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| **Individual Employee Risk Assessment - COVID-19.**  **Purpose of this Risk Assessment:**  To ensure effective risk assessment and support for individual employees regarding Covid-19- related exposure.  **Instructions for completion:**   * This risk assessment can be undertaken by a Line Manager, Supervisor (supported by designated Senior Manager) or Occupational Health Representative. * Priority must be given to staff with underlying health conditions, from a BAME background, who are pregnant and those age 70 or over. * The member of staff should be involved. * The total aggregated risk score will give a clear indication of appropriate action to be taken. * The Confidential risk assessment should be recorded and reviewed in 10- 14 days to ensure that any actions have been followed-up. * A further risk assessment should be carried out if the staff member has a change in exposure risk, becomes pregnant or has a change in health condition while the Covid-19 risk persists.   General:   * For further information, please refer to relevant advice regarding COVID-19 on the Intranet, within the links provided in stage 2 or via Occupational Health. * It is imperative to adhere strictly to [infection control advice](http://gti/clinical/directorates/GRIDA/directorate-services/infection/infection_prevention_control/infectioncontrol.aspx) including hand hygiene and use of PPE.   Stages in this Assessment:   1. Completion of Employee details. 2. Scoring against Criteria relating to risk categories 3. Likely Risk of Covid 19 Exposure in current work area 4. Employee comments 5. Overall Risk score and Level assessment 6. Use of PPE 7. Action plan   **Individual Employee Risk Assessment - COVID-19** |
| 1. **EMPLOYEE DETAILS:**  |  |  |  | | --- | --- | --- | | **Staff Member Name and DOB:** | **Staff Role:** | **Date of Assessment:** | | **Manager Name:** | **Location:** | **Date of Action Review**  *(to check actions have been followed-up within 10 -14 days of assessment)* |  1. **ASSESSMENT AGAINST CRITERIA:**   ( Note: the links within the questions provides additional information)   |  |  |  | | --- | --- | --- | | **Do any of these apply to you?** | **Please circle appropriate score for those that apply** | **Notes:**  **Please note the impact of any vulnerability you have scored** | | Cancer >1 years ago | 1 |  | | Mild asthma- has not taken oral corticosteroids in the last year | 1 | | Lupus/psoriasis | 1 | | BAME background <55 years old | 1 | | Male | 1 | | Controlled [diabetes](https://www.nhs.uk/conditions/diabetes/) | 2 | | Problems with spleen e.g. [sickle cell](https://www.nhs.uk/conditions/sickle-cell-disease/) disease or spleen removed? | 2 | | Stable Coronary Heart Disease | 2 | | Stable liver disease | 2 | | Stable Kidney disease | 2 | | HIV/ aplastic anaemia | 2 | | Do you have [chronic kidney disease](https://www.nhs.uk/conditions/kidney-disease/) | 3 | | Unstable Coronary Heart Disease | 3 | | < 28 weeks pregnant \*\* | 3 | | Severe asthma (has taken corticosteroids in the last year) | 4 | | Age >70 | 4 | | BAME background >55 years old | 4 | | BMI >40 | 4 | | Chronic (long-term) respiratory diseases, such as, [chronic obstructive pulmonary disease (COPD)](https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/), emphysema or [bronchitis](https://www.nhs.uk/conditions/bronchitis/) ? ( not asthma) | 4 | | Cancer < 1 year ago | 4 | | Do you have a weakened immune system as the result of conditions such as [HIV / AIDS](https://www.nhs.uk/conditions/hiv-and-aids/) / aplastic anemia, or medicines such as [oral](https://www.nhs.uk/conditions/steroids/) corticosteroids or [chemotherapy](https://www.nhs.uk/conditions/chemotherapy/)/radiotherapy? | 4 | | Uncontrolled [diabetes](https://www.nhs.uk/conditions/diabetes/) | 4 | | Haematological malignancy | 5 | | Do you have chronic neurological conditions, such as [Parkinson’s disease](https://www.nhs.uk/conditions/parkinsons-disease/), [motor neurone disease](https://www.nhs.uk/conditions/motor-neurone-disease/), [multiple sclerosis (MS)](https://www.nhs.uk/conditions/multiple-sclerosis/), a learning disability or cerebral palsy? | 5 | | Organ transplant | 5 | | >28 weeks pregnant \*\*\* | 5 | | **TOTAL SCORE** |  | |

1. **LIKELY RISK OF EXPOSURE IN CURRENT WORK AREA:**

Consider the area the member of staff is currently working in and the likely exposure.

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| LOW RISK  Non-patient facing  Low likelihood of Covid-19 encounters | MODERATE RISK  Areas where patients with Covid-19 are expected to be assessed or admitted.  Patients positive or not tested | HIGH RISK  Areas where any aerosol generated procedures are taking place on patients’  Patients positive or not tested. |

1. **EMPLOYEE COMMENTS:**

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| Does the employee have any particular concerns about their health?  If so, please outline below: |

1. **OVERALL RISK SCORE AND LEVEL ASSESSMENT:**

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| Total score from Stage 2 - Criteria Questions |  |
| **ASSESSMENT OUTCOME:** | |

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| **Overall score of 1** | **Overall score of 2** | **Overall score of 3** | **Overall score of 4** | **Overall score of 5+** |
| Can continue to work in all areas with the use of correct PPE and up to date reviews of PPE guidance | Can continue to work in all areas with the use of correct PPE and up to date reviews of PPE guidance OR redeploy to non-covid area. | Ideal option would be to redeploy to a non-covid area.  Can choose to work non-patient facing. | Should only work in a non- covid area, ensuring correct use of PPE, if possible, in a non-patient facing role. | Should be non-patient facing, ensuring social distancing and ideally working from home |

1. **MITIGATING THE RISKS:**

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| **PPE:** | |
| Ensure staff member is trained to use appropriate PPE. | Date Training Received: |
| Staff member is confident and competent in using appropriate PPE. | Confirm |
| Staff member is fit tested if required. | Date Fit Tested /Outcome |
| Appropriate PPE is available at all times and Confirm advice given if PPE unavailable | Confirm |
| **OTHER ACTIONS ALREADY TAKEN TO MITIGATE RISK** training, change of working environment etc |  |

1. **ACTION PLANNING & REVIEW:**

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| Please discuss and record actions on the plan below with the employee, noting review date. | |
| Is an OH/HR referral is required?  Date Referral Sent : | |
| Action review date scheduled- ( recommended in 10-14 days) | |
| Occupational Health Support | If you need advice from OH please email [Occupational.Health@rbch.nhs.uk](mailto:Occupational.Health@rbch.nhs.uk) attaching the completed risk assessment, your relevant query and contact details for you and the relevant member of staff in subject. |
| Once completed provide a copy to the staff member and file in their HR personal file.  It is the manager’s responsibility to keep this under review: | |

**COVID-19 Risk Assessment Action Plan (All Staff)**

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| **Risk** | **Actions** | **Responsibility** | **Comments/Update/**  **Target Date** |
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| **Staff Member Name/DOB**  **Risk Score** | **Manager Name and area of work:** | **Date of Assessment:**  **Date of Review:** |