Staff Work Risk Assessment for COVID-19 Risk

Part 1: Guidance

Process

1. Employee to complete (1) Individual Risk Criteria
2. Employee to complete (2) Individual Risk Groups
3. If an employee falls into the Higher category they must complete Part 2 with HR: Individual’s Risk Assessment Proforma

Notes for HR

* Our HQ falls as a category 3 place of work
* A risk assessment should be completed for each staff member who cannot/ will not be conducting all their working duties from home.
* Staff members in the *extremely vulnerable* (shielding) group may only work from home.
* Staff who are more than 28 weeks pregnant are advised to work from home.
* The list of conditions making people extremely vulnerable (shielding) can be found online. Individual’s should have been written to, or received a text message, to say they are in this group, but where it is not clear whether a staff member should shield, their GP should be contacted.
* Staff may wish to keep the details of the Individual Risk Criteria confidential and not share with their line manager. If this is the case this should be respected, but they will need to share the total number of risk factors to enable the line manager to support with the rest of the risk assessment.
* Only those falling into the Higher Category need discuss their attendance at the office further with Hr who should complete Part 2

Staff Work Risk Assessment for COVID-19 Risk

1. Individual Risk Criteria (Employee to complete & send to HR)

|  |
| --- |
| 1: INDIVIDUAL RISK CRITERIA (tick all that apply-)  Gender: Male  Ethnicity: Black, Asian, and Minority Ethnic group (including mixed race)  Health:  Lung conditions such as asthma, COPD, emphysema or bronchitis under current medical review (but staff member has not been told their lung disease is severe enough to require shielding)  Heart disease (may include previous heart attack)  Kidney disease  A condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy or stroke)  Liver disease (such as hepatitis)  A weakened immune system as a result of health conditions such as HIV, or taking medicine that can affect the immune system (such as steroid tablets)  Obesity with BMI >40. For a BMI calculator please see: [www.nhs.uk/live-well/healthyweight/bmi-calculator](https://www.nhs.uk/live-well/healthy-weight/bmi-calculator)  Diabetes |

Total number of individual risk factors:

## 2. Individual Risk Groups (employee to complete)

If you fall into more than one category below, then you should use the highest level as your indicator group.

RISK CATEGORY CRITERIA

>60 years

MEDIUM HIGH

MEDIUM LOW

LOWER

HIGHER

>55 years and ONE or more individual risk factors\*

>50 years and TWO or more individual risk factors\*

Any age and THREE or more individual risk factors\*

Pregnant <28 weeks

Any severe health condition as determined by a health professional

>40 years

Any TWO individual risk factors\*

You live with someone shielding

Any ONE individual risk factor\*

None of the above

\*For individual risk factors see page 1

Individual Risk Category:

If you fall into the Higher category please consult HR as to individual arrangements that could reduce your risk (Part 2 of the RA must be completed with HR). If you fall into any of the other categories you are cleared to attend the office subject to a lateral flow test and Malcolm’s agreement regarding space on the day(s) you wish to attend.

Date and signature:

Part 2: Individual's Risk Assessment Proforma

This pro-forma allows HR to keep a record of the staff member's COVID risk assessment.

Date risk assessment completed:

Risk assessment completed by:

Employee:

Team/Department

Role:

Total number of individual risk factors

(identified from Page 2)

Individual Risk Category

Higher

Where a staff member falls into the higher individual risk category, it should be discussed with HR and adaptations/adjustments considered and recorded below:

Review and adaptions suggested/implemented for individual staff member (HR to complete)

Decision; Attend \_\_\_\_\_\_ Not Attend \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Employee Signature:

HR signature: