availability of PPE. | | | |
| <p>Communication:</p> <ul style="list-style-type: none"> • Access to video conferencing is facilitated • Phone call provision and updates • Compassionate communication is maintained between families and the healthcare team | | | |

| | | | |
|---|--|--|--|
| <p>Local visiting arrangements:</p> <ul style="list-style-type: none"> • All visits will be discussed with the Service Users prior to any agreements for a visit. • There will be a designated visiting area to eliminate free movement and support safe visiting practices. • Social distancing needs to be observed at all times. • Visitors should identify any items they wish to bring in before arrival. • Visiting frequency and length is determined by the service. It should be measured against the emotional and psychological risk to the Service Users and their family. • In the event that Public Health England advises or staffing levels and/or service requirements make a visit a higher safety risk on assessment, the service reserves the right to postpone a scheduled visit. • Visiting will be undertaken on a restricted risk assessed basis of 1-2 people and managed via a designated appointment which is pre- booked by telephone. • Services will keep a record of all visitors to enable 14-day NHS track and trace. They will be advised of this on arrival and will be asked to sign to give consent for their data to be used. • Visitors must arrive at their designated appointment time, not before. • Visitors are asked to identify any assistance that may be required to make the visit safe and successful e.g. deafness, mental capacity or other disabilities. • Visitors may want to see a clinical professional during their visit but this may not be possible due to infection control management and they should be advised of this before their visit. • Visitors may not physically contact or seek out other service users during a visit. | | | |
| <p>Health screening prior to visits will be undertaken Visitors will not be able to attend:</p> <ul style="list-style-type: none"> • If they have shown any COVID-19 symptoms in the last 48 hours • They have received a shielding letter or they are within a high-risk group • They have been exposed to someone showing symptoms within the previous 14 days • If they have a high temperature on arrival | | | |
| <p>On arrival visitors will be advised to:</p> <ul style="list-style-type: none"> • Wash their hands with soap and water / or use sanitiser if not available. • Remove their own mask and store safely in a bag or pocket and immediately place on a surgical mask | | | |

| | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> • Avoid touching their nose, eyes and mouth • Bring in as few belongings as possible to minimise the risk of cross infection. • Remove all outdoor and unnecessary clothing before entering the premises where possible and place in a bag if they need to bring it into the premises. <p>PPE will be provided and social distancing rules maintained as per local protocols.</p> | | | |
| <p>End of life Care:</p> <ul style="list-style-type: none"> • Will be reviewed on a case by case basis but there should be no more than 2 visitors at a time <p>Electives:</p> <ul style="list-style-type: none"> • Elective patients who have been asked to shield for 14 days prior to surgery - their visitor should be someone from their social bubble ideally from the same household. | | | |
| <p>End of visiting session:</p> <p>Once the visit has finished, the visitor must dispose of the provided PPE appropriately and wash/sanitise their hands before leaving the premises.</p> | | | |

| | | LIKELIHOOD | | | | |
|--|--------------------|---|---|---|---|---|
| | | Rare 1 <i>(Rare event – no known history)</i> | Unlikely 2 <i>(Unlikely sequence of events)</i> | Possible 3 <i>(Foreseeable under unusual circumstances)</i> | Likely 4 <i>(Easily foreseeable – may have occurred previously)</i> | Almost Certain 5 <i>(Common occurrence aware of previous incidents)</i> |
| | Insignificant 1 | 1 | 2 | 3 | 4 | 5 |
| | Minor | 2 | 4 | 6 | | |

| | | | | | |
|-------------------|---|----|----|----|----|
| 2 | | | | 8 | 10 |
| Moderate 3 | 3 | 6 | 9 | 12 | 15 |
| Major 4 | 4 | 8 | 12 | 16 | 20 |
| Catastrophic 5 | 5 | 10 | 15 | 20 | 25 |

| | | |
|--------------------------|-------------------------------|--------------|
| Name of Assessor: | Signature of Assessor: | Date: |
| | | |

16. Appendix 2 – Visiting during COVID-19 Information Leaflet

Thank you for your understanding, patience and cooperation.



Property restrictions have been set to minimise the buildup of items and to manage contamination risk. If you take items home please keep them sealed for 72 hours in line with national guidance.

Visiting Services during COVID-19

The health, safety and wellbeing of our Services Users, visitors and staff remains our absolute priority

This procedure must be followed strictly in order to minimise the risk of transmission of Coronavirus.

(*insert service name*) reserves the right to refuse or end a visit if safety cannot be maintained.

All visits MUST be booked with (*insert details*) beforehand.

Please be assured visiting arrangements may be changed if required due to local outbreaks.

Wash your hands!

Clean your hands frequently by washing them with soap and water for 20 seconds or using hand sanitiser.



Following the national review of visiting in care homes we have undertaken a risk assessment and review to consider how we can safely welcome visitors back. This leaflet explains the process and the precautions we have taken and is designed to help you understand how we can enable visiting but do so safely for everyone.

Appointment system and making a booking

In order to safely maintain social distancing visits will take place via an appointment system to manage the number of people visiting at any one time.

- Service users cannot have multiple visitors each day even if they are separately booked; this enables more service users to have a visitor.
- Please contact *(insert details)* to make an appointment.
- Please be patient if there is a wait for the phone to be answered as our *(insert details)* are very busy.
- The length of visit and number of visitors will be decided by the Service on a case by case basis.

Visiting the unit:

- You should aim to arrive at the unit **5 minutes** before your allotted visiting time.
- On entering *(insert details)* you must wear a mask or face covering, you will be provided with a fresh mask *(insert details)* and will discard this when you leave.
- Follow social distancing rules throughout
- Wear Personal Protective Equipment (PPE such as masks and gloves) as directed
- Wash or sanitise your hands before entering *(insert details)*
- Your temperature will be taken before entering the *(insert details)*
- You will be asked to sign a consent form for sharing personal data for track and trace purposes.
- You will then be accompanied to the service user you are visiting and the precautions explained to you.
- You should avoid touching surfaces or any equipment in the area of the visit.

- You should avoid touching your eyes, nose and mouth with your hands and to cover any coughs or sneezes with a tissue, then throw the tissue in a bin.
- In the event that you need to speak with staff or leave the visiting area you should use the call bell and wait to be answered rather than go to find someone.
- At the end of your visit you will be accompanied to the *(insert details)* exit and instructed how to safely take off and dispose of your PPE before washing or sanitising your hands and leaving *(insert details)*. Please replace your personal face covering / mask on leaving the unit and follow social distancing until you exit the premises.
- Please be reassured that as long as PPE has been worn correctly and precautions followed you will not need to self-isolate afterwards as a result of the visit; if, however you do begin to feel unwell and have any of the noted coronavirus symptoms please notify the Service.

We ask you not to visit the unit if:

- You or anyone in your household have shown symptoms of COVID-19 (temperature, new persistent cough, loss of taste or smell) within the last 48 hours.
- You have tested positive for COVID-19 or have been in contact with someone who has within the last 14 days.
- If you have someone in your household who is shielding or in a high-risk vulnerability group then you need to be aware of the risk of attending the unit and then returning home.

We appreciate that these precautions may feel restrictive however we are sure you appreciate that they have been developed to keep you, our service user, our staff and wider community safe and to minimise the risk of infection.

17. Equality Statement

17.1. Active Care Group aims to encourage a supportive and inclusive culture for all our employees. It is within our best interest to promote diversity and eliminate discrimination in the workplace.

17.2. Our Company policy reinforces our commitment to providing equality and fairness to all in our employment and not provide less favourable facilities or treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, ethnic origin, colour, nationality, national origin, religion or belief, or sex and sexual orientation. We are opposed to all forms of unlawful and unfair discrimination.

17.3. Equality Impact Assessment

| | | Yes/No | Comments |
|----|--|--------|----------|
| 1. | Does the document/project affect any group less or more favorably than another on the basis of: | | |
| | • Race | No | |
| | • Ethnic Origins | No | |
| | • Nationality | No | |
| | • Gender | No | |
| | • Culture | No | |
| | • Religion or Belief | No | |
| | • Sexual Orientation | No | |
| | • Age | No | |
| | • Disability – learning disabilities, physical disabilities, sensory impairment and mental health problems | No | |
| | • Marriage & Civil Partnership | No | |
| | • Gender Reassignment | No | |
| | • Pregnancy & Maternity | No | |
| 2. | Is there any evidence that some groups are affected differently? | No | |
| 3. | If you have identified potential discrimination, are there exceptions valid, legal and/or justifiable? | n/a | |
| 4. | Is the impact of the document/project likely to be negative? | No | |
| 5. | If so can the impact be avoided? | n/a | |

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| 6. | What alternative is there to achieving the document/project without impact? | None | |
| 7. | Can we reduce the impact by taking different action? | n/a | |