** Occupational Health**

**INDIVIDUAL STAFF RISK ASSESSMENT IN RESPONSE TO COVID 19**

**FOR EDUCATIONAL AND CHILDCARE SETTINGS**

**20/8/20**

This Individual Staff Risk Assessment has been developed to help ensure the safety and wellbeing of all our staff as we prepare to resume our normal duties. It looks at individual risk factors so it is possible to plan for the different working arrangements that will be required as we move forward. The risk assessment is intended to holistically assess individual school staff risks to safeguard those who are at most risk of adverse or serious reactions to Covid-19, based on the emerging data and evidence available and is informed by new guidance published on 2nd June 2020.

In many cases this can be a discussion between the member of staff and their line manager, (headteacher) especially where the risks are low. This form is intended to provide guidance where a situation may be more complex or where there are concerns and anxieties about returning to the workplace.

This guidance is intended for schools and colleges and is not suitable for staff who are working in NHS settings where there is the potential for working with COVID positive patients.

The emerging evidence suggests that alongside a previous list of health-related physical conditions there are three other key demographic factors that can affect people’s vulnerability, or ‘risk factor’ in relation to COVID-19 health outcomes:

* **Age**
* **Underlying health conditions**
* **Ethnicity**
* **Gender**

**Age:**

The evidence shows that age is a clear risk factor and the risk assessment identifies the over 70s.

**Underlying Health Conditions:**

The Government is advising [those who are at increased risk of severe illness](https://docs.google.com/document/d/1lXUyjB3gX6P0taGzY6abcMFXyiaGg_uP5SsaedZ_hMQ/edit) from coronavirus (COVID-19) to be particularly stringent in following social distancing measures. Those who were shieldingmay return to work in the school but must have a risk assessment and the option of an appointment with Occupational Health if requested. It is possible that some ‘former shielders’ may not be able to resume a role in the school environment for the foreseeable future. In some cases staff are advised to have a discussion with their specialist or consultant who will be able to advise them in more detail about the risks of their individual circumstances. Conditions which fall under this category are listed [here](https://docs.google.com/document/d/1e-4A1EjJ8uU8uUPdKOPu6aZ60s2IESDHCOJVzVoxYJg/edit)

 **Ethnicity**

Emerging data and research [published on 2.6.20](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf) suggests that BAME people are at greater risk from COVID-19, compared to their white counterparts. Colleagues’ ethnicity must, therefore, be taken into account when assessing their risk from COVID-19

 **Gender:**

The risk for men of becoming seriously ill from COVID-19 appears likely to be between 1.5 to 2.5 times greater than for women. This seems to increase with age from 40 up to 85

We are asking staff to carry out an individual risk assessment which takes into consideration age, underlying health conditions, gender, and ethnicity risk factors – especially where there is a combination of factors.

The risk assessment should be a meaningful conversation and exploration for the risk factors and perception of the colleague. Where there is agreement that the risk factors can be mitigated to everyone’s satisfaction no change is needed. Where however it is clear there is increased risk for a colleague, the line manager must provide support and make necessary adjustments to mitigate those risks.

The school’s Human Resources provider and Occupational Health (OH) can provide advice in concluding an approach that supports the individual and, should any adjustment to working arrangements place an additional strain on delivering lessons, it is advisable to seek further guidance to allow such issues to be resolved as quickly as possible.

Anxieties about returning to work

Some staff will be [anxious about returning](https://docs.google.com/document/d/1JtfnkpMs-q-2y8ETfpCGduopuwFfg7GS1lFZEI67ieY/edit), even where their demographic and health risks are low. Managers and staff should have a conversation and agree a practical way forward.

The Individual Staff Risk Assessment is intended to be used with the Action HR Schools Covid 19 risk assessment template which identifies more specifically the risks in each school.

The following work activities and workplaces will all require risk assessments with suitable control measures to ensure they can be undertaken as safely as possible.

* **Higher risk work activities**
	+ Providing assistance to people in school who show symptoms of the virus
	+ Providing personal care to pupils (regardless as to whether they have symptoms)
	+ Providing first aid assistance
	+ Dealing with bodily fluids
* **Medium risk**
	+ Direct / frequent contact with various members of the public, including schools and nurseries, housing offices, local premises for enforcement purposes but where it is possible to maintain 2m distance.
	+ Use of public transport.
	+ Visiting students and their families in their own home for reasons other than providing direct care but where it is possible to maintain 2 m distance (where no-one at the dwelling has COVID-19 symptoms or has tested positive for the virus)
* **Low risk**
	+ Providing a service based in an office with all hygiene and distancing measures in place - no or minimal contact with families or children.
	+ School staff undertaking routine in-house checks working in areas not occupied by people at that specific time (e.g. fire safety, play equipment visual inspections) with hand hygiene measures followed.
	+ Working from home.

**Reducing / ‘mitigating’ the risks**

The absolute risk of transmission between people is reduced as the prevalence of Covid-19 infection in the population declines.

The evidence shows that relative risk may be 2-10 times higher when standing at 1m than 2m without mitigations, and the potential for higher occupancy at 1m distancing will also affect risk. However, mitigations can reduce the risk at 1m, so that it is broadly equivalent to being 2m apart, noting that a precise and quantitative assessment of how much risk is reduced by mitigations is not possible. The Dept for Education also advises that the risk of transmission from children to adults is lower than from adult to adult.

Mitigating the risk includes:

* Limiting the number of people or households that you come into contact with - consider work patterns and travel arrangements
* Sit or stand side by side or behind people, rather than facing them
* Arrange meetings to be held outdoors if possible
* Keep meetings with as brief as possible - do as much preparatory work beforehand as you can
* Wear a face covering on public transport, if visiting other sites or crowded indoor environments
* Increase ventilation - keep windows and doors open to increase airflow
* Avoid loud talking
* Taking lunch breaks in the classroom rather than the staff room
* Consider ace shields if staff have underlying medical conditions are remain anxious.

The safety self assessment will be revised as new information is published and will be subject to review on **31.10.20**

This Risk Assessment will be revised as new information about COVID 19 is published and will be subject to review on **31.10. 20** and will take into account the rates of infection ( locally and nationally), new test and trace arrangements together with any recently published guidance.

|  |
| --- |
| **5 Steps to Risk Assessment** |
| **Step 1****Identify the Hazards** | **Step 2****Who might be harmed and how?** | **Step 3****Evaluate the risks** | **Step 4****Record your findings** | **Step 5****Review** |
| Potentialexposure toCOVID-19infection | Workers with underlyingchronic health conditionsWorkers who areimmunocompromised or undergoing treatment that may cause them to be immunocompromisedExpectant mothersWorkers who are over 70 yearsWorkers who are maleWorkers from BAME backgroundsWorkers who may need to be temporarily re-deployed during thePandemic but are already subject to long-term adjusted duties as a result of other health issues | Greater risk ofsevere infectionfrom COVID-19Greater risk ofpicking up thevirus and beingsubject to severeinfection fromCOVID-19Temporary changeof environmentthat may notaccommodatepreviouslyrecommendedadjustments | What can be done to removeor lessen the risk?Can the worker adhere to universal precautions thatare already required toreduce risks of crossinfection?Can they safely wear PPE?Can they safely wear RPE?Are there other roles whichcould be undertaken that are practicable to deliver care that may not involve face to face direct care of COVID-19 service users?Can they move to a lower risk area?Can they work from other buildings?Can they work from home?What additional actions can be taken?What is the risk score? | The assessmentshould be reviewedat least every 2weeks, includingreviewing the riskscore to takeaccount of anyactions taken sincethe previous riskassessmentValid until end July2020 |

**INDIVIDUAL STAFF RISK ASSESSMENT - to be completed by each member of staff and discussed with their line manager**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Date | 24.8.20 |
| School | Nelson | Department |  |
| Job Role | Teaching assistant  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK** | **SCORE 1** | **+** | **SCORE 2** | **+** | **SCORE 3** | **+** | **SCORE 4** | **x** |
| **1. AGE** | Below the age of 49  |  | 50-59  |  | 60-69  |  | 70+  |  |
| **2. GENDER AND ETHNICITY** | Female White  |  | Female Asian  |  | Male Asian  |  | N.B For other non-white ethnic groups besides Asian and Black, including Black Other, kindly score alongside the Asian profile. |  |
| Female Black  |  |
| Male White  |  |
| Male Black |  |
| **3. STATUS OF YOUR CONDITION** | None Known  |  | Mild  |  | Moderate or Chronic  |  | Pregnant  |  |
| *No underlying health condition.* |  | *Evidence of underlying health condition/s described on previous page. Condition is mild or well managed.* |  | *Evidence of underlying moderate or chronic health condition described on previous page, OH COVID-19 may be required* |  | *Prior to 28 weeks gestation: can continue working, subject to modification of the working environment and deployment to suitable alternative duties.**After 28 weeks gestation:**For pregnant women from 28 weeks’ gestation and with underlying health conditions such as heart or lung disease at any gestation, should be recommended to stay at home and considering flexibility in working from home in a different capacity.* |  |

|  |
| --- |
| **TOTAL RISK SCORE AND SUGGESTED ACTION** |
| **Total Score 1-5**  |  | **Total Score 6-8**  |  | **Total Score 9** **+**  |  | **Any Individual Score of 4**  |  |
| **Category A** | **Category B** | **Category C** | **Category D** |
| Continue working in current environment following all safety precautions | Avoid higher risk work activities. Avoid direct contact with possible Covid students/families where possible. | Move to lower risk working arrangements.. Consider referral to OH, Homework whilst awaiting confirmation of moderate or chronic condition. | Home Working. Only exception is that the pregnant or age 70 and the individual still wishes to stay in work. |

|  |
| --- |
| **Discussion Notes & Agreed Outcomes & Adjustments** |
| 1. Confirm mutual understanding of why the risk assessment was needed and check understanding of risks, refer to the detail on page 22. Talk about risk factors and scores from page 3-4 above, explore what that now means with your manager3. Talk about and explore any concerns or issues concerning the suggested action within the category scored on page 4. Where Category C or D is scored (excluding pregnant workers) & the staff member still insists on working despite Council advice please fully document, stating clearly the reason why the staff member insists on staying in work and kindly escalate to your HR Business Partner 4. Agree next steps5. If there is any doubt in relation to a declared or known health condition/s, or if the staff member remains concerned about their health, obtain Occupational Health advice from your provider.  |
| ***Please note that as risk data about the physical & demographic data gets further refined the scores & action taken will need to be reappraised*** |

|  |
| --- |
| **Declaration of Understanding** |
| I can confirm that any information contained in this risk assessment is reflective of the conversation held and agreement reached: |
| Line Manager’s Name (Print Name) |  |
| Signed |  |
| Date |  |
| Staff Name (Print Name) |  |