**RISK ASSESSMENT FOR STAFF AT RISK OF COVID-19**

This form has been developed by the Midlands Pharmacy Subgroup which includes the Regional Chief Pharmacist, the Midlands Region NHSE&I Primary Care Team, LPC Chief Officers and LPN Chairs. It is a pragmatic framework which uses information already developed and available for assessing risk in other healthcare settings and applies that information to community pharmacy.

NHS Employers’ guidance states that *“Certain groups are more vulnerable to serious illness (and death) due to COVID-19. Employers have a duty of care by law to protect their staff from harm, injury and illness, and must employ risk scoring, stratifications and individual assessments to assess the level of risk to their workforce.”*

[www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-staff-health-and-safety/risk-assessments-for-staff](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-staff-health-and-safety/risk-assessments-for-staff)

Please note that the use of this particular form is not mandatory - if your practice has its own forms and templates they can be used instead.

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| **Employee Details** |
| Employee Name |  |
| Area/Team/Department/Site |  |
| Date of Assessment |  |
| Review Date |  |
| Employee Contact No. |  |
| Date of Birth |  |

**Please record each risk factor applicable to yourself & then match it against the risk profile below.**

**TABLE 1 – SCORING YOUR RISK**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk factor Score** | **Details** | **Points** | **Score** |
| Age | 50-59 | 1 |   |
| 60-69 | 2 |   |
| Sex at Birth | Male | 1 |   |
| Comorbidity | Cardiovascular disease (on treatment for hypertension, irregular heartbeat, heart failure, previous heart attack, stroke, TIA, etc) | 1 |   |
| Diabetes Mellitus Type 1 or 2 | 1 |   |
| Chronic pulmonary disease (including asthma, COPD, interstitial lung disease) | 1 |   |
| Chronic kidney disease (any stage 1-5) | 1 |   |
| Sickle cell/Thalassaemia trait or other haemoglobinopathies | 1 |   |
| Obesity BMI >30OR waist circumference (inches) >33 (BAME female) > 34.5 (White female) >35 (BAME male)> 40 (White male) | 1 |   |
| BAME or Mixed Race |   | 1 |   |
| Has any member of your immediate family died of or been admitted to ITU with Covid-19? |   | 1 |   |

**TOTAL SCORE:**

**TABLE 2 – RISK STRATIFICATION**

**0-3** Low risk - Continue current duties with adherence to best infection control practice

**4-6** High risk - Consider enhanced PPE & modification of duties

**>7** Very High-Risk - Work from home/ non patient facing roles

**ACTIONS**

1. Check your risk by scoring yourself against table 1

2. Understand your risk by referring to the risk matrix in table 2

3. Come up with an agreed plan to protect yourself as per your risk score with your manager

This should be documented by your manager. If there is a disagreement either with the scoring or with the manager, the matter should be resolved by another individual

4. Take actions to protect yourself

**Things I can do myself**

Do the important things to maintain your safety in the workplace:

• Observe good hand hygiene, with frequent use of soap and water or alcohol-containing gel.

• Maintaining the recommended social distance (currently 2 metres) is an important aspect of the measures we must all take to minimise the risks of the spread of COVID-19. It is something we should aim to do in all aspects of our daily lives and anywhere in work where this is possible.

• Use appropriate personal protective equipment identified for your role and know how to use it properly.

• Observe isolation requirements for known or suspected COVID-19 cases.

• Ensure your infection control training is up to date

• If your circumstances change please ask your line manager for a review of this risk assessment

**Things my employer can help with**

Your manager or other individual will help you use the tools and identify the right actions for you:

• Can some or all of your duties be undertaken or completed in a different way?

• Can adjustments be made to enable you to work safely?

• Can face-to-face contact with the public and home visits be limited or avoided?

• Ensure appropriate physical distancing within the workplace

• Will adjustments allow you to work from home?

• Providing any necessary relevant training to help you achieve the agreed actions

• Agreeing and planning a date to review this risk assessment

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| **Actions agreed** |
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| **Declaration of Understanding** |
| I can confirm that any information contained in this risk assessment is reflective of the conversation held and agreement reached: |
| Manager’s Name (Print Name) |  |
| Risk Assessor’s Name (if different to Line Manager) |  |
| Signed |  |
| Date |  |
| Colleague’s Name(Print Name) |  |
| Signed |  |
| Date |  |

NB Risk table taken from work by Prof. Keshav Singhal MBE FLSW Chair CoVID19 Welsh Expert Advisory Panel; Chair BAPIO Wales Ver10 290520.