Covid-19 Personal Risk Assessment for Staff

We recognise that some staff will be at higher risk from COVID-19 or may be disproportionately affected at this time. In addition, our Equality Analysis highlighted additional risks for staff which should be considered that are indirectly related to COVID-19 (for example increased challenges for disabled staff in a mixture of home and on campus working).

The aim of this Personal Risk Assessment is to understand the specific risks individual staff members face at work – whether they are working on campus or from home and to enable a shared approach to minimising these risks to be undertaken. It should be completed in conjunction with the latest [guidance](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/) from Public Health England and the latest [guidance](https://intranet.uwe.ac.uk/tasks-guides/Guide/coronavirus-advice) for Managers.

Responsibility for completing Personal Risk Assessment is shared jointly by the individual and their line manager. The Risk Assessment should act as a tool to enable discussion of concerns, wellbeing and should lead to the joint identification of potential mitigations. Not all underlying health conditions or risk factors are routinely shared with line managers and therefore these conversations are potentially sensitive. It is also important that where there may already be individual assessments in place for the member of staff in respect of any health condition or wellbeing risk, these should be reviewed in conjunction with this assessment so that actions are aligned.

Individuals who do not wish to share their Personal Risk Assessment form with their line manager may discuss it in confidence with a member of HR by contacting the HR helpline. In this case, the HR helpline will share the risk mitigation plan with the line manager without disclosing the reason.

The Personal Risk Assessment sets out:

|  |  |  |
| --- | --- | --- |
| **Four categories of individual risk** |  | **Four categories of risk mitigation** |
| * Those who are **clinically extremely vulnerable** (as defined by PHE)
* Those who are **clinically vulnerable** (as defined by PHE)
* Those who our equality analysis highlighted face **heightened risks from COVID-19**
* Those who our equality analysis highlighted face **indirect risks**
 |  | * **Shielding** – individuals should not be on campus
* **Precautionary approaches** – individuals should work from home wherever possible and should pay particularly close attention to risk mitigation procedures set out in the latest guidance for managers
* **COVID-Secure approaches** – individuals should do a mixture of working from home and on campus and should pay close attention to risk mitigation procedures
* **Flexible approaches** – to support individuals to work from home or campus effectively
 |

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# Part 1. General Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Job Title:** |  |
| **Line Manager:** |  | **Manager’s Job Title:** |  |
| **Department:** |  | **Faculty/Service:** |  |
| **Date of assessment:** |  | **Names of individuals who completed the risk assessment conversation** |  |

# Part 2. Individual Level Risk

Please tick all that apply

|  |  |  |
| --- | --- | --- |
| **Individual risk factors** | **✓** | **Individual Risk category** |
| Shielding | Notified as being on 12 week shielding by the Government |  | Clinically extremely vulnerable |
| Pregnant: after 28 weeks gestation *or* with underlying health condition |  |
| Age | Age over 70 |  | Clinically vulnerable |
| Age over 50 with underlying health conditions |  | Heightened risk  |
| Disability and health conditions | PHE high risk health conditions: lung conditions that are not severe (such as asthma, COPD, emphysema or bronchitis), heart disease (such as heart failure), diabetes, chronic kidney disease, liver disease (such as hepatitis), conditions affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy), conditions that means you have a high risk of getting infections, are taking medicine that can affect the immune system (such as low doses of steroids), obesity(a BMI of 40 or above) |  | Clinically vulnerable |
| Other disabilities or health conditions which are not included on the PHE clinically vulnerable list but which create barriers to working safely on campus or at home |  | Indirect risk  |
| Sex and Gender | Male with underlying health conditions or aged over 50 |  | Heightened risk |
| Race and ethnicity | Black, Asian and minority ethnic staff (BAME) in the absence of any current formal PHE guidance we are recognising possible increased rates of COVID-19 infection amongst BAME communities in particular Black and Asian (African, Caribbean, Indian, Pakistani, Bangladeshi, Filipino, Chinese, Japanese). |  | Heightened risk  |
| Other factors identified in our Equality Analysis | **Caring responsibilities:** those who are clinically extremely vulnerable or clinically vulnerable |  | Heightened risk |
| **Caring responsibilities:** children or adults whose care or schooling has been disrupted which creates additional barriers to you |  | Indirect risk  |
| **Home working:** those who do not have appropriate or safe space to work at home including warm, quiet, with internet access, with appropriate equipment |  | Indirect risk |
| **Religious practices:** staff who use prayer spaces on campus regularly may need additional flexibility due to changes to accessibility of these spaces  |  | Indirect risk |
| **Public transport users:** staff who rely on public transport to get to and from work may need additional flexibility and may feel increased anxiety about coming to campus |  | Indirect risk |

## **Risk level identified:**

Use bold to identify risk categories agreed.

|  |  |  |  |
| --- | --- | --- | --- |
| Clinically extremely vulnerable | Vulnerable | Heightened Risk | No additional risks identified |

Indirect Risks

# Part 3. Individual Level Mitigations

Use the information from the table above to match your individual risk category from part 1 to your required mitigation category using the table below. Consider the highest risk category only (if you ticked the vulnerable box and the heightened risk box, follow the vulnerable mitigation guidance). In addition, using the table above, consider whether indirect risks are present and whether mitigations need to be considered to mitigate these.

|  |  |  |
| --- | --- | --- |
| **Individual Risk Category** | **Mitigation category** | **Individual’s mitigation level (✓)** |
| **Clinically extremely vulnerable** | **Shielding –** individual may work from home if role enables this but must not work on site. Individuals in this category whose role doesn’t enable them to work from home should be placed on special leave.(from 1st Aug assumption is that everyone moves to precautionary approach level) |  |
| **Pregnant: after 28 weeks gestation *or* with underlying health condition** | **Precautionary approach** – individual should work from home wherever possible. Colleagues who are working on campus, either due to their role demands or their personal situation should ensure they closely follow risk mitigations. Use the COVID-19 – managing people guidance to identify appropriate mitigations to address individual risks. |  |
| **Vulnerable**  | **Precautionary approach -** individual should work from home wherever possible. Colleagues who are working on campus, either due to their role demands or their personal situation should ensure they closely follow risk mitigations. Use the COVID-19 – managing people guidance to identify appropriate mitigations to address individual risks.  |  |
| **Heightened Risks**  | The impact of risk factors can be cumulative (often individuals will be affected by more than one risk) and agreeing appropriate risk mitigations should be done as part of a conversation between the individual and their manager. The following table should help you to consider the pattern of heightened

|  |  |
| --- | --- |
| **Heightened risk factors** | **Weakening Strengthening****of risk of risk** |
| Age | <50 | >50 |
| Sex/ Gender | Female | Male |
| BAME background | No | Yes |

**Precautionary approach** – individual should work from home wherever possible. Colleagues who are working on campus, either due to their role demands or their personal situation should ensure they closely follow risk mitigations. Use the COVID-19 – managing people guidance to identify appropriate mitigations to address individual risks.**COVID-Secure approach** – individuals who have a lower risk profile of heightened risks should be encouraged to undertake a mix of working from home and on campus to enable them to most effectively carry out their role. Everyone should ensure they closely follow risk mitigations. Managers should put appropriate mitigations and support in place to enable this support. | (Specify precautionary approach or COVID-Secure approach) |
| **Indirect Risks** | Individuals whose personal circumstances mean working patterns, location or requirements may need to be considered. This category can be used alongside the precautionary or COVID-Secure approaches described above.**Flexible approach** – individuals should work with their manager to create an effective plan for work that meets the need of the individual and the university.  |  |

# Risk Mitigation Plan

**Risk mitigation category:**

|  |  |  |
| --- | --- | --- |
| Shielding | Precautionary approaches | COVID-Secure approaches |

Flexible Approaches

|  |  |  |  |
| --- | --- | --- | --- |
| **Current work risk or issue identified** | **Actions to mitigate risk** | **Action holder** | **Action due by** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Reviewing the mitigation plan

Review dates should be set based on the risk mitigation category as follows:

|  |  |
| --- | --- |
| Shielding | Reviewed according to government advice |
| Precautionary approaches | Reviewed after week 1 and then formally on a monthly basis to ensure measures are effective |
| COVID-Secure approaches | Reviewed informally at 1:1s and formally on a 3 month basis |
| Flexible approaches | Reviewed informally at 1:1s and then formally on a 3 month basis |

**Initial** **Review date:**

**Review pattern:**