

Protecting our staff – returning to work and health risk assessments

For some employees, additional support or adjustment etc. may be required to enable them to undertake their role. This checklist has been devised as a way to record individual-specific adjustments for named individuals on a case-by-case basis. Any details about the employee or worker's medical condition must be kept confidential.

Name		Job title	
Work location		Manager	
Brief description of role			

Section One: Employee Status

Q1: Is the employee in the clinically extremely vulnerable group?	Yes	No
Q2: Is the employee in the clinically vulnerable group?	Yes	No
Q3: Is the in a non-clinical vulnerable group?	Yes	No
Q4: Is the employee of a Black, Asian or Minority Ethnic (BAME) group?	Yes	No
Q5: Does the employee have a mental health condition or other specific condition?	Yes	No
If YES to any of the above, can the individual continue to work from home?	Yes	No
If NO , please explain why? E.g. Service requirement etc.; complete sections two and three and then contact HR for further advice and guidance.		

Section Two: Additional considerations

If the employee cannot work from home, consider the following:

Q1: Does the employee perform a frontline role, essential worker?	Yes	No
Q2: Does the employee live with or care for other vulnerable people?	Yes	No
Q3: Does the employee have care responsibilities e.g. for children?	Yes	No
Q4: Will the employee use public transport to travel to / from work or as part of their role?	Yes	No
Q5: Can the required social distancing be maintained?	Yes	No

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Q6: Does the work involve dealing with visitors, contractors or members of the public?	Yes	No
Q7: Does the employee have to come into work <i>every</i> day i.e. minimise exposure?	Yes	No
Q8: Can the employee work with the same cohort (small group of people) i.e. minimise exposure?	Yes	No
Q9: Does the role normally involve the use of Personal Protective Equipment (PPE)?	Yes	No

Section Three: Control measures to mitigate exposure / transmission of COVID-19

Based on the information above, supported by the School Covid-19 risk assessment and control measures (and any risk assessment associated with job activities) identify the **specific measures** to support **this employee** to return to work, continue to work from home.

Action required – options to explore	By whom / when	Completed date

Consult with the employee and discuss control measures in place

Employee (signed)		Date	
Manager (signed)		Date	

