**Individual Assessment (COVID- 19)**

**Introduction**

Managers are asked as part of the Covid -19 risk assessment process, to have a supportive conversation with their staff and where necessary carry out an individual assessment, to ensure that Bradford Council is taking all steps to support them during the COVID-19 pandemic. This assessment document provides a framework template for discussions with those who have raised concerns, are considered to be at higher risk to the Covid -19 virus as per Government/Public Health England advice, for example, older staff, have an underlying health conditions or other at risk factors.

Prior to carrying out an individual assessment, the manager should already have spoken to their staff about collective concerns, as part of completing the service risk assessments.

This assessment should be reviewed as necessary with the agreement of both parties, upon a change of Covid-19 Government guidance or Bradford Council guidance or the health and risk situation for the individual, team or service. It should be also reviewed where there is a change in the individual’s condition which may have an effect on their work and/or if the agreed adjustments are not working or if the risk to the individual relating to Covid-19 changes.

It shouldalso be reviewed at any of the following:

* At any regular one-to-one meeting discussions
* At a return to work meeting following a period of sickness absence or social isolation
* Before a change of job or duties or introduction of new technology or ways of working
* Before or after any change in circumstances for either party.

Once completed the manager needs to inform their Director or Assistant Director.

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| --- | --- | --- | --- |
| **Employee name** |  | **Job title** |  |
| **Team/Service** |  | **Department** |  |
| **Line Manager’s name** |  | **Date** |  |

**Working arrangements**

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| --- | --- |
| Is the employee still attending the workplace? | Yes  No  if No, please provide details. |
| Has the employee been ‘redeployed’ into another role? | Yes  No  if Yes, please provide details. |
| What is their role?  Please tick those that apply | Social care / residential care / day care/ hospital  Social work  Public facing  Depot /manufacturing / construction/ maintenance / highways etc  Office based  Homeworker  Hybrid / flexible / peripatetic /remote working  Schools / nurseries /other educational settings |
| Is the employee currently or likely to be coming into direct contact with persons who are Covid-19 positive? | Yes  No  if Yes please provide details |
| Are they likely to be working in close contact with colleagues, others or members of the public for more than 15 minutes? | Yes  No  if Yes please provide details |
| Have adjustments or additional control measures to the workplace, working arrangements and or their duties already been made to reduce risk? | Yes  No  if Yes please provide details |
| Does the employee feel further adjustments could be made to further reduce risk? What are they? | Yes  No  if Yes please provide details |
| Does the employee have any concerns about travelling to and from work? | Yes  No  if Yes please provide details |
| Does the employee have any concerns in relation to their working hours or shift pattern? | Yes  No  if Yes please provide details |
| Does the employee have any concerns in relation to maintaining social distancing whilst at work? | Yes  No  if Yes please provide details |
| Are they able to take adequate breaks while at work? | Yes  No  if Yes please provide details |
| Is the employee concerned about the availability and the safe use of Personal Protective Equipment (PPE) - inc “donning and doffing” where it is required? | Yes  No  N/A  If Yes, please provide details |
| Have they received Face Mask Fit Testing where this is required for their role/work situation? | Yes  No  N/A  if Yes, for which specific masks? |
| Is the employee concerned in relation to Fit Checking? | Yes  No  N/A  If yes, please provide details |
| Does the employee have a second job within or outside of the Council? | Yes  No  If yes, please provide details |
| If they have a second job, do they have adequate access to the protection, training and health and wellbeing support the role requires? | Yes  No  If No, please provide details |

**Health and wellbeing**

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| --- | --- |
| Has the employee indicated an underlying health condition or need be considered as at increased risk as listed by the government? | Yes  No  Notes |
| Have they indicated that someone in their household is considered to be at increased risk due to any underlying health condition? | Yes  No  Notes |
| If yes, have they requested or received advice from Employee Health and Wellbeing during the pandemic? | Yes  No  N/A  if No advice from Employee Health and Wellbeing should be sought. |
| If yes, has all Employee Health and Wellbeing’s advice, recommendations been implemented? | Yes  No  N/A  if No, please provide details |
| Does the thought of attending work cause the employee to feel very anxious? | Yes  No  if Yes, please provide details. Managers should seek urgent HR advice in relation to how to support your member of staff if they feel too anxious to attend work |
| Has the employee any other concerns (housing, financial, personal) that may be affecting their well-being or ability to undertake their role? | Yes  No  If yes managers to signpost staff to the Employee Health and Wellbeing support available to staff. See link below. |
| Does the employee have access to Bradford Councils information about the services available to support your wellbeing? | [Your Wellbeing Matters](http://intranet.bradford.gov.uk/people-support/employee-concerns/coronavirus-your-wellbeing-matters)  Yes  No |

**Personal Circumstances**

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| Is there anything else which the employee feels we should know to assist them during the pandemic? For example:   * Lives with someone with underlying conditions / is at risk for any other reason? * Has caring responsibilities and/or dependents? * Lives with extended family or in shared accommodation that would / does make isolating within the home if required difficult? * Travel to and from work arrangements? * Has any concerns about being able to follow government guidance around social distancing and isolation outside of work?   Please provide details below |
|  |

**Example risk mitigations could be as follows:**

* Signposting to support / information – a wide range of support is available on Bradnet and [Your Wellbeing Matters](http://intranet.bradford.gov.uk/people-support/employee-concerns/coronavirus-your-wellbeing-matters)
* Working flexibly or homeworking
* Change to working pattern
* Reviewing an ensuring provision of Equipment (e.g. homeworking equipment, PPE).
* Redeployment to another role
* Limiting contact with covid-19 positive clients, patients or members of the public.

**Identify and document what risk mitigation and management adjustments and actions have been agreed / are to be considered:**

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| --- | --- | --- | --- |
|  | **Mitigation / Adjustments** | **Date Agreed** | **Date to be reviewed** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

If the employee has any concerns which they do not feel able to share with their line manager, they should contact:

* Employee Health and Wellbeing – [occupationalhealthadmin@bradford.gov.uk](mailto:occupationalhealthadmin@bradford.gov.uk) or 01274 434246
* Their trade union rep, if you are a member, or an accredited staff representative.
* Their HR Business Partner

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| --- | --- |
| **Employee signature:** | **Date:** |
| **Employer signature:** | **Date:** |

A copy of this completed form should be provided to the employee and the original should be retained by the manager. The manager should inform their Assistant Director or Director that they have completed the risk assessment.