**Coronavirus Individual Risk Assessment Guidance and Template v2**

As part of the Council’s planning for the Coronavirus (COVID -19) we want to take preventative and protective action to support all employees, and in particular those who are particularly vulnerable to the impact of the virus as advised by Public Health: these are staff who are pregnant, over 70 years old or have certain medical conditions (see [Coronavirus - Guidance for Staff and Managers](http://nyccintranet/wisdom/1b7a1353-74f6-11ea-80f0-005056be618f)). There are also others who, through research and data, have been shown to be disproportionately affected by Covid-19 e.g. those from a BAME background.

School leaders are advised to identify employees who may be more vulnerable as a result, this may be through a combination of self-declaration and existing school records. Once identified, leaders should discuss their declaration with the 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. These risk assessments should be kept under review and revised when situations or risk factors change.

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.

**RISK ASSESSMENT FORM**

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| RISK ASSESSMENT DETAILS |
| |  |  | | --- | --- | | **School** |  | | **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/BAME background. | | | | | **Date of**  **assessment** | |  | | **Name of manager carrying out assessment** | |  |  |  |  | | --- | --- | | **Manager’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 NYCC establishments have a daily cleaning regime. * Access to PPE and relevant training in line with NYCC operational guidance | Describe the medical or other issue |
| Stress and anxiety about being higher risk | Employee | * Up-to-date corporate communications based on PHE advice. * Regular line manager communication. * Access to Employee Assistance Programme and counselling on self-referral basis. * Discuss working from home with line manager if possible 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 | 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. |  |  |  |  |  |
| 2 | Transfer to alternative duties/change work location where risk is lower |  |  |  |  |  |
| 3 | Provision of a designated desk or workspace for sole use of employee |  |  |  |  |  |
| 4 | Provision of PPE including gloves and facemasks |  |  |  |  |  |
| 5 | Enable homeworking if possible/appropriate whilst risk is high |  |  |  |  |  |
| 6 | Request additional cleaning to work space if possible |  |  |  |  |  |

| 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**  *Minimum annually, or if there are any significant changes, or following an incident or near miss* | **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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