Individual Staff Risk Assessment Checklist for COVID-19 (version 5.4)

If you have previously completed version 5.3 of this risk assessment it should not be necessary to complete the risk assessment again using this document unless:

- there have been any significant changes in your health, job role or work environment to affect your risk group,
- you are aged over 55 (and did not previously receive a shielding letter or identified as being in red risk group) or,
- are pregnant.

Update
Since the start of the pandemic, a great deal more has been learnt about the risks caused by health conditions and how these are influenced by other factors such as age and ethnicity. There has been focus on trying to identify those individuals who might be at greatest risk of infection or adverse outcomes. Data is emerging on the efficacy of vaccines, and on immunity due to previous infection, both of which are now quite common among people of working age in the UK.

In line with the UK Health and Security Agency and Government guidelines, previous lockdown measures have been eased:

- Formal advice for clinically extremely vulnerable individuals to shield was paused on 01 April 2021 and ended in England on 15 September 2021.
- The COVID vaccine programme is now available for all adults
- Advice regarding current measures can be found at: https://www.gov.uk/coronavirus

COVID-19 vaccination
Anyone who gets COVID-19 can become seriously ill and/or may have long-term effects (long-COVID). The COVID-19 vaccines are the best way to protect yourself and others. The University is encouraging all staff/students to get vaccinated and to receive a booster vaccine when this is due.

Research has shown the vaccines help:
- Reduce your risk of getting seriously ill or dying from COVID-19
- Reduce your risk of catching or spreading COVID-19
- Protect against COVID-19 variants.

The level of protection afforded by the vaccine may be reduced in some individuals with certain underlying conditions (such as immunosuppression) but it is important to note that even a reduced level of protection is very important. There is still a chance you might still get or spread COVID-19, even if you have a vaccine, so it is important to have both vaccines and follow all social distancing guidance.
Previously the vaccination status of staff and students has not been part of the risk assessment process and could not be used to mitigate against the use of other control measures. However, for individuals who are immunocompetent (have a normal immune response) and have received two COVID vaccines the advice is that they will drop down into the lower risk group, two weeks after receiving the second vaccination.

Assessing Risk
The University is required to undertake ongoing risk assessment of the workplace, in line with UK Health and Security Agency and Government guidelines, to reduce the risk COVID-19 transmission.

Within the University, all departments are required to undertake a Safe Space assessment: https://www.ourcambridge.admin.cam.ac.uk/resources/safe-space-circles-returning-work to ensure the risk of exposure within the workplace is reduced to as low as is reasonably practicable.

Managers must check if their staff are in an ‘at risk’ group and complete the Individual Risk Assessment Form for COVID-19.

‘At risk’ staff include:
- Individuals defined as higher risk (i.e. clinically extremely vulnerable) by the Government because of health issues +/- other identified risk factor as determined by the COVID risk assessment tool. These individuals would have received a shielding letter when shielding was recommended.
- Pregnant staff
- Individuals who were prioritised for COVID vaccination due to underlying health conditions
- Those aged 55 years and over, who have not previously received a shielding letter or been identified as being in an ‘at risk’ group

Pregnancy
For staff who are pregnant, a pregnancy risk assessment and individual COVID risk assessment should be undertaken. Current advice for pregnant employees

Please see the Pregnant Worker flow chart for any additional action that may be required.

For staff who are not in an at risk group, there is no need for Occupational Health to be involved. A record of the conversation with the manager should be recorded and filed. Following discussion with management and HR, if there are any ongoing health-related concerns regarding a return to the workplace, and further medical advice is required, please complete a referral to occupational health using the COVID-19 referral form.

Risk assessment process
The following risk assessment checklist is designed as a tool to facilitate joint understanding and decision making in relation to assessing the individual risk of occupational exposure to COVID-19 and measures needed to reduce this risk to as low as is reasonably practicable. The risk assessment should be completed in conjunction with the Guidance on easing of COVID-19 restrictions.

For individuals who might be at increased risk, based on the information provided, a more detailed discussion involving the Human Resources (HR) Schools Teams will take place. Following this review, a referral to Occupational Health (OH) for advice will be considered and made if necessary.

Should you require further advice or guidance on completing the document, please initially seek assistance from your line manager and / or HR Schools Team.
This version of the checklist has been written to reflect current evidence and guidance on risk factors. Please ensure you keep up to date with all University communications and revisions of this document, which will be updated to reflect changes in Government and PHE advice.

Assessment documentation

| Part 1 Individual Self-Assessment | If not already done so, individual to complete the self-assessment & discuss with line manager. If already completed, to review and confirm individual’s risk group with their line manager. This does not need to be repeated if version 5.3 of the risk assessment has already been completed unless
|                                   | • there have been any significant changes in your health, job role or work environment to affect your risk group,
|                                   | • you are aged over 55 (and did not previously receive a shielding letter or identified as being in red risk group) or,
|                                   | • are pregnant. |
| Part 2 Risk Assessment Outcome    | Individual and their line manager to review and complete the risk assessment outcome. Refer to local / department Covid risk assessment to ensure the risk of exposure is reduced to as low as reasonable practicable. |
| Part 3 Return to Workplace        | Return to Workplace supplementary staff risk assessment to be completed by individuals identified as being clinically extremely vulnerable (high/red risk group). To review this document with line manager & Schools HR to facilitate a discussion to help enable a safe return to the workplace |
| Supplementary Risk Assessment (for| If, following this facilitated discussion, further specific medical advice is required, please complete a referral to OH using the Covid-19 referral form. |
| individuals identified as clinically extremely vulnerable) | |
Covid-19 Individual Self-assessment checklist

Please review and complete the following document and update your line manager as to the outcome of your risk assessment and individual risk group.

Information for all staff
All staff are reminded to adhere to the following guidance and additional information, which is available at https://www.cam.ac.uk/coronavirus/stay-safe-cambridge-uni

- Follow University guidance on easing of COVID-19 restrictions and information on use of face coverings / social distancing / individual testing and COVID-19 vaccination.
- Wash your hands more often than usual, using soap and hot water for at least 20 seconds, or use a hand sanitiser - when you get home, into work, and during the day, before and after you eat, or handle food, and after using the toilet. Hand sanitiser, soap, and hot water will be provided. Touching of the face should be avoided. Practical safety measures.
- Ensure that you are aware of the actions to take if you develop any COVID-19 symptoms and correct procedures are followed during resultant absence from work: https://www.cam.ac.uk/coronavirus/stay-safe-cambridge-uni/report-symptoms-and-get-a-test
- Ensure that you know how to access testing if symptomatic, either via the University testing service or via the NHS

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.

Psychological support is available for any individual concerned about their mental health since the COVID-19 pandemic and/or their vulnerability to COVID-19. Staff support can be accessed through the University Staff Counselling Centre and student support can be accessed through the University Student Counselling Service.

Consider whether public transport / rush hour can be avoided through adjustments to work hours or accessing alternative travel arrangements.

Information for staff working in Clinical Areas (in addition to the above)

University staff who work in third party premises should follow the local COVID protocols, e.g. Cambridge University Hospitals have confirmed from the 19 July 2021 mask wearing and social distancing will remain in place.

- Refer to local COVID-19 risk assessment for your host Trust.
- Limit duration of close interaction with patients as much as possible (e.g. prepare everything in advance away from patient). When possible maintain >2m distance from the patient.
- Ensure infection control training is in date, if relevant to your role and work area.
- Ensure you are familiar with COVID-19 infection and control guidance and the appropriate use of personal protective equipment (PPE) if relevant to your work area and role.
- Appropriate use of PPE, which includes correct donning and doffing procedures. Ensure respiratory protective equipment (RPE) i.e., face mask has a good seal when worn.
- No work should be undertaken in any areas where there is a high risk of COVID-19 exposure unless adequate PPE is available.
- Follow local guidelines to escalate any concerns about PPE availability.
Part 1 - Self Assessment: to be completed by individual

<table>
<thead>
<tr>
<th><strong>INDIVIDUAL HEALTH ASSESSMENT</strong></th>
<th><strong>Tick answer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you previously been identified as clinically extremely vulnerable and advised that you were on the Shielded Patient List and received a shielding letter?</td>
<td>Yes</td>
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</table>

If you have not previously received a shielding letter do you have any of the ‘very high risk’ medical conditions listed below?  
I.e. Clinically extremely vulnerable (very high vulnerability / red risk category)


- **Clinically Extremely Vulnerable / Shielded Patient list**
  - 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 that 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 disease)
  - people on immunosuppression therapies sufficient to significantly increase risk of infection
  - problems with your spleen, for example splenectomy (having your spleen removed)
  - adults with Down’s syndrome
  - adults on dialysis or with chronic kidney disease (stage 5)
  - women who are pregnant with significant heart disease, congenital or acquired
  - other people who have also previously 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
**INDIVIDUAL HEALTH ASSESSMENT**

<table>
<thead>
<tr>
<th>Do you have any of the medical conditions / other risks listed below?</th>
<th>Tick answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. ‘at risk’ (high vulnerability / orange risk group)</td>
<td>Yes</td>
</tr>
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</table>

Reference: Joint Committee on Vaccination & Immunisation (JCVI) Table 3

Were you prioritised as being in an ‘at risk group’ for receiving your COVID vaccination?

<table>
<thead>
<tr>
<th>Chronic respiratory disease - Individuals with a severe lung condition, including those with asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations resulting in hospital admission, and chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</th>
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<tbody>
<tr>
<td>Chronic heart disease and vascular disease - Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. This includes individuals with atrial fibrillation, peripheral vascular disease or a history of venous thromboembolism.</td>
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<td>Chronic kidney disease - Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.</td>
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<td>Chronic liver disease - Cirrhosis, biliary atresia, chronic hepatitis.</td>
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<td>Chronic neurological disease - Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). This includes individuals with cerebral palsy, severe or profound learning disabilities, Down’s syndrome, multiple sclerosis, epilepsy, dementia, Parkinson’s disease, motor neurone disease and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.</td>
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<td>Diabetes mellitus and other endocrine disorders - Any diabetes, including diet-controlled diabetes, current gestational diabetes, and Addison’s disease.</td>
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<tr>
<td>Immunosuppression - Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID). Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults. Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma and those with systemic lupus erythematosus and rheumatoid arthritis, and psoriasis who may require long term immunosuppressive treatments. Most of the more severely immunosuppressed individuals in this group should already be flagged as CEV.</td>
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<tr>
<td>Asplenia or dysfunction of the spleen - This also includes conditions that may lead to splenic dysfunction, such as homozygous sickle cell disease, thalassemia major and coeliac syndrome.</td>
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<td>Morbid obesity - Adults with a Body Mass Index (BMI) ≥40 kg/m².</td>
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</table>
INDIVIDUAL HEALTH ASSESSMENT

<table>
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<tr>
<th>Are you at increased risk due to age?</th>
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<tbody>
<tr>
<td>i.e. 'increased risk' (moderate vulnerability / yellow risk group)</td>
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<tr>
<td>Yes</td>
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</tbody>
</table>

Were you prioritised for early COVID-19 vaccination due to age?

If you are over 55 years of age and did not receive a shielding letter, it is recommended you complete the COVID age calculator https://alama.org.uk/covid-19-medical-risk-assessment/ with your line manager. If you are uncomfortable with completing this calculator with your line manager, then complete the assessment yourself and confirm the outcome of the Covid age to your line manager for the purpose of completing this risk assessment.

If the COVID age calculation is:
- 70 or above, further advice from Occupational Health should be sought by completing a COVID-19 referral
- Below 70 – Occupational Health advice is not required, however please follow the general measures implemented to limit the spread of the virus – practical safety measures

INDIVIDUAL HEALTH ASSESSMENT

| Do you fall into the ‘green risk group’ (neither the ‘Clinically Extremely Vulnerable’ (very high vulnerability / red) / ‘At Risk’ (high vulnerability / orange) category above) ‘Increased Risk’ (moderate vulnerability / yellow)? | Tick answer |
|---------------------------------------------------------------|
| Yes | No |

i.e. Lower risk group (low vulnerability / green) category

ADDITIONAL INFORMATION

| 1. Have you received two COVID-19 vaccinations**? If not, please see link for national booking service https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/ | Yes | No | Prefer not to say |

* Vaccination reduces your risk of getting seriously ill or dying from COVID-19 / catching or spreading COVID-19 and protects against COVID-19 variants https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/

Please familiarise yourself with the practical safety measures to protect yourself and others, which can be found at: https://www.cam.ac.uk/coronavirus/stay-safe-cambridge-uni/practical-safety-measures

| 2. Are you immunosuppressed due to a health condition or treatment that suppresses your immune system which may affect your immune response to vaccination? | Yes | No |

| 3. Do you have any other physical or mental health conditions, which affects your vulnerability to infection for which you may need additional support? | Yes | No |
### Part 2 – to be completed by line manager

| Risk assessment outcome and work placement | Clinically Extremely Vulnerable (very high vulnerability / red category)  
At Risk (high vulnerability / orange category)  
**Increased risk (moderate vulnerability)**  
Lower risk (low vulnerability / green) |
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<tbody>
<tr>
<td>For those in the Clinically Extremely Vulnerable (very high vulnerability / red) risk group please complete Part 3 Return to workplace supplementary risk assessment</td>
<td>Yes/No</td>
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</tbody>
</table>
| COVID age calculation (if undertaken) | COVID age:  
If calculation is over 70 and advice from Occupational Health is sought, whilst waiting for an assessment we recommend you follow a precautionary approach. An additional individual risk assessment should be in place (OHF03) documenting the measures in place to reduce the risks of exposure, and the Part 3 Clinically Extremely Vulnerable group risk assessment can be used for this purpose.  
Current guidance for individuals in the highest (very high vulnerability / red) risk group is:  
- To work from home if possible.  
- If it is not possible to work from home, individuals should only work in low risk activities in a Covid secure environment, with good ventilation controls and appropriate personal protective equipment (PPE).  
- To not work in areas where they may be involved in moderate risk activities, i.e. where there is high number of contact with people.  
Guidance on a risk assessment matrix taking into account work activities: |
| For those in the At Risk (moderate /orange) / Increased Risk (yellow) / Lower (low/green) risk groups please refer to local / department COVID / Safe Space risk assessments for adjustments | Yes/No |
| Agreed adjustments at work: | Following discussion with management and HR, if there are any ongoing health-related concerns regarding a return to the workplace and / or you have answered yes to question 2 and 3 above, if further medical advice is required, please complete a referral to occupational health using the COVID-19 referral form.  
If there are adjustments that could be agreed locally (so no formal occupational health referral required) please detail in box below: |

**Name of Line Manager**

**Date of Assessment**

**Signature of Line Manager**

**Signature of Individual**

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.