**CORONAVIRUS CARE STAFF RISK ASSESSMENT: ASSESSING AND MANAGING RISKS TO STAFF FROM CORONAVIRUS (COVID-19)**

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| It is an accepted fact that people with underlying health problems are at significant risk from the more severe forms of Covid-19 if infected. Adult social care users are more likely to have underlying health problems and therefore more at risk and as a result will be in need of more intensive care and treatment.  Care staff support vulnerable people who cannot do without their help notwithstanding coronavirus. In general, the risk of their falling ill to the virus is the same as in the general population and their local community. However, unless vaccinated, they will be at greater risk of suffering the more severe forms of illness if they too have underlying health problems associated with increased risk.  There is revised government guidance (Feb 2021) for people in the “clinically extremely vulnerable” group with the list of conditions having being extended (see appendix). Anyone who is officially notified as being in this category should in line with government guidance continue to “shield” as previously with employers considering their position in terms of:continuing in employment but working from home   * their eligibility for the government’s job retention scheme (furlough) which has been extended to 31 March 2021 * their eligibility for statutory sick pay, employment support allowance and / or universal credit * being given priority for vaccination.   Anyone who has previously fallen into the “shielding” category but who has not been notified as being “clinically extremely vulnerable” and Is not now on the “shielded patients list” can be considered as eligible for a return to work, subject to a rigorous risk assessment in that they are expected to follow all general national guidelines.  To exercise a duty of care to these staff as well as ensuring that vulnerable service users receive the care that they need from confident staff, the care provider should identify staff who would be at risk of the more severe forms of the illness if they succumb to it and take the appropriate preventive and risk control measures. Vaccination can now be considered as a factor that reduces the risk of sever disease, although it might not prevent infection or spread.  The risk assessment should take into account the risk factors associated with their location’s “tier” status and rates of local transmission, the levels of infection in and around the service and risks of exposure in a person’s working practices. The decision to accept the risk (with appropriate control measures in place) is the employer’s responsibility, though employees will need to be made aware of the risks involved.  This form can be used to help assess significant risks as a self-assessment or joint assessment with the individual concerned. It should supplement the contingency measures in place in the event of any staff member with or without pre-existing conditions showing symptoms or having been in contact with people who have tested positive from the virus or been ill with it.  **Note:** A person’s health information is subject to data protection as sensitive personal information and information for this purpose will require the consent and co-operation of the person concerned. | | | | | | | | | | | | | |
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| Name and details of staff member | |  | | | | | | | | | | |  |
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| **Stage 1. Assessment of Risk Factors** | | | | | | | | | | | | | |
| **Risk factors** | | | | | **Yes** | | **No** | **Links to coronavirus** | | | | | |
| **Risk factors for infection and infection transmission** | | | | | | | | | | | | | |
| 1. Has the symptoms for Covid–19: cough, high temperature, breathing difficulties, related tiredness, loss of taste, muscle and joint pain | | | | |  | |  | Staff will be at risk of the virus and passing it on with any of these factors  Yes to1 and 2 should be followed by self–isolation  Action for a Yes to 3 will depend on which country was visited | | | | | |
| 1. Has been in recent contact with someone with the symptoms or who has tested positive for the virus | | | | |  | |  |
| 1. Has visited and returned from a country in the last 14 days that has required a period of quarantine on return | | | | |  | |  |
| **Higher common risk factors related to staff health (see Appendix for full list)** | | | | | | | | | | | | | |
| 1. Has a diagnosed heart condition/disease | | | | |  | |  | People with underlying heart problems, high blood pressure, diabetes and lung conditions appear most at risk from the more severe effects of the virus  People with compromised auto-immune systems and who have or are receiving cancer drug treatment will also be at greater risk  People with suppressed immune systems including from use of steroids.  People with other conditions that increase their risk of infection | | | | | |
| 1. Has high blood pressure that needs to be kept under control | | | | |  | |  |
| 1. Is diabetic/has chronic kidney disease and/or receiving dialysis | | | | |  | |  |
| 1. Has a disease that increases risk of infection eg sickle-cell (see Appendix) | | | | |  | |  |
| 1. Has chest and breathing problems from, for example asthma, bronchitis, allergies, etc (for which the person might be receiving treatment) | | | | |  | |  |
| 1. Is having or recently had treatment for an auto-immune condition (eg rheumatoid arthritis, lupus, multiple sclerosis or chronic bowel disease such as Crohn’s | | | | |  | |  |
| 1. Is or has been treated for cancer (particularly blood cancers) and suffering from the side effects of the drugs | | | | |  | |  |
| 1. Any other conditions in the clinically vulnerable list additional to the above (see appendix) | | | | |  | |  |
| **Other high risk factors** | | | | | | | | **Reduced resistance to the virus can come from these factors** | | | | | |
| 1. Is identified as Black, Asian, or from another Ethnic Minority (BAME) | | | | |  | |  | Evidence from the Office for National Statistics (ONS) has shown relatively higher deaths from Covid-19 related illness for people from minority ethnic backgrounds and communities | | | | | |
| 1. Is pregnant [adding to other risks associated with pregnancy, which are also subject to risk assessment] | | | | |  | |  | Pregnancy can reduce immunity to infections adding to other risks in pregnancy from work related activity | | | | | |
| 1. Has or has had a recent infectious illness, eg in the last 1–3 months (eg cold, flu, shingles, measles, etc) from which might not be fully recovered | | | | |  | |  | Virus can co-exist with other infections and reduce resistance | | | | | |
| 1. Is a smoker | | | | |  | |  | Causes chest and breathing problems so increases risk | | | | | |
| 1. Is in a higher age group (60+) | | | | |  | |  | Older people seem to be more adversely affected particularly if other factors are present | | | | | |
| 1. Other protected characteristics that might be taken into account are gender, disability, gender identity and religious belief (where relevant) | | | | |  | |  | There is statistical evidence that men are more at risk of serious disease than women, disability might result in other health issues affecting vulnerability and religious practices might also increase risk | | | | | |
| **Stage 2. The Risk Assessment** | | | | | | | | | | | | | |
| Taking into account the presence of the risks/hazards described above and are present in the care setting, assess the overall severity of the risk to the person of suffering more adversely if they contract the illness in the course of their work (and the reasons/evidence for the assessment). Use the scaling as a guide to exercise your judgment and the views of the staff member to decide which risk category they come into and the appropriate actions to take.  Low Risk = probably no or minimal additional action to protect the person  Medium Risk = some element of protection might be needed in the work setting to control the risks  High Risk = these will probably be subject to government intervention policies for shielding / working form home etc. (See stage 3).  Note: The verbal descriptions might be sufficient to decide the risk level, but you can also rate numerically as described. | | | | | | | | | | | | | |
| **What is the overall assessment of the described / identified risks?** | **Low/Minimal/ None, ie unlikely to be a significant issue relative to others in the same position** | | | **Medium (and might need risk alerts or degrees of risk control)** | | | | | **High (and will need risk control measures applicable** | | | **Summary of the evidence for the risk level(s) identified** | |
| Mark on scale 1–10  (optional)  Low = 1 -3/4  Medium = 4 – 6/7  High = 8 - 10 | [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | | | | | | | | | |  | |
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| **Stage 3. Personalised Risk Control/Management Measures to be Taken** | | | | | | | | | | | | | |
| Describe plan in terms of, for example:   * self-isolation or continuing self-isolation with return to work only when free from risk * restrictions or alterations to work role and tasks * increased physical and social distancing while completing work tasks * additional Infection control measures (augmenting current hand and respiratory hygiene and protective equipment procedures * prompt reporting of personal concerns and contingency plans in case of enforced withdrawal from work situation * recommendation to seek medical help and advice to ensure safe return to work * regular testing for Sars Cov-2 in line with workplace testing policies. | | | | | | | | | | | | | |
| **Individual Risk Control Plan** | | | | | | | | | | | | | |
| **Signature and dates** | | | | | | | | | | | | | |
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| Signature of staff member | | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | | |
| Signature of manager | | |  | | | | | | |  | | | |
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| Date | | |  | | | | | | |  | | | |
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| Date of work plan | | |  | | | Date of review of work plan | | | | |  | |  |
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| **Appendix. Government definition of “clinically extremely vulnerable” (Dec. 2020)** | | | | | | | | | | | | | |
| * solid organ transplant recipients * people with specific cancers: * people with cancer who are undergoing active chemotherapy * people with lung cancer who are undergoing radical radiotherapy * people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment * people having immunotherapy or other continuing antibody treatments for cancer * people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors * people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs * people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD) * people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease) * people on immunosuppression therapies sufficient to significantly increase risk of infection problems with your spleen, for example splenectomy (having your spleen removed) * adults with Down’s syndrome * adults on dialysis or with chronic kidney disease (stage 5) * women who are pregnant with significant heart disease, congenital or acquired * other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions. | | | | | | | | | | | | | |
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**RUNNING SUMMARY SHEET**

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| --- | --- | --- | --- | --- |
| **Date** | **From** | | | **To** |
| **Staff member** | **Overall risk assessment** | | | **Action plan** |
| **Low** | **Medium** | **High** |
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