

**INDIVIDUAL STAFF RISK ASSESSMENT IN RESPONSE TO COVID 19**

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| **Employee Details** |
| Employee Name |  | Date |  |
| Area/Team/Department |  | Division |  |
| Job Role |  |

Dear Colleague

This individual Risk Assessment and process has been developed to help ensure the safety of all our staff. We want to look at your individual risk factors so that we can plan for the different working arrangements that will be required as we move forward, this will support some of that work.

The risk assessment looks to holistically assess your risks and to safeguard those of you at most risk of adverse or serious reactions to Covid-19, based on the emerging data and evidence available to date.

The outcome of the risk assessment process will determine next steps and may result in no change to your current working arrangements, a move away from higher risk areas or working from home arrangements if possible. If there is any doubt about the most appropriate next steps we will seek advice from our Occupational Health provider immediately.

The risk assessment is very straightforward and should be completed by you individually and sent to your line manager for discussion about any underlying health conditions or other risk factors identified. It should be a meaningful conversation and exploration of any risk factors, including your individual perception of the risks to you.

Where there is agreement, and it is clear there are increased risks to you because of the Covid-19 situation which are not mitigated by the control measures in the team Covid-19 risk assessment, your line manager will provide support and make necessary adjustments to mitigate those risks, which may include Occupation Health referral / advice.

Once you have completed this individual risk assessment, please return it to your line manager for discussion.

**\*\*\* PLEASE READ AND UNDERSTAND PRIOR TO UNDERTAKING THE RISK ASSESSMENT \*\*\***

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| **INTRODUCING THE DEMOGRAPHIC RESPONSIVE RISK ASSESSMENT**The emerging evidence suggests that alongside a previous list of health-related physical conditions (see page 3) there are four key demographic factors that can affect people’s vulnerability, or ‘risk factor’ in relation to COVID-19 health outcomes: * Age
* Gender
* Ethnicity
* Religion or Beliefs

This risk assessment looks to holistically assess individual staff risk to safeguard Council staff at most risk of adverse or serious reactions to Covid-19, based on the emerging data and evidence available.Put simply, older people, men, and people from Black and Asian and Minority Ethnic (BAME) communities seem to be at greater risk from Covid-19. The causes of these increased risk factors are not yet fully understood, and further research is taking place right now. Even if we don’t know the causes, it is important for us to respond quickly to what the evidence is telling us. We are asking line managers and colleagues falling into the categories described above to carry out an individual risk assessment; this should take into consideration colleagues’ age, gender, and ethnicity risk factors – especially where there is a combination of factors. We also ask you to look again, very closely, at the health vulnerabilities described by the government, in combination with the other risk factors described above. The risk assessment should be a meaningful conversation and exploration for the risk factors and perception of the colleague. Where there is agreement that the risk factors can be mitigated to everyone’s satisfaction no change is needed. Where however it is clear there are increased risk for a colleague the line manager must provide support and make necessary adjustments to mitigate those risks. HR and Occupational Health (OH) can provide advice and support to the line manager and colleague in concluding an approach that supports the individual, and, should any adjustment to staffs working arrangement place a strain on services, these issues must be escalated to ensure support is provided to resolve the issues as quickly as possible.   |

**\*\*\* PLEASE READ AND UNDERSTAND PRIOR TO UNDERTAKING THE RISK ASSESSMENT \*\*\***

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| **IMPORTANT INFORMATION ABOUT THE DEMOGRAPHIC AND** **PHYSICAL HEALTH RISKS ASSOCIATED WITH COVID 19****Are you aware of the health conditions associated with an elevated COVID-19 Risk?** The Government are advising those who are at increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures. This group includes those who are shielding and those : With an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds): * chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
* chronic heart disease, such as heart failure
* chronic kidney disease
* chronic liver disease, such as hepatitis
* chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
* diabetes
* problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
* a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
* being seriously overweight (a body mass index (BMI) of 40 or above)
* those who are pregnant

**Are you aware of the Demographic factors associated with an elevated Covid-19 Risk?** The emerging evidence suggests there are three key things that can affect people’s vulnerability, or ‘risk factor’: Age, Gender, and Ethnicity. Put simply, older people, men, and people from Black, Asian and Minority Ethnic (BAME) communities seem to be at greater risk from Covid-19. The causes of these increased risk factors are not yet fully understood, and further research is taking place right now. Even if we don’t know the causes, it is important for us to respond quickly to what the evidence is telling us.**Age:**The evidence shows that age is a clear risk factor. This is why the government measures are in place for the over-70s in terms of self-isolation. Compared to people in their 40s, people in their 60s could be up to eight-times more at risk, and people in their 70s could be 25-times or more at risk. So in our teams we need to make sure we are taking action to reduce older colleagues’ exposure to the Coronavirus. **Gender:**The risk for men of becoming seriously ill from COVID-19 appears likely to be between 1.5 to 2.5 times greater than for women. This seems to increase with age from 40 up to 85. We need to consider people’s gender when assessing their risk from COVID-19, especially amongst older colleagues.**Ethnicity:**Emerging data and research suggests that BAME people are at greater risk from COVID-19, compared to their white counterparts. A recent UK study by the Intensive Care National Audit and Research Centre found that 35% of 2,000 COVID-19 patients were non-white, which is nearly triple the 13% proportion in the wider UK population. From this, Asian patients were two-times more likely to be most seriously ill, and black patients 3.4-times more likely, compared to white patients. Similar findings have emerged from studies in the US, as well. In some sectors, BAME colleagues are disproportionately represented in the workforce. We are taking these findings very seriously and on this basis, we must take colleagues’ ethnicity into account when assessing their risk from COVID-19**Religion or Beliefs:**The current situation will coincide with religious events, most notably Ramadan, which will require staff to fast. This may have an impact on the ability of individual members of staff to perform their role fully, especially if wearing the highest levels of PPE. Line managers should have a thorough and comprehensive conversation with individual staff about how they will cope in these circumstances and consider what adjustments could be made. Advice and guidance is available on supporting staff during Ramadan. |

For each factor (age, gender & ethnicity and condition status) please allocate a score of 1,2,3, or 4.

So, for example, a 52 year old black male with moderate underlying health conditions would allocate scores as follows:

Age (band 50-59) – score 2

Gender & ethnicity (Male Black) – score 3

Condition status (moderate or chronic) – score 3

Total Score = 8 (category B)

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| **Risk** | **Score 1** | **x** | **Score 2** | **x** | **Score 3** | **x** | **Score 4** | **x** |
| **Age** | Below the age of 49  |  | 50-59  |  | 60-69  |  | 70+  |  |
| **Gender and EThnicity** | Female White  |  | Female Asian  |  | Male Asian  |  | N.B For other non-white ethic groups besides Asian and Black kindly score alongside the Asian profile. |  |
| Female Black  |  |
| Male White  |  |
| Male Black |  |
| **Status of your Condition** | None Known  |  | Mild  |  | Moderate or Chronic  |  | Pregnant  |  |
| *No underlying health condition as described on previous page.* |  | *Evidence of underlying health condition described on previous page. Condition is mild or well managed.* |  | *Evidence of underlying moderate or chronic health condition described on previous page, OH COVID-19 Risk Assessment needed.* |  | *Prior to 28 weeks gestation: can continue working, subject to modification of the working environment and deployment to suitable alternative duties.**After 28 weeks gestation:**For pregnant women from 28 weeks’ gestation, or with underlying health conditions such as heart or lung disease at any gestation, should be recommended to stay at home and considering flexibility in working from home in a different capacity.* |  |

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| **TOTAL RISK SCORE AND SUGGESTED ACTION** |
| **Total Score 1-6**  |  | **Total Score 7-8**  |  | **Total Score 9** **+**  |  | **Any Individual Score of 4**  |  |
| **Category A** | **Category B** | **Category C** | **Category D** |
| Continue working in current environment following all safety precautions | Redeploy away from high risk Covid environments. Avoid direct contact with Covid clients/residents where possible. | Home Working. If OH assessment needed, homework whilst awaiting confirmation of moderate or chronic condition. | Home Working. Only exception is that the pregnant individual still wishes to stay in work. |

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| **Discussion Notes & Agreed Outcomes & Adjustments** |
| 1. Confirm mutual understanding of why the risk assessment was needed and check understanding of risks, refer to the detail on page two2. Talk about risk factors and scores from page 3-4 above, explore what that now means with your manager3. Talk about and explore any concerns or issues concerning the suggested action within the category scored on page 4. Where Category C or D is scored (excluding pregnant workers) & the staff member still insists on working despite Council advice please fully document, stating clearly the reason why the staff member insists on staying in work and kindly escalate to your HR Business Partner 4. Agree next steps5. If there is any doubt in relation to a declared or known health condition/s, obtain Occupational Health advice  |
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| ***Please note that as risk data about the physical & demographic data gets further refined the scores & action taken will need to be reappraised*** |

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| **Declaration of Understanding** |
| I can confirm that any information contained in this risk assessment is reflective of the conversation held and agreement reached: |
| Line Manager’s Name (Print Name) |  |
| Signed |  |
| Date |  |
| Staff Name (Print Name) |  |
| Signed |  |
| Date |  |