**Individual Assessment (COVID- 19)**

**Introduction**

Managers are asked as part of the Covid -19 risk assessment process, to have a supportive conversation with their staff and where necessary carry out an individual assessment, to ensure that 360 Degrees Health Care and Rehabilitation Services Ltd (360) is taking all steps to support them during the COVID-19 pandemic. This assessment document provides a framework template for discussions with those who have raised concerns, are considered to be at higher risk to the Covid -19 virus as per Government/Public Health England advice, for example, BAME staff, older staff, have an underlying health conditions or other at risk factors.

**Note**: Staff who are currently shielding or have received an NHS letter (extremely clinically vulnerable) informing them to remain at home should continue to do so and not return to the workplace unless this advice changes.

Prior to carrying out an individual assessment, the manager should already have spoken to their staff about collective concerns, as part of completing the service risk assessments.

This assessment should be reviewed as necessary with the agreement of both parties, upon a change of Covid-19 Government guidance or 360 guidance or the health and risk situation for the individual, team or service. It should be also reviewed where there is a change in the individual’s condition which may have an effect on their work and/or if the agreed adjustments are not working or if the risk to the individual relating to Covid-19 changes.

It shouldalso be reviewed at any of the following:

* At any regular one-to-one meeting discussions
* At a return to work meeting following a period of sickness absence or social isolation
* Before a change of job or duties or introduction of new technology or ways of working
* Before or after any change in circumstances for either party.

Once completed the manager needs to inform the Managing Director.

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| **Employee name** |  | **Job title** |  |
| **Line Manager’s name** |  | **Date**  |  |

**Working arrangements**

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| Is the employee still attending the workplace? | Yes [ ]  No [ ]  if No, please provide details.       |
| Has the employee been ‘redeployed’ into another role? | Yes [ ]  No [ ]  if Yes, please provide details.       |
| What is their role?Please tick those that apply | Care & Support Worker [ ]  Office Based [ ]  Combination [ ]   |
| Is the employee currently or likely to be coming into direct contact with persons who are Covid-19 positive?  | Yes [ ]  No [ ]  if Yes please provide details       |
| Are they likely to be working in close contact (less than 2m) with colleagues, others or members of the public for more than 15 minutes?If the employee has answered yes, does the employee have any concerns in relation to maintaining social distancing whilst at work? | Yes [ ]  No [ ]  if Yes please provide details      Please provide details       |
| Have adjustments or additional control measures to the workplace, working arrangements and or their duties already been made to reduce risk? | Yes [ ]  No [ ]  if Yes please provide details       |
| Does the employee feel further adjustments could be made to further reduce risk? What are they? | Yes [ ]  No [ ]  if Yes please provide details       |
| Does the employee have any concerns about travelling to and from work? | Yes [ ]  No [ ]  if Yes please provide details       |
| Does the employee have any concerns in relation to their working hours or shift pattern? | Yes [ ]  No [ ]  if Yes please provide details       |
| Are they able to take adequate breaks while at work? | Yes [ ]  No [ ]  if Yes please provide details       |
| Is the employee concerned about the availability and the safe use of Personal Protective Equipment (PPE) where it is required? | Yes [ ]  No [ ]  N/A [ ]  If Yes, please provide details       |
| Have they received Face Mask Fit Testing where this is required for their role/work situation?In addition to this, Is the employee concerned in relation to Fit Checking? | Yes [ ]  No [ ]  N/A [ ]  if Yes, for which specific masks?      Yes [ ]  No [ ]  N/A [ ]  If yes, please provide details       |
| Does the employee have a second job outside of 360? | Yes [ ]  No [ ]  If yes, please provide details       |
| If they have a second job, do they have adequate access to the protection, training and health and wellbeing support the role requires?  | Yes [ ]  No [ ]  If No, please provide details       |

**Health and wellbeing**

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| Has the employee indicated an underlying health condition or need be considered as at increased risk as listed by the government?  | Yes [ ]  No [ ]  Notes       |
| Have they indicated that someone in their household is considered to be at increased risk due to any underlying health condition, or been advised to shield by the Government?If the employee has answered yes to the above do they have any concerns in regards to this matter?  | Yes [ ]  No [ ]  Notes       Notes       |
| Does the thought of attending work cause the employee to feel very anxious?  | Yes [ ]  No [ ]  if Yes, please provide details.       |
| Has the employee any other concerns that may be affecting their well-being or ability to undertake their role, this may include financial or personal issues in relation to Covid 19? | Yes [ ]  No [ ]  Notes       |

**Personal Circumstances**

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| Is there anything else which the employee feels we should know to assist them during the pandemic? For example:* Lives with someone with underlying conditions / is shielding / is at risk for any other reason?
* Has caring responsibilities and/or dependents?
* Lives with extended family or in shared accommodation that would / does make isolating within the home if required difficult?
* Travel to and from work arrangements?
* Has any concerns about being able to follow government guidance around social distancing and isolation outside of work?

Please provide details below |
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**Identify and document what risk mitigation and management adjustments and actions have been agreed / are to be considered:**

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|  | **Mitigation / Adjustments** | **Date Agreed** | **Date to be reviewed** |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |

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| **Employee signature:**       | **Date:**       |
| **Employer signature:**       | **Date:**       |

A copy of this completed form should be provided to the employee and the original should be retained by the manager. The manager should inform their Assistant Director or Director that they have completed the risk assessment.

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| **Individual risk mitigation and management adjustments and actions which have been conducted:** |
| **Action Taken** **Review Date Outcome** |
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