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|  cid:image003.png@01D3A199.29C98FE0**Safety, Health and Wellbeing Risk Management** Risk Assessment form for vulnerable persons working on front line -COVID-19  Version 0.1 *This risk assessment is designed to support employees working on front line services who may have a higher risk of exposure to the COVID-19 virus infection. It should be completed alongside the Risk Assessment for vulnerable person’s guidance notes.* May 2020

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| **SECTION 1-** General Information |
| Name |  | Job Title  |  |
| Department/Service |  | Directorate  |  |
| Date |  | Date of review |  |
| **SECTION 2** – Risk assessment  |
| **Step 1** – Identify which protected group/s is applicable to you. Complete by **√. If you are not in a protected group you do not have to continue with the assessment** |
| **Protected Group**  | **Yes** | **No** |
|  1.  | Age over 70 |  |  |
|  2. | Pregnant worker |  |  |
|  3. | BAME |  |  |
|  4. | Disability |  |  |
|  5. | Underlying health condition |  |  |
|  6. | Male |  |  |
| **Step 2** – Identify the category/s of health condition/s relevant to you Complete by **√** |
| **Health Condition**  | **Yes** | **No** |
| 1 | Weakened immune system  |   |   |
| 2 | Cancers |  |  |
| 3 | Heart conditions |  |  |
| 4 | Respiratory conditions  |  |  |
| 5 | Neurological conditions  |  |  |
| 6 | Renal disorders |  |  |
| 7 | Liver disorders and inflammatory bowel disease  |  |  |
| 8 | Diabetes |  |  |
| 9 | Other conditions  |  |  |
| 10 | Pregnancy |  |  |

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| **Step 3 -** Assess the level of risk to your health if you were to contract COVID-19. **Use Table 1** – Health Conditions to do this. An employee is best placed to know the current level of their health condition. In each health condition that is relevant complete by indicating a 1, 2, 3, score. You will use this score when you evaluate your vulnerability in step 4 of the risk assessment. There are 11 conditions in total. |

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| **TABLE 1**: Risk categories by condition outlines the vulnerability/risk [None to High] in relation to underlying health problems or where the individual is over 70 or pregnant. **Identify condition and vulnerability dependant on individual circumstances complete 1, 2, or 3 in the yes box. Example Pregnant no vulnerability = 1 High vulnerability = 3**  |
| **CONDITION** | **[1]****NO ADDITIONALVULNERABILITY** | **[2]****ADDITIONAL VULNERABILITY RECOGNISED** | **[3]****HIGH VULNERABILITY** |  **If Yes complete by 1,2,3**  |
| **Pregnancy** | **SEE GOVERNMENT GUIDANCE**  | Pregnant Workers (at any stage) who have underlying health conditions |   |
| Pregnant Workers after 28 weeks gestation |   |
| **Over 70’s** |  | Over 70 years of age |  |  |
| **Weakened Immune System (excluding cancers)** |  | A weakened immune system as the result of conditions such as:* SLE/Lupus
* Rheumatoid or medicines such as steroid tablets
* Immune modulators
 | Solid organ transplant recipients. |  |
| Bone marrow or stem cell transplantsin the last 6 months, or who are still taking immunosuppression drugs |  |
| People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell). |  |
| People on immunosuppression therapies sufficient to significantly increase risk of infection. |  |
| Splenectomy |  |
| Well controlled HIV and AIDS | HIV that is not well controlled (viral load >200 copies or CD4 count < 200 cells/mm3) |  |
|  |  |
|  |  |  | HIV well controlled but with other significant risk factors (e.g. heart disease). |  |
| **Cancers** |  | Cancer – chemotherapy or XRT completed in the last 6 months | Cancer who are undergoing active chemotherapy or radiotherapy for lungcancer |  |
| Cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage oftreatment |  |
| People having immunotherapy or othercontinuing antibody treatments for cancer |  |
| People having other targeted cancer treatments which can affect the immune system, such as proteinkinase inhibitors or PARP inhibitors |  |
| People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs |  |
| **Heart Conditions** | *Cardiovascular disease seems to predispose towards worse outcomes with COVID-19. In the absence of clear evidence, we believe that it is likely that individuals less than 70 who are otherwise fit with well controlled symptoms and on appropriate medication are unlikely to be at significantly increased risk from developing more severe infections’ (BCS).* |
| Cardiac conditions such as previous heart attack with no ongoing problems | Angina (chest pain) on the flat or at rest (CCS Class III or IV) despite medication. | Heart transplant |  |
| Controlled high BP, etc. | Poorly controlled blood pressure despite medication (grade 2 hypertension, BP 160-179/100-109 or higher. | Complex congenital heart disease |  |
| Chronic heart disease, such as heart failure. |  |
| Heart valve disease that is severe and associated with symptoms (such as breathlessness or chest pain) despite medication. |  |
| Open heart surgery within the last 3 months. |  |
| Uncontrolled atrial fibrillation (HR >100) especially if associated with reduced left ventricular function |  |
| [Cardiomyopathy](https://www.bhf.org.uk/informationsupport/conditions/cardiomyopathy) (any type) if you have symptoms such as breathlessness, or it limits your daily life, or you’ve been told you have problems with your heart function. |  |

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| **TABLE 1**: Risk categories by condition outlines the vulnerability/risk [None to High] in relation to underlying health problems or where the individual is over 70 or pregnant. **Identify condition and vulnerability dependant on individual circumstances complete 1, 2, or 3 in the yes box. Example Mild asthma no vulnerability = 1 Asthma requiring high dose inhaled steroids, additional vulnerability = 2 Severe asthma hospital diagnosed, high vulnerability = 3**  |
| **CONDITION** | **[1]****NO ADDITIONALVULNERABILITY** | **[2]****ADDITIONAL VULNERABILITY RECOGNISED** | **[3]****HIGH VULNERABILITY** |  **If Yes complete by 1,2,3**  |
| **Respiratory Conditions** | *New risk assessments are needed for staff moving into new roles where they are now seeing patients and at risk of infection.* |
| Mild asthma that is well controlled is not at high risk. | Asthma requiring high-dose inhaled steroids alongside additional controller treatments for their asthma who have suffered 2 or more asthma exacerbations requiring oral steroids over the past year and continues to experience frequent asthma symptoms requiring use of their reliever medication. | Severe asthma (hospital diagnosed in accordance with ATS/ERS guidelines) including those requiring biologic treatments, maintenance oral corticosteroids or other immunosuppressant. |  |
| Use of CPAP machine for Sleep Apnoea | COPD with additional risks such as older age or co-morbidities, those on oral maintenance corticosteroids, oxygen or those with a history of frequent exacerbations requiring oral steroids or antibiotics. | Severe COPD, |  |
| Cystic fibrosis. |  |
| Emphysema |  |
| Confirmed occupational lung disease and |  |
| Pulmonary hypertension |  |
| Lung Transplant |  |
| **TABLE 1**: Risk categories by condition outlines the vulnerability/risk [None to High] in relation to underlying health problems or where the individual is over 70 or pregnant. **Identify condition and vulnerability dependant on individual circumstances complete 1, 2, or 3 in the yes box. Example Mild MS no vulnerability = 1 Parkinson’s additional vulnerability = 2 MS with advanced disability, high vulnerability = 3**  |
|  **CONDITION** | **[1]****NO ADDITIONALVULNERABILITY** | **[2]****ADDITIONAL VULNERABILITY RECOGNISED** | **[3]****HIGH VULNERABILITY** |  **If Yes complete by 1,2,3**  |
| **Neurological disorders** | *The overall risk of any person with neurological conditions should not be solely based on the neurological diagnosis, but also take other aspects of their health and medication/therapy regime into account. Many of these therapies would put an individual at an increased risk. The presence of additional risk factors would put them at a high or significant risk. (ABN)* |
| Mild multiple sclerosis only with sensory or visual changes. | Chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis,  | Multiple sclerosis with advanced disability (i.e. bulbar or respiratory compromise, or where they are on selected immunotherapies).  |  |
| Stable mild cerebral palsy (i.e. where they may walk a little awkwardly, but might not need any special help) |  |
| Treatment responsive mild Parkinson’s disease. |  |
| Well controlled, non-complex epilepsy. | Learning disability or moderate cerebral palsy (.e. may need to use special equipment to be able to walk, or might not be able to walk at all or need lifelong care) | Conditions leading to respiratory or bulbar weakness such as complex epilepsy, severe cerebral palsy and kyphoscoliosis. |  |
| Fibromyalgia / ME |  |
| Mild learning disabilities (assess risk associated with inability to follow IPC guidance such as hand washing). |  |

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| **TABLE 1**: Risk categories by condition outlines the vulnerability/risk [None to High] in relation to underlying health problems or where the individual is over 70 or pregnant. **Identify condition and vulnerability dependant on individual circumstances complete 1, 2, or 3 in the yes box. Example Chronic Kidney Disease no vulnerability = 1 AI disease additional vulnerability = 2 Renal or other organ transplant, high vulnerability = 3**   |
| **CONDITION** | **[1]****NO ADDITIONALVULNERABILITY** | **[2]****ADDITIONAL VULNERABILITY RECOGNISED** | **[3]****HIGH VULNERABILITY** | **If Yes complete by 1,2,3**  |
| **Renal Disorders** | *Early evidence suggests that significant kidney disease and immunosuppressive drugs to treat this are associated with an increased risk of complications and mortality from COVID-19 infection. It acknowledges that there is no good evidence base in this area and these represent pragmatic guidance to try to offer consistency about who the most vulnerable renal patients are in this group. (RA)* |
| Chronic Kidney Disease 1, 2 (and 3 A/B unless it falls into high/significantrisk) | AI disease affecting their CVS/Respiratory systems such as lung fibrosis | Renal or other organ transplant recipients with CKD |  |
| Patients less than 60 years who are generally well and whose disease has been stable for > 6 months who are on Hydroxychloroquine alone | Non-autoimmune underlying co- morbidity of `respiratory/cardiovascular system, hypertension or diabetes mellitus | Those with End stage kidney disease (ESKD) receiving dialysis. |  |
| Stable chronic Kidney Disease (CKD) stage 3 or above with modest maintenance immunosuppression. | IV induction immunosuppressive medication for autoimmune diseasee.g. receiving cyclophosphamide/Euro lupus regimens or have received cytotoxic / rituximab / other biologic within the last 6 months. |  |
| Previous adverse infectious complications of immunosuppression – e.g. those with recurrent CMV or chest infections | Corticosteroid dose of > or = to prednisolone 20mg/day or 35mg/m2/day for more than 4 weeks within the last 6 months. |  |
| Prednisolone dose of > 5 mg/day, or>0.25mg/kg/day (or equivalent) for > 4 weeks **plus** at least one other immunosuppressive medication within the last 6 months. |  |
| Current nephrotic range proteinuria or who have a history of frequently relapsing nephrotic syndrome. |  |
| Overall cumulative burden of immunosuppression (IS) is high over a number of years even if their current is in stable maintenance phase e.g. patients who have received repeated courses of cyclophosphamide/biologics /or repeated high dose corticosteroids. |  |
| Those with well controlled disease activity and no co-morbidity who are on single oral immunosuppressive drugs. |  |
| Those known to have low IgG levels even if not currently on immunosuppression. |  |
| B cell depleted despite completing biologic induction treatment more than 6 months previously. |  |
|  |  |  | Those in disease remission who remain on maintenance low dose prednisolone |  |

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| **TABLE 1**: Risk categories by condition outlines the vulnerability/risk [None to High] in relation to underlying health problems or where the individual is over 70 or pregnant. **Identify condition and vulnerability dependant on individual circumstances complete 1, 2, or 3 in the yes box. Example Fatty liver disease no vulnerability = 1 Active hepatitis additional vulnerability = 2 Liver transplant, high vulnerability = 3**   |
| Condition | **[1]****NO ADDITIONALVULNERABILITY** | **[2]****ADDITIONAL VULNERABILITY RECOGNISED** | **[3]****HIGH VULNERABILITY** | **If Yes complete by 1,2,3** |
| **Liver Disorders &****Inflammatory bowel disease** | Minor derangement of liver function | Chronic liver disease, such as active hepatitis | Liver Transplant |  |
| Fatty liver disease | Those on Ustekinumab, Vedolizumab, Methotrexate, Anti-TNF alpha monotherapy, Thiopurines, Calcineurin inhibitors, Janus kinase, combination therapy (in stable patients) and immunosuppressive biological trial medication. |  |  |
| Haemochromatosis | Patients with decompensated liver cirrhosis |  |
| **Diabetes** | Diabetes controlled by diet or tablets with no diabetic complications | Diabetes well controlled on insulin and without diabetic complications | Diabetes controlled on insulin ordiabetes with diabetic complications or poor glucose control |  |
| Pancreas Transplant |
| **Other Conditions** | Coeliac disease | Being seriously obese (a BMI of 40 or above) | Severe diseases of body systems |  |

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| **STEP 4** – Evaluate and record the level of health risk and individual vulnerability. Use your highest score from Table 1- health conditions.1. A person who has a high vulnerability a score of **3** should already be shielding
2. A person who has additional vulnerability a score of **2** requires their current area of work to be considered to determine whether it is appropriate
3. A person who has no additional vulnerability a score of **1** requires no action as current area of work is considered appropriate
 |
| Please state the individuals: |
| Protected Group/s |  |
| Health Condition  |  |
| Level of Risk (highest score) | **[1]****NO ADDITIONALVULNERABILITY** | **[2]****ADDITIONAL VULNERABILITY RECOGNISED** | **[3]****HIGH VULNERABILITY** |
| Tick your highest level of risk √ |  |  |  |

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| **EXAMPLE OF STEP 4** |
| STEP 4 – Evaluate and record the level of health risk and individual vulnerability  |
| Please state |
| Protected Group/s | BAME , MALE |
| Health Condition  | Diabetes well controlled on insulin and without diabetic complications |
| Level of Risk  | **[1]****NO ADDITIONALVULNERABILITY** | **[2]****ADDITIONAL VULNERABILITY RECOGNISED** | **[3]****HIGH VULNERABILITY** |
| Tick your highest level of risk √ |  | √ |  |

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| **SECTION 3** -Evaluation of the work environment |
| If your score was **2 it requires your** current area of work to be considered to determine whether it is appropriateEvaluate the work environment and decide whether the existing controls and responses are in place for managing COVID-19 |
| The list below show the likelihood of exposure for those people who have additional vulnerability to a higher risk of exposure to the COVID-19 virus infection where they are working on the front line. By looking at the work environment scenarios you can identify the likelihood of exposure from COVID-19. If your work environment has a medium or high risk of exposure to COVID-19 then further action must be taken. |

 Level of risk for the work environment for those with a moderate risk

High likelihood of exposure

Medium likelihood of exposure

 Direct contact with a person that includes touching

Non direct contact with a person but who works within 2 metres of a person who is **coughing**

In a workplace that has not been suitably risk assessed to ensure social distancing and infection control is in place

Work environment where they come into contact with the different people

 Direct contact with a person that includes touching

In a workplace that has been risk assessed to ensure social distancing and infection control is in place

Work environment where they come into contact with the same cohort

No or low likelihood of exposure

The person will not have direct contact with any person when carrying out a task or activity

Can always maintain 2 metres

In a workplace that has been risk assessed to ensure social distancing and infection control is in place

Work environment where they come into contact with the same cohort

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| **SECTION 4**- Recording of information and taking further action  |
| This assessment will need to be reviewed on a regular basis or where the situation changes including an employee changing their role. All action must be recorded. All discussions and any further action should be recorded below |
| Please provide a summary of the discussions had with the employee, the decisions made for their working arrangements and the rationale behind the decision. | Action required  |
|   |   |
| Does the employee require any reasonable adjustments  | YES  | NO  | Action required  |
| Does the employee require a Personal Emergency Evacuation Plan (PEEP) | YES  | NO  | Action required  |
| Managers Name : | Signature : | Date: |
| Employee Name: | Signature : | Date: |