

Individual Risk Assessment for COVID-19 for At-Risk Employees

<u>Completing the risk assessment:</u>	<u>Key considerations:</u>
<p>This should be completed for all vulnerable staff</p> <ol style="list-style-type: none"> 1. This can be undertaken by line manager or supervisor 2. Involve the member of staff 3. Consider actions to minimise risk 4. Agree on risk management with the staff member 5. Discuss the work options with the employee and use the checklist to indicate which measures will be implemented. <p><i>The manager and staff member should consider together, in the light of the risk assessment, whether alternative work arrangements are appropriate and practicable.</i></p>	<ol style="list-style-type: none"> 1. Limit/avoid duration of close interaction with individuals. Virtual meetings/telephonic conversations are advised. 2. Maintain ALL social distancing rules should you meet face to face. 3. Consider whether public transport /rush hour can be avoided through adjustments to work hours 4. Arrange to travel using private transport/lift clubs 5. Use PPE appropriately 6. Consider remote working if the staff member is enabled including access to equipment and internet

Classify the employee vulnerability

<p>VERY HIGH VULNERABILITY:</p> <ul style="list-style-type: none"> • Solid organ transplant recipients • People with specific cancers or receiving immunosuppressive treatment for their cancer: <ul style="list-style-type: none"> ◦ undergoing active chemotherapy or radical radiotherapy for lung cancer ◦ cancers of the blood or bone marrow such as leukemia, lymphoma or myeloma who are at any stage of treatment ◦ receiving immunotherapy or other continuing antibody treatments for cancer ◦ receiving targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or Poly ADP-ribose Polymerase (PARP) inhibitors • People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppressive drugs. • People with severe respiratory conditions including cystic fibrosis, severe and unstable asthma and severe Chronic Obstructive Pulmonary Disease (COPD), or current active tuberculosis of the lung. • People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell). • People on immunosuppressive therapies sufficient to significantly increase risk of infection. • Women who are pregnant with significant heart disease, congenital or acquired.
<p>HIGH VULNERABILITY:</p> <ul style="list-style-type: none"> • Age >60 with one or more diseases/conditions as listed. • Chronic lung problems (moderate to severe asthma, previous complicated TB, etc.). Pulmonary Tuberculosis – untreated or in early treatment and who have not completed the intensive phase or first two months of treatment in line with the National Department of Health Standard Treatment Guidelines. Asthma which requires treatment with high dose inhaled corticosteroids plus a second controller (and/or systemic corticosteroids) to prevent it from becoming ‘uncontrolled’ or which remains ‘uncontrolled’ despite this therapy. • Confirmed clinical diagnosis of congestive cardiac failure or other serious cardiovascular disease

- Severe hypertension: systolic BP ≥ 180 mmHg and/or diastolic BP ≥ 110 mmHg.
- Confirmed cerebrovascular disease, including stroke, and transient ischemic attack
- Those who are moderately or intermittently immunocompromised
- Severe obesity (BMI >40)
- Underlying medical conditions, particularly if not well controlled, such as type II Diabetes Mellitus (HBA1c $\geq 7.5\%$ within last 6 months); Chronic Kidney Disease with an eGFR < 45 ; or liver disease
- More than 28 weeks pregnant

MEDIUM VULNERABILITY:

- Less than 28 weeks pregnant, but otherwise healthy
- Age between 40 and 60, with controlled medical conditions (hypertension, diabetes, cardiovascular disease, etc.)
- Moderate hypertension: systolic BP 160-179mmHg and/or diastolic BP 100-109 mmHg.
- Previous lung TB, but recovered without complications

LOW VULNERABILITY:

- Physiologically young
- Healthy

Individual Risk Assessment

Name of Staff Member				
PERSAL number				
Rank				
School/Directorate				
Name of Supervisor				
Date				
Employee Comorbidity – (Evidence)				
Employee vulnerability group	Low	Medium	High	Very high
Validity of Medical Certificate	<i>Health condition included on Risk List</i>	<i>Description of health condition and treatment stated</i>	<i>Duration of the treatment noted by Medical Practitioner</i>	<i>Recommendation of Medical Practitioner stated</i>
Yes/No				

Agreed action plan to manage the employee Indicate those that have been agreed to	
<input type="checkbox"/>	Dedicated alcohol-based hand rub provided for the employee
<input type="checkbox"/>	Protective isolation and physical distancing (e.g. providing a dedicated, clean office, etc.)
<input type="checkbox"/>	Adaptation of duties
<input type="checkbox"/>	Limit duration of close interaction learners/colleagues and/or the public
<input type="checkbox"/>	Alternative accommodation in a lower exposure-risk area-cellular office/boardroom/floor/classroom
<input type="checkbox"/>	Providing alternative transport arrangements to prevent public transport exposures
<input type="checkbox"/>	Implementing a co-worker screening programme
<input type="checkbox"/>	Sharing of relevant COVID related information and social distancing information
<input type="checkbox"/>	Specialized personal protective equipment (PPE) provided
<input type="checkbox"/>	Working off-site (remotely); the necessary equipment, internet access, etc. is available
<input type="checkbox"/>	Special Leave (Risk to COVID-19)
<input type="checkbox"/>	Other, please specify:

Employee Agree/Not Agree	Written evidence to be provided (Email/IM/Signature)

Recommendation by Principal/Manager (Mark with X)			
Recommended		Not Recommended	
REMARKS:			
			MANAGER'S/SUPERVISOR'S SIGNATURE
DATE			

INDIVIDUAL RISK ASSESSMENT
CHECKLIST FOR COVID-19 FOR
AT-RISK EMPLOYEES

REQUIREMENTS	YES/NO (√/X)
<i>At-Risk Declaration (Employee)</i>	
<i>Assessment (Principal/Manager)</i>	
Individual Risk Assessment Completed by Manager/Principal	
<i>Medical Evidence</i>	
Certificate from Medical Practitioner available	
Signature (Manager/Principal)	
Employee Signature/Evidence	

Approved by Circuit Manager/Middle Manager/Senior Manager (Mark with X)			
Approved		Not Approved	
REMARK:			
			_____ MANAGER'S/SUPERVISOR'S SIGNATURE
DATE			