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| Has the pwMND/pabMND requested this visit? | Yes/No |  |
| Have you discussed all the forms of support available including face to face and different forms of remote support and agreed and preferred method for the person you are supporting? | Yes/No |  |
| Do you have any relevant health issues which might put you more at risk as regards COVID-19? | Yes\*/No | \*If yes you may agree to provide support in an alternative way take extra mitigations such as only visiting outside. |
| Have all those involved with the visit had at least two doses of the COVID-19 vaccine? | Yes/No\* | \*If no you may agree to provide support in alternative way or take extra mitigations such as onlymeeting outside. |
| Will you (the volunteer) be able to take a rapid lateral flow COVID test within 24 hours of the visit? | Yes/No | \*If the result of the test is positive then the visit cannot take place.The cost of tests can be reimbursed through the expenses process.  |
| Have you discussed and confirmed with thepwMND/pabMND the safe behaviours that you will follow on the visit?You should discuss the following arrangements before the visit takes place: **Fresh air** – we ask that if possible windows and doors are opened allowing fresh air to circulate. This reduces the risk of transmission **Social distancing** - we will be continuing to follow safe behaviours such as keeping a safe distance, **Testing** - we will be taking a rapid lateral flow test before visiting**Face coverings** - we will wear a face covering during the visit if meeting indoors. Those in the household may also choose to wear a face covering | Yes/No |  |
| Is the pwMND using NIV? | Yes\*/No. | \*If Yes then the person must have taken a lateral flow test with a negative result before the visit can take place. If this is not possible speak to your ASC |