**Coronavirus (COVID-19) Individual Risk Assessment**

It is recognised that some vulnerable employees may be able to continue working at their normal work location under specific and limited circumstances. This should only be considered where:

* It is absolutely necessary that the staff should be physically present in their usual work location
* The individual is fully aware that they are strongly advised and supported to stay at home and work from there unless the work cannot be done from home.
* Managers have undertaken a formal risk assessment and are comfortable that the appropriate workplace adjustments have been made to accommodate stringent social distancing throughout the full working day / hours to ensure the employees safety– NB this will include use of toilet facilities.

The risk assessment and decision should be documented in writing on this form and signed by the individual and their line manager.

NB this does not extend to those employees who are classed as Extremely Vulnerable (i.e. have received a letter from the NHS detailing this). Employees in this group **must not attend the workplace under any circumstances.**

Those classified as Vulnerable according to Public Health England include staff who are pregnant, over 70 years old or have certain medical conditions as defined [here](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people). .

EarlyYears setting leaders are advised to identify employees who may be more vulnerable. Once identified, leaders should discuss any potential return to the workplace with their employee and undertake an individual risk assessment to consider the risk to the employee and what measures can be put in place to minimise these.

The risks and control measures for each individual will depend on their role, their background, the category into which they fall and the condition(s) they have. As lockdown begins to be lifted, risk assessments will need to be reviewed and revised to reflect the incremental nature which the return to normal working is likely to have, taking into account the individual’s risk factors, their working environment and the prevailing government guidance.

**INDIVIDUAL RISK ASSESSMENT FORM**

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| RISK ASSESSMENT DETAILS |
| |  |  | | --- | --- | | **Setting** |  | | **Job Role** |  |  |  |  |  | | --- | --- | --- | | **Employee name** |  | | | **Details of activity:**  Employee who is more vulnerable undertaking normal work duties during periods of increased risk due to the Coronavirus. Increased vulnerability due to pregnancy/age (over 70)/underlying medical condition | | | | | **Date of**  **assessment** | |  | | **Name of manager carrying out assessment** | |  |  |  |  |  |  | | --- | --- | --- | --- | | **Manager’s signature** | **Date** | **Employee’s signature** | **Date** | |

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| **Hazard and related condition / activity** | **Persons at risk** | **Existing control measures** | **Specific problems/dangers** |
| Contracting Coronavirus | Employee | * Working from home where possible within role * Good personal hygiene and hand-washing (signage in all toilets and kitchen areas) * Good hygiene practices including cleaning shared equipment e.g. phones, keyboards, etc. * Staff member to observe social distancing practices when in the workplace where possible * All establishments have a daily cleaning regime. * Access to PPE and relevant training in line with operational guidance | Describe the medical or other issue |
| Stress and anxiety about being higher risk | Employee | * Up-to-date communications based on PHE advice. * Regular line manager communication. * Access to support services * Discuss working from home with line manager if appropriate. | Stress and anxiety may increase susceptibility to infection e.g. lack of sleep, becoming run down, etc. |

| **ACTION PLAN** (insert additional rows if required) | | **To be actioned by:** | | | **Action completed:** | |
| --- | --- | --- | --- | --- | --- | --- |
| Additional control measures to reduce risks *so far as is reasonably practicable* | | **Name** | **Position** | **Date** | **Signature** | **Date** |
| 1 | Enable homeworking if possible/appropriate whilst risk is high |  |  |  |  |  |
| 2 | Transfer to alternative duties/change work location where risk is lower |  |  |  |  |  |
| 3 | Consider any physical changes to the work environment which reduce risk e.g. social distancing, provision of screens, etc., good ventilation wherever they are at work. |  |  |  |  |  |
| 4 | Provision of a designated desk or workspace for sole use of employee |  |  |  |  |  |
| 5 | Provision of PPE including gloves and facemasks (where appropriate) |  |  |  |  |  |
| 6 | Request additional cleaning to work space if possible |  |  |  |  |  |
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| COMMENTS AND INFORMATION *Use this section to record how the risk assessment & control measures have been communicated to relevant people, and any other comments and information* |
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| **Scheduled date of next review** | **Are there any changes to the activity since the last review?**  *Clarify that all the controls are still in place and how monitored on a regular basis* | **Signature of manager** | **Date of review** |
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