



## Individual Risk Assessment Checklist for COVID-19 For First Responders and Others

This form should be completed for each individual who is an expectant mother, aged 70 years or older or reports that they may be presenting symptoms of Covid-19

### Personal Details

Employee Name:		Base Location:	
Date of Birth:		Role:	
Employee Contact No:		Employee Email address:	
Manager Name:		HR Advisor Name:	
Manager Contact No:		Manager Email address:	

### Does the individual continue to fall into any of the risk groups listed below? (Please tick all that apply)

1. Individuals with the underlying medical conditions, such as:
    - Chronic lung disease
    - Chronic heart disease
    - Chronic kidney disease
    - Chronic liver disease
    - Chronic neurological disease
    - Immunosuppression (whether caused by disease or treatment)
    - Diabetes mellitus
  2. Individuals who have required regular medical treatment for their asthma within the past two years.
  3. Pregnant women
  4. People aged 70 years and older
- **If individual has identified a chronic health condition – please complete questions 1-5.**
- **If individual is an expectant mother or is 70 years plus - please complete questions 2-5**

### Details of chronic health condition

1) Please provide details of the health condition (this should include condition suffered from, symptoms and the effect of these upon the employee, date of diagnosis, and details of any recent discussions with specialist or treating clinician in relation to COVID-19 etc.)

a) Is the health condition well controlled and stable?



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	Yes	No (please provide details)
	Details:	
<b>b)</b>		
	<b>Have there been ongoing instances of related ill health over the last 12 months?</b>	
	Yes	No (please provide details)
	Details:	
<b>2)</b>		
	<b>Please provide details of the individuals role including the environment they work within:</b>	
	Details:	
<b>3)</b>		
	<b>What risks have been identified through discussion with the Manager and individual?</b>	
	Details:	
<b>4)</b>		
	<b>What opportunities have been identified for alternative working arrangements? (if applicable)</b>	
	Details:	
<b>5)</b>		
	<b>Outcome of assessment discussions</b>	
	Continue in substantive role	
	Amendments to current role (provide details)	



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	Move to alternative role – see notes i) below (provide details)
	Medical suspension

### To be completed at clinical review (if necessary)

Record discussions of clinical review below:

**NB: Retain completed form and send copy to local HR team**

#### Notes:

i). Alternative working could include consideration of:-

- Front line staff into telephone triage roles
- Driving only duties for front line staff
- Flexible working e.g. changing hours of work to avoid being in an office at peak periods
- Home working options if feasible
- Working in other departments, such as support services
- teaching/training of temporary staff
- Supervision of staff
- performing temporary administrative duties