

# Return to Workplace Supplementary Staff Risk Assessment

Only for individuals in the clinically extremely vulnerable (CEV) risk group - to complete with their manager (version 4.1)

The Government has outlined its roadmap out of lockdown, with a gradual easing of restrictions over the next few months that will apply to everyone. Updated guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 has been issued:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Although the advice to shield has ended, individuals in the CEV group must continue to follow the rules that are in place for everyone. Everyone is currently advised to work from home where possible, but if individuals who are CEV cannot work from home, they are no longer advised that they do not attend the workplace. From 19 July 2021, this advice will be lifted and employers can start a plan for the return to the workplace.

Your department will have completed the necessary return to workplace checks in accordance with the COVID-19 Return to the Workplace Protocol and the Re-Occupancy of University Buildings and facilities protocols. Following risk assessment, measures will be put in place to keep individuals safe at work and guidance has been developed to assist in the safe and supportive return of staff.

The University recognises that for some individuals, the idea of returning to the workplace will cause anxiety. For all individuals returning there will be a need to re-orientate and to be well supported in doing this.

**Please read the following information fully.** If not already commenced, please complete the Individual Staff Risk Assessment Checklist for COVID-19 and this Part 3 'Return to Workplace Supplementary Risk Assessment, for individuals in the CEV risk group (previously referred to as RED risk group). The completion of these forms will assist in identifying and determining any further actions required to enable the individual to return to work (either working from home or the workplace) as/when required.

Should you have any questions or concerns, discuss these with your line manager and Human Resources (HR) Schools Teams initially, who will then contact or refer you to Occupational Health (OH) for further advice if necessary.

If following discussion with your Schools HR Team, a referral to OH is required, please complete the COVID-19 Referral Form, <https://www.oh.admin.cam.ac.uk/oh-forms/ohf03-covid-19-referral-form> and issue a Pre-Consultation (Medical) Questionnaire (form 1) to the individual to complete and send directly to OH, prior to a telephone consultation.

Once the COVID-19 referral, Individual Staff Risk Assessment for COVID-19 and pre-consultation questionnaire have been received by OH, an appointment will be made for an OH Practitioner to make contact with the individual by telephone to undertake the consultation. An OH report will then be issued to the individual and the referring manager, to advise further.

Individuals who were previously shielding should not return to the workplace until all the Risk Assessments have been completed and until suitable arrangements are in place to ensure a safe return.

Part 3 includes:

**Supplementary Risk Assessment Questionnaire**

For all managers and individuals in the CEV group (previously referred to as 'Red' risk category (including those previously shielding) to complete

**Form 1:**

Occupational Health Pre-Consultation Questionnaire – Individuals identified as clinically extremely vulnerable

## Supplementary Risk Assessment Questionnaire – CEV risk group (including those previously shielding)

The following questionnaire should be completed by the individual / member of staff to facilitate a discussion with their line manager to help enable a safe return to the workplace or ongoing work from home during the pause to the shielding recommendation.

**Sections 1 and 2 should be completed by the individual / staff member prior to a discussion with the manager**

**Sections 3 and 4 should be completed by the line manager along with input from the individual / staff member**

Name of individual			
Job Title			
Department/location			
<b>Section 1 Confirmation of risk group/status – Individual / Staff member to complete</b>			
<b>Shielding status</b>		<b>Yes</b>	<b>No</b>
1.1	Have you been identified as clinically extremely vulnerable and advised that you are on the Shielded Patient List and received a shielding letter?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	If you have not previously received a shielding letter do you have any of the 'very high risk' medical conditions as listed in the Covid-19 Individual Self-assessment checklist?	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Has anything changed in your health to make you believe your status may have changed since the initial assessment e.g. change in treatment, etc.	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Have you received two COVID-19 vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any details on form 1			
<b>Section 2: Work details and travel to work – Individual / Staff member to complete</b>			
<b>Work activities</b>		<b>Yes</b>	<b>No</b>
2.1	Are you currently well enough to work i.e. not on current sickness absence? If no, your manager should consider management referral to Occupational Health as part of the usual sickness management process.	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Is there a need to return to the work environment to undertake your work activities?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Are you undertaking alternative duties from home? If you are undertaking alternative duties, please discuss with your manager how long these can continue.	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details of job role, any difficulties working from home and measures which were previously in place to facilitate working whilst shielding:			
Please detail any support measures/reasonable adjustments that would help you to work effectively from home or enable you to safely return to the workplace			

Do you have any specific questions or concerns about your health and work?				
Travel to work			Yes	No
2.4	Are you able to travel to work without using public transport? i.e. walking or cycling (including walking and cycling from the park and ride) or you already have staff parking rights supporting your work pattern? If the answer is 'no' please discuss with your line manager whether temporary access to parking on site would be appropriate.		<input type="checkbox"/>	<input type="checkbox"/>
2.5	Are there travel difficulties for which alternative options need to be considered? e.g. Access to Work/taxis If 'yes' to this question please discuss with your manager / HR Schools team who will consider if a referral to OH is indicated, using the COVID-19 referral form.		<input type="checkbox"/>	<input type="checkbox"/>
Section 3 : Work environment & Welfare – Manager to complete				
Work Environment			Yes	No
Please answer these questions to help inform the discussion as to return to work				
3.1	Has a Safe Space assessment of the work environment been undertaken and the outcome shared with the individual? <a href="https://www.safety.admin.cam.ac.uk/latest-information/safespace-team">https://www.safety.admin.cam.ac.uk/latest-information/safespace-team</a>		<input type="checkbox"/>	<input type="checkbox"/>
3.2	If the work area where the staff member is due to return is not COVID-safe please refer to OH using the COVID-19 referral form. <a href="https://www.oh.admin.cam.ac.uk/oh-forms/ohf03-covid-19-referral-form">https://www.oh.admin.cam.ac.uk/oh-forms/ohf03-covid-19-referral-form</a> Please include any details of local risk assessments to aid the OH assessment.		<input type="checkbox"/>	<input type="checkbox"/>
3.3	If returning to the workplace after a gap because of shielding, would a phased return be helpful? Please contact your Schools HR Team for further advice if needed. e.g. Week 1; 50% normal hours in the workplace, -Week 2 : 60% normal hours in the workplace, etc.		<input type="checkbox"/>	<input type="checkbox"/>
3.4	If the individual / staff member is pregnant, has the New and Expectant Parents at Work Risk assessment been reviewed and discussion held regarding when the individual wished to start their maternity leave <a href="https://www.safety.admin.cam.ac.uk/policy-guidance/miscellaneous/hsd104m-risk-assessment-new-and-expectant-parents-work">https://www.safety.admin.cam.ac.uk/policy-guidance/miscellaneous/hsd104m-risk-assessment-new-and-expectant-parents-work</a>		<input type="checkbox"/>	<input type="checkbox"/> N/A
Please give details				

**Section 4: Individual Risk assessment checklist – to be completed by manager with individual / staff member prior to return to work in the workplace**

Name of individual	
Job Title	
Department/location	
Name of Line Manager	
Date of Assessment	

**Return to work in a COVID-safe workplace - Individual risk assessment – CEV risk group**

It is acknowledged that some staff in the clinically extremely vulnerable (previously shielding group) may need additional precautions on return to work and also may need to shield again in the future depending on the level of circulating COVID-19 and when a shielding recommendation is in operation.

The majority of individuals in the CEV risk group will be in the Public Health England “shielding group” and will have been contacted individually by the NHS with updated advice.

In line with Government and Public Health England (PHE) advice:

- Lockdown measures are being eased
- Formal advice for clinically extremely vulnerable individuals was paused on 01 April 2021
- The COVID vaccine programme is now available for all adults
- COVID levels in the community will continue to fluctuate but overall remain low but may increase as lockdown is eased or if new variants emerge
- From 19 July 2021, the working from home advice has been lifted and employers can start a plan for the return to the workplace.

It should be a considered decision for the individual in conjunction with their line manager as to when they return to work and whether there needs to be any restrictions to the work activities. This may require referral to OH for further assessment and guidance.

Employers have a duty to reduce risks to as low as reasonably practicable and should not expect shielded individuals to work in areas where there is a greater risk in the workplace than elsewhere. For those working in clinical settings PPE can provide mitigation of risk. If it is not thought that this level of risk control is possible in the current role, an OH referral should be organised for further detailed assessment and advice.

It is important that the individual is content with the outcome of the agreed workplace adjustments and is comfortable with the level of personal risk.

Advice is available to individuals and their managers if there are any questions or concerns. Depending on the issue raised, an enquiry could be directed to more senior management, HR, OH or Health and Safety teams.

Please detail in this checklist:

- Measures to reduce exposures, as far as reasonably practicable, and any specific modifications required.
- Whether the individual and their line manager are comfortable with the control measures that are in place and know they can request to review the decision at any time.

**Indicate details of agreed workplace adjustments/adjusted duties:**

*For example: staggered start time, avoidance of certain activities e.g. running errands, avoid hot desking, etc.*

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Control measures checklist and agreed specific individual actions/measures			Tick those that apply
Follow University guidance on easing of COVID-19 restrictions and information on use of face coverings / social distancing / individual testing and COVID-19 vaccination can be found at: <a href="https://www.safety.admin.cam.ac.uk/policy-guidance/miscellaneous/hsd213m-guidance-easing-covid-19-restrictions">https://www.safety.admin.cam.ac.uk/policy-guidance/miscellaneous/hsd213m-guidance-easing-covid-19-restrictions</a>			
<b>Individuals working in clinical areas:</b> use of appropriate PPE as per local risk assessment and where >2m distance cannot be maintained. Ensure individuals are aware how to escalate any concerns about PPE availability			
<b>Individuals working in clinical areas:</b> work only in non-COVID areas.			
<b>Individuals working in clinical areas:</b> Review PPE use to ensure availability, fit, correct donning and doffing and staff knowledge of the actions to take if PPE is not available			
For those who are immunocompromised and undertaking moderate at risk activities, where there is a risk of close contact with others (e.g., customer / student facing roles) review viral prevalence weekly and if increases above 100/100,000 or as advised by occupational health, review control measures and consider working from home until prevalence reduces again.			
Ensure that individuals are aware of the actions to take if they feel unwell with COVID-19 symptoms			
Ensure that individuals know about University testing for symptomatic staff.			
All individuals should be reassured that COVID-19 related absence (e.g. self-isolation for symptoms, isolation as a household member / isolation having received a notification to self-isolate from NHS Test and Trace, and isolation in relation to shielding [where this is recommended by the government]) is supported by the University.			
Ensure that individuals are aware that psychological support is available for any staff member concerned about their mental health since the COVID-19 pandemic and/or their vulnerability to COVID-19.			
Discuss how to avoid public transport /rush hour travel through adjustments to work hours and access to parking on site if required.			
Review if any workplace adjustment are required because of an underlying health condition/disability, these should be discussed with management and a plan agreed			
If work restrictions / adjustments are not considered to be operationally practical to discuss with Schools HR Team and consider referral to OH.			
Further actions to be taken to reduce risks (further actions needed only for “yes” answers)	By whom	By when	Date completed
<b>Occupational Health Advice required?</b>		<b>Yes</b>	<b>No</b>
If yes, please complete the COVID-19 referral form and ask individual to complete and return form 1 directly to Occupational Health			

**A copy of this completed risk assessment form should be retained by the individual and their line manager and / or stored in the individual’s departmental HR file – to be agreed at local level.  
Review this risk assessment on a regular basis and close when no longer applicable.**

**Form 1**

**Occupational Health Pre-Consultation questionnaire – CEV risk / previously shielding individuals / staff**

Please complete and return this questionnaire before your consultation to assist Occupational Health (OH) in triaging your referral to the most suitable clinician. Once the COVID-19 referral, Individual Staff Risk Assessment Checklist for COVID-19 and this questionnaire have been received by OH a telephone appointment will be scheduled.

**Please return this questionnaire directly to OH at [OccHealth@admin.cam.ac.uk](mailto:OccHealth@admin.cam.ac.uk) rather than your line manager as it will contain confidential medical information.**

**Data Protection information**

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individual's occupational health record. For full details of how an individual's personal information is used by the Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

Section 1: Job / Work Details			
Job title			
Department			
How many hours work per week?			
Manager's name			
Section 2: Personal Details			
Surname		First name (s)	
Title e.g. Dr, Mr, Mrs, Miss, Ms		Date of birth	
Your home address:			
Postcode:			
Email address:			
Please give one or more phone numbers where we may contact you during the day:	Is this your home, mobile, or work number?	May we leave a message stating who we are?	
		No	Yes
Section 3: GP Details			
GP Name:			
GP address:			
Postcode:			
Declaration			
I declare that the information I have given is correct to the best of my knowledge. I consent to an occupational health assessment. I understand that the contents of this form are confidential to OH.			
Signature		Date	

<b>Section 4: Clinical information – to aid occupational health assessment and advice</b>			
<b>Please indicate your current reason for shielding. Tick as many that are relevant</b>		<b>Yes</b>	<b>No</b>
1	Solid organ transplant recipients	<input type="checkbox"/>	<input type="checkbox"/>
2	Specific cancers for which shielding has been advised Please provide details of you cancer and treatment in text box below	<input type="checkbox"/>	<input type="checkbox"/>
3	People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).	<input type="checkbox"/>	<input type="checkbox"/>
4	People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease).	<input type="checkbox"/>	<input type="checkbox"/>
5	People on immunosuppression therapies sufficient to significantly increase risk of infection.	<input type="checkbox"/>	<input type="checkbox"/>
6	Problems with your spleen, for example splenectomy (having your spleen removed)	<input type="checkbox"/>	<input type="checkbox"/>
7	Adults with Down’s syndrome	<input type="checkbox"/>	<input type="checkbox"/>
8	Adults on dialysis or with chronic kidney disease (stage 5)	<input type="checkbox"/>	<input type="checkbox"/>
9	Women who are pregnant with significant heart disease, congenital or acquired	<input type="checkbox"/>	<input type="checkbox"/>
10	Other people who have also been classed as CEV, based on clinical judgement and an assessment of their needs– please specify below	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Please provide details of your health condition, current treatment and any supplementary information you think is relevant to your current shielding in the box below</li> <li>• If possible, please send your shielding letter to OH so it can be stored in your OH records</li> <li>• Please detail specialists’ names and hospital clinic if you are happy to share with OH</li> </ul>			
<b><i>Do you have any specific questions or concerns about your health and work?</i></b>			
<b>Thank you for completing this questionnaire. Please send the completed questionnaire via email to: <a href="mailto:OccHealth@admin.cam.ac.uk">OccHealth@admin.cam.ac.uk</a></b>			