# Colleagues in the increased risk group Covid-19

**Risk Assessment and Actions**

It is the line manager’s responsibility to complete an assessment with staff who fall into the increased and higher risk categories as set out by Public Health England (PHE) and NHSI/E This form has been developed to support managers with this assessment but it must be completed in conjunction with the latest guidance from Public Health England Further information on Covid-19 can be found here:[**Coronavirus (Covid-19) guidance**](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance)

**The Following guidance can be accessed with regards to vulnerable categories**

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-21-occupational-health-advice-for-employers-and-pregnant-women.pdf>

<https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff>

**Main Risks** – Exposure to Covid-19, impact on current heath condition, mental wellbeing

**Note:** The impact to a ward/area is monitored via the Corporate Covid-19 risk assessment.

**\* in the absence of formal guidance we are looking at increased risk amongst BME communities in particular Black and Asian (African, Caribbean, Indian, Pakistani, Bangladeshi, Filipino, Chinese, Japanese).**

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| --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | |
| **Colleagues’ Name(s):** |  | | **Job Title:** |  | |
| **Line manager** |  | | **Managers’ job title** |  | |
| **Location of service / Area:** |  | | **Working hours:** |  | |
| **Date of Assessment:** |  | | **Review date:** |  | |
| **Individuals underlying health condition category / other factors:** | *Please tick appropriate box:* | **✓** | **Current post involves:** | *Please tick appropriate box:* | **✓** |
| Notified as on 12 week **Shielding** (very high risk group) |  | Directly caring for Covid-19 individuals (tested as positive) and undertakes Aerosol generating procedures (AGPs) |  |
| **Vulnerable** – over 70 or  underlying health condition as per PHE list |  | Directly caring for Covid-19 individuals (tested as positive) – not undertaking AGPs |  |
| **Pregnant -** +/- 28 weeks |  | Directly caring for individuals not tested / unknown Covid-19 status but within 2 metres of patient – within any setting |  |
| **BAME\* -** staff member or family / household members |  | Directly caring for individuals not tested / unknown Covid-19 status but more than 2 metres of patient – within any setting |  |
| **Concerns re impact on mental wellbeing** |  | Proving a service within the care setting but not directly caring for individuals (e.g. cleaning, cooking, estates, IT) but may have contact with individuals not tested/unknown Covid-19 status |  |
| **Other specific concerns** *e.g. caring for vulnerable relative* |  | Proving a service but not directly in the care setting (e.g. training, admin) |  |
| **Individuals ethnicity:** | *Please tick appropriate box:* | **✓** |  |  |  |
| **White** | English / Welsh / Scottish / Northern Irish / British |  | **Mixed / Multiple ethnic groups** | White and Black Caribbean |  |
| Irish |  | White and Black African |  |
| Gypsy or Irish Traveller |  | White and Asian |  |
| Any other White background |  | Any other Mixed / Multiple ethnic background |  |
| **Asian / Asian British** | Indian |  | **Black / African/ Caribbean / Black British** | African |  |
| Pakistani |  | Caribbean |  |
| Bangladeshi |  | Any other Black / African / Caribbean background |  |
| Chinese |  | **Other ethnic group** | Arab |  |
| Any other Asian background |  | Any other ethnic group |  |

| **Mitigation of risk** | | |
| --- | --- | --- |
| **Risk Factor** | **Current Position** | **Additional action to reduce risk (mitigation)** |
| Are any adjustments already in place for this member of staff? |  |  |
| Has advice been sought from Team Prevent (where appropriate)? |  |  |
| Have any other risk assessments been carried out with this member of staff (e.g. stress risk assessment/pregnancy risk assessment) |  |  |
| Is it necessary for this member of staff to attend a place of work? |  |  |
| Is the role working face to face with individuals? |  |  |
| If individual facing, is this staff member still seeing individuals directly? |  |  |
| If not face to face – does this staff member have contact with individuals? |  |  |
| Is this staff member required to work in an office? |  |  |
| Is this staff member required to travel to carry out their role? |  |  |
| Other considerations: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment** | | | | |
| *Please tick appropriate box:* | | **✓** | Monitoring / further action: | |
| Actions agreed as detailed above reduce the risks to the staff member | |  | Date agreed to review action | |
| Actions agreed as detailed above do not fully reduce the risks to the staff member/ some concerns remain. | |  |  | |
| **Additional notes** | | | | |
| *Please add any additional notes as appropriate / following discussion with Manager/HR Advisor:*  *Line managers should conduct a thorough, sensitive and comprehensive conversation with staff. They should identify any existing underlying health conditions or risk factors that increase the risk for the staff member in undertaking the role identified. The conversation should be an ongoing basis (complete review date above) and consider staff member feelings re: safety and mental health and wellbeing. Where required/ identified managers will seek occupational health and/or HR advice.* | | | | |
| **Individual’s signature** |  | | **Date signed** |  |
| **Print Name** |  | |  |  |
| **Signature of Manager/Person completing risk assessment** |  | | **Job title of manager/person completing risk assessment** |  |
| **Print Name** |  | | **Date signed** |  |