

General information					
Staff member Name		Job title			
Line Manager		Managers Job Title			
Service		Working hours			
Date of Assessment		Review date			
1. Individuals underlying Health condition/ category/other factors:	Please Tick appropriate box:	<input checked="" type="checkbox"/>	2. Current post involves:	Please Tick appropriate box:	<input checked="" type="checkbox"/>
	Notified as on 12 week Shielding group (very high risk group)	<input type="checkbox"/>		Directly caring for Covid-19 people (tested as positive) and undertakes Aerosol generating procedures (AGPs)	<input type="checkbox"/>
	Age 65 years or over- Tick if age over 50 for BAME staff	<input type="checkbox"/>		Directly caring for Covid-19 people (tested as positive) – not undertaking AGPs	<input type="checkbox"/>
	Diabetes	<input type="checkbox"/>		Directly caring for people not tested / unknown Covid-19 status but within 2 meters of person – within any setting	<input type="checkbox"/>
	Chronic Lung Disease	<input type="checkbox"/>		Providing a service to other colleagues with the care setting (e.g. cleaning, estates, IT)	<input type="checkbox"/>
	Chronic Heart Disease	<input type="checkbox"/>		Providing a service to colleagues but not directly in the care setting (e.g. training)	<input type="checkbox"/>
	Pregnancy - please tick if over 28 weeks, under 28 weeks if pre-existing risks present	<input type="checkbox"/>		Other:	<input type="checkbox"/>
	Immunosuppression	<input type="checkbox"/>			
	Pre-existing Disability that impacts on Respiratory morbidity	<input type="checkbox"/>			
	Impact of carers stress or concerns about family	<input type="checkbox"/>			
	BAME background	<input type="checkbox"/>			
	Gender (please tick if Male BAME above 50)	<input type="checkbox"/>			

If you have ticked any box in section 1-, you should complete the Risk assessment

What are you already doing?			
Interventions	Current position	Additional action to reduce risk	
Can <i>this</i> work be done at home? <i>Please refer to employer guidance for more information</i>			
Could <i>alternative</i> work be undertaken at home or elsewhere?			
Can face to face interactions be limited?			
Have arrangements been made for remote working? e.g. IT facilities for audio and video consultation.			
PPE (the appropriate PPE for the clinical setting) including FIT testing where necessary			
Access to swab testing and prioritising at risk groups and their family members			
Has the individual had any sickness in the past linked to their health condition?			
What arrangements are you going to put in place to ensure regular contact / wellbeing?			
Other considerations			
Assessment			
Please Tick appropriate box	✓	Monitoring/ further action	
Actions agreed as detailed above reduce the risks to the colleague		Local/Line manager to review and monitor.	
Actions agreed as detailed above do not fully reduce the risks to the colleague / some concerns remain.		Contact the HR Team for further advice and support	
Additional notes			
Please add any additional notes as appropriate / following discussion with HR Team:			
Individual's signature (can be electronic signature or reference to email confirmation)		Date:	
Line Manager's signature (can be electronic signature or reference to email confirmation)		Date:	