

Individual Risk Assessment Form



Once you have completed Sections 1 and 2 on the assessment form, schedule a 1-2-1 meeting with your Manager to review your answers, identify support available and agree next steps.

At the end of the meeting, your manager will assign an outcome to the assessment. If you fall into a high-risk group, your manager may make an Occupational Health referral or make additional adjustments to ensure your health is not put at risk.

To ensure no personal or sensitive information is shared, most of the questions are 'Yes' or 'No' questions. To help you answer these questions correctly, please use the following table as a guide.

SECTION 1	COLLEAGUE RESPONSE
<p>If you have not yet resumed office or customer facing work, how are you feeling about returning?</p> <p><i>If you have not returned to the office, type in how you feel about returning to the office or resuming customer-facing work.</i></p>	<p>Details:</p>
<p>If you have resumed office working, how do you feel about being back?</p> <p><i>If you have returned to the office, type in how you feel about being back in the office.</i></p>	<p>Details:</p>
<p>Regardless of whether you have returned to work, are there any concerns that you wish to discuss?</p> <p><i>If you have selected 'Yes', please type in any concerns you have.</i></p>	<p>YES NO</p> <p>Details:</p>
<p>Please detail</p> <p><i>If there is anything else that concerns you, please enter it here.</i></p>	

SECTION 2	COLLEAGUE RESPONSE	
<p>Do you identify as black, Asian or another ethnic minority group?</p> <p>Select the appropriate response.</p>	YES	NO
<p>Are you male and age 60 or above?</p> <p>Select the appropriate response</p>	YES	NO
<p>Do you have a BMI of 40 or above?</p> <p>Select the appropriate response. If you are unsure, please use the link provided to calculate your BMI.</p>	YES	NO
<p>Do you meet Category 1?</p> <p>Select the appropriate response using the list below:</p> <ul style="list-style-type: none"> > aged 70 or older (regardless of medical conditions) > under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds) > chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis <ul style="list-style-type: none"> * chronic heart disease, such as heart failure * chronic kidney disease * chronic liver disease, such as hepatitis * chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy * diabetes * a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets) * being seriously overweight (a body mass index (BMI) of 40 or above) * pregnant 	YES	NO

Do you meet Category 2

YES

NO

Select the appropriate response using the list below:

- > Solid Organ Transplant Recipients
- > People with specific cancers:
 - * People with cancer who are undergoing active chemotherapy
 - * people with lung cancer who are undergoing radical radiotherapy
 - * people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - * people having immunotherapy or other continuing antibody treatments for cancer
 - * people having other targeted cancer treatments which can affect the immune system, such as protein kinase 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
- > people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- > people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)
- > people on immunosuppression therapies sufficient to significantly increase risk of infection
- > women who are pregnant with significant heart disease, congenital or acquired other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

SECTION 3

To be completed with your Manager in your 1-2-1 meeting.

MANAGER DISCUSSION & AGREED ACTIONS

Identified group <i>Select the appropriate response.</i>	GROUP A	GROUP B
Agreed next actions <i>Please indicate</i>	Detail:	
If the colleague has a specific health or safety concern, update the primary concern the individual has. If no concern has been identified, leave this field blank.	Health Safety	Mental Wellbeing Physical Wellbeing Travel
Action or adjustments identified to support this concern	Detail:	