**Risk Assessment for those at Additional Risk relating to Covid-19**

This document should be completed reading and following the guidance included with this template.

|  |  |
| --- | --- |
| **Directorate / Division / Function:** | **Date:** |
| **Employee’s Name:** | |
| **Work Location:** | |
| **Job Title:** | **Grade:** |
| **Assessor’s Name:** | |
| **Job Title:** | **Grade:** |

**Risk Factors Relating to the Employee**

1. **Does the Employee fall into either of the Additional Risk Groups as identified by Public Health England. Please tick the appropriate answer.**

Extremely Vulnerable \* Increased Risk

**\*When this box is ticked, the manager must refer to section 4 of the Guidance Document.**

1. **Is the Employee’s role Prisoner facing?**

Yes  No

1. **Has social distancing measures been applied to the employee’s work area?**

Yes  No

1. **Is the Employee currently required to be in contact with those suspected/ confirmed as having Covid-19 e.g. working on Protective Isolation Units, Hospital escorts?**

Yes  No

1. **What transport does the Employee use to travel to and from the workplace?**

Private Vehicle  Car Share with non-household member  Public Transport

Other  Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If the Employee is in the Extremely Vulnerable group, are they currently shielding?**

Yes  No

**Employee’s Views**

1. **Does the Employee wish to remain in their current job role?**

Yes  No

Please provide a brief summary explaining the answer provided to this question. (If required, please use additional documents and attach them to this assessment)

1. **Does the Employee believe there are any alterations can be made to their current job role to reduce the risks from Covid-19?**

Yes  No

1. **Is there any further information the Employee would like to add at this point?**

Yes  No

**Operational Considerations**

1. **Is this specific person’s attendance in the workplace critical to the delivery or support of operational activities?**

Yes  No

1. **If required, is this a role that can be undertaken remotely, whether in part or in full?**

Yes  No

1. **If required, could the work environment be arranged to support social distancing?**

Yes  No

1. Is the work environment kept clean and hygienic?

Yes  No

1. **Is there any further information the Assessor would like to add at this point?**

Yes  No

**Additional Control Measures**

1. **Based upon the information gathered in this assessment, are there options to improve working arrangements, considering the Employee’s views and operational requirements?**

Yes  No

Decision includes the following (tick all relevant boxes);

Provision of Advice  Employee Shielding at home

Full-time Homeworking  Part-time Homeworking

Changes to Working Patterns  Changes to Working Environment

Alterations to current Job Role  Different Job Role

Actions to achieve the above should be listed on the action plan included with this template. Where Extremely Vulnerable Employees choose not to shield, please take advice from you HR/H&S Teams.

**Assessment Criteria**

For the purposes of this template, the risk categorisation system has been developed to reflect the specific risks associated with the Covid-19 Pandemic. These categories an indication of the risks arising from workplace activities. The judgement about the level of risk exposure, should account for any additional control measures implemented as a result of the assessment process.

An explanation of the risk categories is below.

|  |  |
| --- | --- |
| **Risk Category** | **Explanatory note includes examples of what may be included.** This list is not exhaustive. |
| No Risk | * Where it is agreed that the Employee will complete fulltime homeworking or take special leave. * Extremely Vulnerable Employee elects to shield. |
| Trivial Risk  Risk rating = 1 | The working arrangements;   * Enable stringent application of social distancing (2m rule), applicable to all activities including meetings, dining arrangements, access to the workplace. * Removes the need for shared transport for those other than from the same household. * The avoidance of contact with suspect/ confirmed Covid-19 cases. * Provides access to facilities to support good hand hygiene. * No front-line duties. |
| Tolerable Risk  Risk rating = 2-5 | The working arrangements;   * Enable application of social distancing (2m rule), applicable to all activities including meetings, dining arrangements, access to the workplace. Where this is not possible the provision of appropriate PPE may be considered. * Only uses public transport when social distance can be achieved e.g. off peak. * May require altering shift pattern e.g. to support travel, avoid peak access periods into the workplace etc. * May enable some homeworking. * Limited or no front-line duties. * The avoidance of contact with suspect/ confirmed Covid-19 cases. * Provides access to facilities to support good hand hygiene. |
| Intolerable Risk  Risk rating = 6-9 | The working arrangements;   * Prevents the application of social distancing e.g. busy office. * No PPE provision when social distancing cannot be maintained. * Requires use of shared/ Public transport when social distancing in unachievable. * Requires additional risks groups to be in contact with suspect/ confirmed Covid-19 cases. |

**Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Number** | **Action** | **Responsible Person** | **Completion Date** |
|  |  |  |  |
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**Assessment Outcome**

The following risk estimator is based on a commonly used health and safety risk level estimator.

|  |  |  |  |
| --- | --- | --- | --- |
| Likelihood of Working Arrangements Leading to Increased Exposure to Covid-19 | Potential Covid-19 Consequences Arising as a Result of Working Arrangements | | |
| Minor  1 | Moderate  2 | Extreme  3 |
| Low  1 | Trivial Risk  1 | Tolerable  2 | Tolerable  3 |
| Medium  2 | Tolerable  2 | Tolerable  4 | Intolerable  6 |
| High  3 | Tolerable  3 | Intolerable  6 | Intolerable  9 |

Taking into account the control measures agreed during this assessment, it is considered that the hazard from Covid-19 for this Employee at work is:

Low 1  Medium 2  High 3

|  |  |
| --- | --- |
| Low  1 | Working arrangements do not prevent effective application of social distancing rules.  No planned contact with Confirmed/ Suspected cases of Covid-19. |
| Medium  2 | Working arrangements are well planned, however, there is potential that social distancing rules may be broken on occasion.  No planned contact with Confirmed/ Suspected cases of Covid-19. |
| High  3 | Working arrangements present a significant potential for social distancing rules to be broken frequently.  Requires planned contact with Confirmed/ Suspected cases of Covid-19. |

Taking into account the control measures agreed during this assessment, the information specific to the Employee and procedural arrangements, it is considered that the consequences to health relating to Covid-19 from workplace arrangements is:

Minor/ Non e  Moderate  Extreme

|  |  |
| --- | --- |
| Minor/ None  1 | No Covid-19 related health implications likely due to the application of effective working arrangements. |
| Moderate  2 | Limited Covid-19 related health implications likely due to the application of effective working arrangements. |
| Extreme  3 | Significant Covid-19 related health implications likely due to inability to apply effective working arrangements. |

The Assessor should now provide the outcome of the Risk Assessment as though the actions have been applied. Please place a tick in the appropriate box based on the risk rating by multiplying the Likelihood x Consequences (refer to the table at the beginning of this section).

|  |  |  |  |
| --- | --- | --- | --- |
| **No Risk**  **0** | **Trivial Risk**  **1** | **Tolerable Risk**  **2-5** | **Intolerable Risk**  **6-9** |
|  |  |  |  |

To demonstrate that this assessment is agreed by both the Employee and the Assessor, please record your signatures below.

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_

Please record a future date (max 4 weeks) to review this assessment :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the outcome of the assessment is not agreed, please refer to the process flow chart (Annex B) for the escalation process.