**COVID-19 Individual Staff Risk Assessment**

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| **Employee Details** | **Employee Name:** |  |
| **Job Title:** |  |
| **Manager Name:** |  |
| **Assessment Date:** | *DD/MM/YY* |
| **Review Date (Agree with staff member):** | *DD/MM/YY* |
| **Can member of staff work from home? (Y/N)** |  |
| **Location member of staff works/ will work if returning from home working** |  |

**Part 1: Staff Concerns**

List all agreed measures to support the member of staff:

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| **Employee Concerns with Regard to COVID-19** |
| **Relevant Personal Circumstances to Consider e.g. living with a vulnerable person or clinically extremely vulnerable person** |  |
| **Pregnancy/ new mother** |  |
| **Childcare and/or home schooling responsibilities** |  |
| **Carer\* responsibilities (these include long term/ established care as well as care needs that have arisen due to the pandemic/ lockdown)**  |  |
| **Any health issues to consider** |  |
| **Any mental health, emotional wellbeing issues or Neurodiversity\*\* differences to consider** |  |
| **Staff member’s wishes / viewpoint (e.g. method of transport to work, Hygiene arrangements, Distancing requirements, consideration of additional PPE)** |  |

\* A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.

\*\*Neurodiversity describes neurological differences that are recognised and respected as any other human variation. These differences can include people with Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Dyscalculia, Autistic Spectrum, Tourette Syndrome, and other.

**Part 2: Individual Factors**

Discuss each of the questions below. The more individual factors that have been identified the greater potential risk to that individual.

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| **Individual Factors** | **Individual Staff Member is?** | **Tick All that Apply** |
| Employed/ volunteers in another health and/or care role outside of council? *e.g. nursing home or other health/ care setting (not including ‘informal’ carer responsibilities outside of work)* |  |
| Aged over 50 |  |
| At birth were described as male |  |
| Intersex |  |
| Are pregnant |  |
| BME: Black, Asian, Mixed Ethnicity, Arab or another ethnicity? *Evidence of the disproportionate effect of COVID 19 on BME communities continues to emerge.**Current evidence focuses on BME impacts in terms of vulnerability and impacts. Staff from other white backgrounds such as white European are not considered to be at any more risk than the population at large* |  |
| ***In the Clinically Vulnerable (Moderate Risk) Group****:**Does the employee have an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):** *Individuals with significant health conditions such as chronic (long-term) respiratory diseases that’s not severe, such as asthma that requires an inhaler; chronic obstructive pulmonary disease (COPD), emphysema or bronchitis)*
* *Individuals with significant health conditions that means they have a high risk of getting infections*
* *Individuals with significant health conditions such as chronic heart disease, such as heart failure*
* *Individuals with significant health conditions such as chronic kidney disease*
* *Individuals with significant health conditions such as chronic liver disease, such as hepatitis*
* *Individuals with significant health conditions such as chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy*
* *Individuals with Diabetes*
* *Individuals with significant health conditions who are taking medication that can affect the immune system (such as low doses of steroids)*
* *Individuals over the age of 70*
* *Individuals who are pregnant (please* [*see advice about coronavirus and pregnancy from the Royal College of Obstetrics and Gynaecologists*](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/)*)*

*Individuals who have a body mass index (BMI) of 40 or above.*  |  |
| ***In the Clinically Extremely Vulnerable (High Risk) Group****People that are clinically extremely vulnerable to Covid-19 will receive a letter / text message from the UK Government or may be advised by their GP to say they should take extra steps to protect themselves because of an underlying health condition. Some staff that were previously advised to shield will have been notified they are no longer classified as extremely clinically vulnerable– these staff should still be considered under this process but taking into account the reasons why the status may have been reviewed which may reduce the potential risk.** *Solid organ transplant recipients.*
* *Individuals with specific cancers:*
	+ *people with cancer who are undergoing active chemotherapy*
	+ *people with lung cancer who are undergoing radical radiotherapy*
	+ *people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment*
	+ *people having immunotherapy or other continuing antibody treatments for cancer*
	+ *people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors*
	+ *people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs*
* *Individuals with severe respiratory conditions including all cystic fibrosis, severe asthma, severe COPD.*
* *Individuals who have a condition that means they have a high risk of infections (such as SCID or sickle cell)*
* *Individuals on immunosuppression therapies sufficient to significantly increase risk of infection (such as high doses of steroids or immunosuppressant medication)*
* *Women who have a serious heart condition and are pregnant*
* *Other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GP’s and hospital clinicians have been provided with guidance to support these decisions.*

Ensure the ‘*Clinically Extremely Vulnerable’* Section in ‘Part 4: Control Measures’ is completed |  |
| ***Shielded Group*****On 1st August government advice to shield was paused and** [**new guidance was published**](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)**. If shielding is reintroduced (linked to Covid Alert Levels or national lockdowns) ensure this and the ‘*Clinically Extremely Vulnerable’* Section in ‘Part 4: Control Measures’ are completed.**  |  |

**Part 3: Workplace Factors**

The ‘COVID-19 Risk Assessment for Services’/ ‘School COVID-19 Re-opening Risk Assessment’ identifies the general hazards and control measures in place for your team/ service/ school.

Using that assessment, discuss and identify any specific risks to the individual bearing in mind any additional risk factors identified in Part 2 and any concerns staff have. Do not repeat/ ‘cut and paste’ all hazards across to this assessment - only record issues that have been identified in discussion with the member of staff being assessed.

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| **Workplace Factors** | **Potential Hazard to Staff Member** | **Employee Concerns** | **Support and Additional Control Measures Agreed** |
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**Clinically Vulnerable Staff**

Wherever possible ‘Clinically Vulnerable’ staff must work from home, however where this is not possible COVID-19 Secure guidance must be strictly adhered to and a COVID-19 Services Risk Assessment must have been completed to cover the workplace/ work activities that relate to them.

**NOTE: Use of Face Coverings by Staff**

Wearing a face covering is optional however it is strongly encouraged when moving around shared work spaces including kitchens and walkways . Managers must support their staff in using face coverings safely if they choose to wear one. Staff will be supported if they choose to wear a face covering and are expected to follow the following guidance [[Government COVID Secure Guidance section 6.1](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres)].Homemade face covering should follow: [Government guidance on how to wear and make a face-covering](https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering/how-to-wear-and-make-a-cloth-face-covering). Face coverings should be appropriate for the workplace in terms of fabric design and not include logos/ slogans etc.

**Part 4: Control Measures****:**

Identify any control measures needed to support the member of staff that are in addition to the general control measures identified in the Services COVID-19 RA. Discuss each additional measure listed below and indicate in the end column all control measures agreed with staff that will be applied.

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| **Control Measures to Address Concerns (that were identified in Parts 1 to 3)** | **Tick all Control Measures that will apply:** |
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| **First Consider: Remote working if enabled (access to equipment/Wi-Fi or access has been requested from IT)** |  |
| **If Unable to Work from Home** |
| Deployment to lower-risk area |  |
| Consider compressing work hours, flexible hours or changing shift patterns to periods where there are fewer people on site |  |
| Work place will be adapted to ensure physical distancing is in place |  |
| Whether public transport / rush hour can be avoided through adjustment to work hours |  |
| Staff member works in designated work area with own equipment, workstation etc |  |
| Where possible, staff member is provided with hands-free technology e.g. phone headsets |  |
| Staff member has access to necessary cleaning materials and equipment to allow for regular cleaning of work area |  |
| Staff member has access to a wash station for regular hand washing |  |
| Where access to a wash station is not possible, staff member provided with their own supply of cleaning wipes and alcohol based hand gel (note: both cleaning wipes and gel are necessary to allow staff to clean and sanitise their hands regularly) |  |
| Staff provided with a location to store coat/ personal belongings in a separate location from other staff where possible |  |
| Staff that are required to wear a uniform are provided sufficient sets to allow for clothes to be changed daily and given cloth bags to transfer clothing at the end of a shift home (clothing is then laundered at home whilst in the cloth bag) |  |
| Consideration given to where staff take their breaks/ prepare own food/drinks and access to toilet facilities to ensure physical distancing is maintained as far as possible  |  |
| Ensure existing arrangements to support medical or other personal needs including expressing breast milk are maintained and can be facilitated safely (e.g. use of faith rooms and First Aid Rooms.) |  |
| Consider not including staff member on First Aid rotas/ prohibit them from undertaking first aider duties (if applicable) (Note: If providing First Aid forms part of their role consider whether it is safe for them to carry out those duties and seek advice (see support below) |  |
| **Exposure to Human Behaviours that May Create Aerosols***Service user/ resident/ member of public may display behaviours that generates aerosols such as spitting, coughing, shouting in the presence of staff etc (either intentional or not) within close proximity (<2m)* |
| Identify any resident/ service user/ member of public/ pupil with known behaviours and limit the duration of close interaction with them |  |
| Maintain >2m distance from resident/ service user/ member of public/ pupil |  |
| Consider the use of a screen to provide a barrier between the member of staff and others (follow Property & Design/ Workstyles principles for the design) |  |
| Asking to wear mask for staff member interactions (worn in accordance with PPE Rationale Flowchart) |  |
| Provide surgical mask for staff member for all interactions with patients/office colleagues or specimens (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member to wear FFP3 (Filtering facepieces that protects from aerosols e.g. virus in airborne droplets) in area where for example Aerosol Generating Procedure (AGP) is undertaken on suspected/confirmed Covid (worn in accordance with PPE Rationale Flowchart) |  |
| **Health or Care Settings** |
| Limit the duration of close interaction with resident/ service user (e.g. prepare everything in advance away from person) |  |
| If possible maintain >2m distance from resident/ service user |  |
| Staff member trained on effective hand washing technique |  |
| Asking to wear mask for staff member interactions (worn in accordance with PPE Rationale Flowchart) |  |
| Provide surgical mask for staff member for all interactions with residents/ colleagues or specimens (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member to wear FFP3 (Filtering facepieces that protects from aerosols e.g. virus in airborne droplets) in area where for example Aerosol Generating Procedure (AGP) is undertaken on suspected/confirmed Covid (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member will leave area for 20mins when for example an AGP is undertaken on a suspected/confirmed Covid person |  |
| **PPE**  |
| PPE Rationale is followed to identify the need for PPE for work tasks carried out |  |
| Staff member is trained to use appropriate PPE |  |
| Staff member is confident and competent in using appropriate PPE |  |
| Staff member is fit-tested for their PPE (required for FFP3) |  |
| Appropriate PPE is available at all times |  |
| Where PPE is applicable but not all boxes in the PPE section above are ticked, the staff member should move to low-risk, non-service user/ resident/ pupil facing or work from home role. |  |
| **Pregnant Staff (Note this relates to all stages of pregnancy)** |
| All pregnant workers should be offered the choice of whether to work in direct people-facing roles during the COVID-19 pandemic. This choice should be respected and supported by their employers. See following table for further options.  |  |
| Consider contacting Occupational Health to obtain clinical advice  |  |
| Limit the duration of close interaction with resident/ service user/ pupil (e.g. prepare everything in advance away from person) |  |
| If possible maintain >2m distance from resident/ service user/ pupil |  |
| Staff member trained on effective hand washing technique |  |
| Asking to wear mask for staff member interactions (worn in accordance with PPE Rationale Flowchart) |  |
| Provide surgical mask for staff member for all interactions with residents/member of public/ pupil (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member to wear FFP3 (Filtering facepieces that protects from aerosols e.g. virus in airborne droplets) in area where for example Aerosol Generating Procedure (AGP) is undertaken on suspected/confirmed COVID (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member will leave area for 20mins when an AGP is undertaken on a suspected/confirmed COVID person |  |
| **Clinically Extremely Vulnerable Staff**  |
| **From 5th November Clinically Extremely Vulnerable people are advised by the Government to remain at home if they cannot work from home during the national Lockdown. The following section should only be used where CEV staff have declared they wish to remain in the workplace during the period of lockdown because of exceptional domestic circumstances**  |
| Consider contacting Occupational Health to obtain clinical advice  |  |
| Remove need for interactions with resident/ service user/ pupil (e.g. prepare everything in advance away from person) |  |
| Maintain >2m distance from resident/ service user/ pupil |  |
| Staff member trained on effective hand washing technique |  |
| Asking to wear mask for staff member interactions (worn in accordance with PPE Rationale Flowchart) |  |
| Provide surgical mask for staff member for all interactions with residents/member of public/ pupil (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member to wear FFP3 (Filtering facepieces that protects from aerosols e.g. virus in airborne droplets) in area where for example Aerosol Generating Procedure (AGP) is undertaken on suspected/confirmed COVID (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member will leave area for 20mins when an AGP is undertaken on a suspected/confirmed COVID person |  |
| **Others (add detail)** |
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**Further controls where risk to the individual is considered to be higher including staff that are Clinically Extremely Vulnerable and/or pregnant staff**

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| **Further Control Measures**  | **Tick Control Measure that** **will apply:** |
| 1. | Establish appropriate home-working for individual if enabled / operationally feasible. |  |
| 2. | In Care/ Health Setting - The Individual should avoid caring for any suspected or confirmed COVID-19 residents/ service users  |  |
| 3. | Deployment should be discussed as an option to a lower-risk area or to a different low-risk role. In the case of pregnant staff that are 28 weeks’ gestation or with underlying health conditionsthey must not be deployed in face to face roles working with residents/ service users/ members of the pubic or pupils. |  |
| 4. | If none of the above are feasible and identified controls are not able to sufficiently mitigate identified risks then the staff member will likely need to be on special leave on normal pay. Please contact Human Resources if this is the case. |  |
| 5. | Please note, all pregnant staff should work from home where possible. Pregnant staff that are Clinically Extremely Vulnerable (CEV) (i.e. have a serious heart condition) should not be in the workplace and be placed on special leave on normal pay. |  |

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| **Signed: Manager** |  | **Date:** |  |
| **Signed: Staff member** |  | **Date:** |  |

**Further Support**

If upon completing the risk assessment you are not sure how to proceed you can contact:

**Attendance and Wellbeing Team – HROD – Email:** HRAttendance@brighton-hove.gov.uk

**Health & Safety Team – Email:** health&safety@brighton-hove.gov.uk

**Occupational Health**: Team Prevent can assist with Occupational Health advice and ‘Fitness to Work’ checks in relation to a declared or known health condition. There is a dedicated **Rapid Referral Manager Advice Line** - to assist managers and aid making a rapid referral for those employees who are ‘at very high risk’ or ‘at high risk’ - 01327 810793, Monday to Friday, 08.30-16.30

**Agreeing Measures and Support Available**

Wherever possible the aim should be to reach agreement with employees on the measures to be put in place that will enable them to work safely. If agreement cannot be reached between the employee and manager on the measures required to enable a member of staff to work safely, advice will be sought from Health & Safety and Human Resources and involving an individual’s Trade Union representative as appropriate. All efforts to come to an agreement will be exhausted before finalising the risk assessment and any expectation of an individual changing their working arrangements. If agreement cannot be reached, as a last resort, staff may raise a grievance through the formal Grievance Procedure to resolve any dispute. No changes to existing working arrangements will be made under this risk assessment process while the dispute remains unresolved and before the Grievance Procedure is exhausted.