***UNISON Note:***

***This is an example of an individual staff risk assessment template that was agreed with one employer. Each employer will need to carry out their own risk assessments and each employer must determine the suitable courses of action to mitigate risk depending on each circumstance. The courses of action suggested below in this template are an example. Control measures that are put in place would be, other than where there is clear government guidance (e.g. extremely vulnerable workers), should be decided locally by employers in consultation with union representatives.***

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

**Name:**

**Job Title:**

**Employer:**

**Line Manager Name:**

**Date of Assessment:**

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

The emerging evidence suggests that alongside a previous list of health-related physical conditions (see page 3) there are key demographic factors that can affect people’s vulnerability, or ‘risk factor’ in relation to COVID-19 health outcomes:

▪ Age

▪ Gender

▪ Ethnicity

The causes of these increased risk factors are not yet fully understood, and further research is taking place nationally 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.

The risk assessment looks to holistically assess individual employee’s risks and to safeguard those 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 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 seek advice from Human Resources immediately.

The risk assessment is very straightforward and should be completed by the employee individually and sent to their 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 the individual perception of the risks.

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

**Are you aware of the health conditions associated with an elevated COVID-19 Risk?**

The Government is 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?**

**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: The Public Health England report published in June 2020 found that:**

Comparing to previous years, all-cause mortality was almost 4 times higher than expected among Black males for this period, almost 3 times higher in Asian males and almost 2 times higher in White males. Among females, deaths were almost 3 times higher in this period in Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females.

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)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Minority Ethnic (excluding Black) |  | Male Black and Minority Ethnic |  |  |  |
|  | Male White |  | Female Black |  |  |  |
| **STATUS OF YOUR CONDITION** | None known |  | Mild |  | Moderate or Chronic |  | Pregnant |  |
| *No underlying health condition as described on the previous page.* |  | *Evidence of underlying health condition described on the previous page. Condition is mild or well managed.* |  | *Evidence of underlying moderate or chronic health condition described on the previous page.* |  | *Prior to 28 weeks gestation: can continue working, subject to modification of the working environment and deployment to suitable alternative duties e.g. not involved in higher risk duties or supporting online learning.*  *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 consider flexibility in working from home in a different capacity.* |  |

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| --- |
| **Other Risk Information**  Please identify here any additional information that you think is relevant in assessing your individual risk level. This could include other members of your household, how you travel to and from school or discussions you may have had with medical professionals. |
|  |

***(UNISON note:*** ***each employer must determine their suitable courses of action to mitigate risk depending on each circumstance. The courses of action suggested below are an example. This is an example of what has been agreed with one employer. Control measures that are put in place would be, other than where there is clear government guidance (e.g. extremely vulnerable workers), should be decided locally by employers in consultation with union reps.)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL RISK SCORE and potential control measures to mitigate risks** | | | | | | | |
| **Total Score 3-6** |  | **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 tasks e.g. First Aid, | | Home working | | Home working.  Only exception is that whilst awaiting confirmation of pregnancy the individual still wishes to stay in work | |

**Line Managers** - please be aware that the risk score above is an indication of risk level and should be seen as an absolute e.g. someone scoring 6 may still require adaptations to support them and reduce their individual risks.

|  |
| --- |
| **Discussion Notes & Agreed Outcomes & Adjustments**  1. Confirm mutual understanding of why the risk assessment was needed and check understanding of risks;  2. Talk about risk factors and scores above, explore what that now means;  3. Talk about and explore any concerns or issues concerning the suggested action within the category scored. Where Category C or D is scored (excluding pregnant workers) and the staff member still insists on working despite advice, please fully document, stating clearly the reason why the staff member insists on staying in work and discuss with Group Human Resources;  4. Agree next steps. |
| **What role adaptations will need to be made? Is there another role in school that could utilise skill set but remove face to face contact?** |
| **What roles/tasks will the individual not be expected to undertake e.g. First Aid, Intimate Care, Positive Handling, Other?** |
| **How will the member of staff’s health and wellbeing be monitored?** |
| **Other notes of discussion held** |

**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: