**CONFIDENTIAL**

**Health Risk Assessment:** Exposure to Covid-19, impact on current heath condition

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| **General Information** | | | | | |
| **Employee(s) Name(s)** |  | | **Job Title(s)** |  | |
| **Line manager** |  | | **Job title** |  | |
| **Location / 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: | **** |
| Previously notified as Clinically Extremely Vulnerable (very high-risk group) Government guidance is they remain at home until the 2nd December 2020.**Please see guidance note regarding staff in this group that wish to return to work.** |  |  |  |
| **Clinically Vulnerable** – pregnant, over 70 or  underlying health condition as per PHE list and has supporting GP letter |  | Providing a service which involves levels of face to face interactions with service users / members of the public/pupils with social distancing and controls in place |  |
| In same household as someone who is Extremely Vulnerable and has shielding letter |  | Providing a service to colleagues (e.g. training) |  |
| In same household as someone who is Clinically Vulnerable and has GP letter |  | Working with colleagues and not providing any direct face to face services to service users/members of the public/pupils without social distancing in place |  |
| BAME Employee(s) and falling into one of the above categories |  | Working with colleagues and not providing any direct face to face services to service users/members of the public/pupils with social distancing in place |  |
| BAME Employee(s) |  |  |  |
| Other (please state) |  |  |  |

| **What are you already doing?** | | |
| --- | --- | --- |
| **Aspects** | **Current Position** | **Additional action to reduce risk** |
| If Extremely Clinically Vulnerable can they be reallocated to a home working role/undertake work from home? |  |  |
| Can *this* work be done at home? |  |  |
| Could *alternative* work be undertaken at home or elsewhere in the workplace? |  |  |
| Can face to face interactions be limited and move to virtual working? |  |  |
| What arrangements are in place / will be put into place to ensure regular contact / wellbeing? |  |  |
| Other considerations: |  |  |

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| **Assessment** | | |
| *Please tick appropriate box:* | **** | Monitoring / further action: |
| Actions agreed as detailed above reduce the risks to the employee(s) |  | Local manager to review and monitor. |
| Actions agreed as detailed above do not reduce the risks to the employee(s) and some concerns remain. |  | Consider whether referral for home working reallocation is appropriate |
|  | Reassignment to similar work in a safer location. |
|  | Contact HR or Health and Safety for advice on reasonable adjustments that can be explored |
|  | After HR/H&S advice, consider referral of employee to Occupational Health for further advice and support and consider if staff member should isolate pending that referral. |

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| **Additional notes** | | | |
| *Please add any additional notes as appropriate* | | | |
| **Employee(s) signature** |  | **Date signed** |  |
| **Print Name** |  |  |  |
| **Manager’s signature** |  | **Date signed** |  |
| **Print Name** |  |  |  |
| **Form passed to Service Head/Relevant Head for oversight and consistency** | Passed to: | **Date** |  |