

**Modality COVID-19 Risk Assessment Form For Vulnerable Staff**

All staff are expected to see any patients based on their clinical needs, in accordance with their professional responsibility, unless precluded based on their individual risk assessment. Based on National guidance received on 16.03.20 we are required to introduce social distancing measures in order to reduce the transmission of coronavirus (COVID-19) between people.

*Social Distancing measures:*

* *Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough;*
* *Avoid non-essential use of public transport, varying your travel times to avoid rush hour, when possible; Work from home, where possible.*
* *Avoid large gatherings, and gatherings in smaller public spaces such as pubs, cinemas, restaurants, theatres, bars, clubs.*
* *Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media.*
* *Use telephone or online services to contact your GP or other essential services.*

**This assessment is to be completed for all staff who feel they are at increased risk of severe illness from COVID-19; who need to be particularly stringent in following social distancing measures.**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Practice |  |
| Location |  |

1. **Assessing the member of staff**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes / No** | **Details if applicable** |
| Are you currently pregnant? |  |  |
| Are you aged 70 or older (regardless of medical conditions) |  |  |
| Are you under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult 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 BMI of 40 or above) |  |  |
| Are you at particular risk due to complex health problems such as:   * Received an organ transplant and remain on ongoing immunosuppression medication * With cancer who are undergoing active chemotherapy or radiotherapy * With cancers of the blood or bone marrow such as leukemia who are at any stage of treatment * With severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets) * With severe diseases of body systems, such as severe kidney disease (dialysis) |  |  |

**2. Assessing the role**

**Criteria** –Can the role you undertake be carried out remotely from home?

Yes  No

1. **Assessing the risk**

If you have answered **Yes to any items in Part 1 and Yes in Part 2** you will need to speak with your line manager to limit your exposure to working in a socially interactive environment and arrange remote working.

If you have answered **Yes to any items in Part 1 and No in Part 2** you will need to speak with your line manager to decide the course of action required.

Please work cooperatively with your line manager to ensure suitable arrangements are put in place.

**STAFF DECLARATION**

**Criteria –** I confirm that the information provided in sections 1 & 2 are correct.

Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| Named person completing form |  | | |
| Signature |  | | |
| Job Title |  | Date |  |

**LINE/PRACTICE MANAGER’S DECLARATION**

|  |  |
| --- | --- |
| **Declaration** *(select the relevant statement)* | |
|  | I confirm that I have assessed the risk as acceptable and no further risk analysis needs to be undertaken |
|  | I confirm that I have assessed the risk as **not acceptable** and alternative arrangements have been made for the staff member to support the practice, work from home or self-isolate |

|  |  |  |  |
| --- | --- | --- | --- |
| Named person assessing risk  (line manager or above) |  | | |
| Signature |  | | |
| Job Title |  | Date |  |