 **School Staff Risk Assessment and Support Plan Template**

The[guidance for schools on addressing the concerns of individual staff (including risk assessments where appropriate)](https://www.egfl.org.uk/coronavirus-covid-19-guidance/guidance-schools-addressing-concerns-individual-staff-including-risk) document should be read before completing this risk assessment.

Schools also have their own whole school Covid-19 risk assessment.

**Confidential Risk Assessment:** Exposure to Covid-19

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| **General Information** | | | | | |
| **Employee Name:** |  | | **Job Title:** |  | |
| **Line manager:** |  | | **Working hours:** |  | |
| **School:** |  | |  |  | |
| **Date of Assessment:** |  | | **Review date:** | This is a dynamic document and should be reviewed if and when there is a change. | |
| **Individuals underlying health condition, category/other factors:** | Please tick appropriate box: | **** | **Current post involves:** | Please tick appropriate box: | **** |
| Staff who is at higher risk from Covid -19 because their [immune system is compromised](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk). |  | Any school activities where social distancing can be maintained. |  |
| Staff who were formerly considered [clinically extremely vulnerable](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) |  | Dealing with pupils with complex special needs where direct personal care is given and maintaining social distancing is not possible. |  |
| Staff who is at higher risk from Covid-19 such as those who are [pregnan](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/)t. |  | Dealing with pupils where social distancing is not easily maintained, such as in Special Schools or in the Early Years Settings. |  |
| Other factors, please specify (may include age, gender, staff in the BAME group, disability, high levels of stress and anxiety) |  | Other activity: Provide details |  |
| Any other relevant underlying medical condition or factors |  |  |  |

| **What are you already doing?** | | |
| --- | --- | --- |
| **Aspects** | **Current Position** | **Additional action to reduce risk and anxiety** |
| What control measures are in place for this member of staff’s role? |  |  |
| Is social distancing possible within the workplace? |  |  |
| Can face to face interactions be limited and virtual working at school incorporated where possible? |  |  |
| What arrangements are in place/will be put into place to ensure regular contact/wellbeing if working from home? This includes the use of [display screen equipment](https://www.egfl.org.uk/coronavirus#homeworking) at home |  |  |
| Can work times be adjusted to reduce the use of public transport, especially at peak times? |  |  |
| Where a need is identified in line with Government guidelines, is Personal Protective Equipment available? |  |  |
| Is it possible for work to be undertaken at home or elsewhere in the school to minimise social contact? |  |  |
| Other considerations:  *Schools to add anything specific here that they feel may also need to be considered for the member of staff. Input from member of staff required. e.g. additional supportive measures, workplace options, buddies if not included elsewhere* |  |  |

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| **Assessment and Outcome** | | | | |
| *Please tick appropriate box:* | | **** | Monitoring / further action: | |
| Actions agreed as detailed above reduce the risks to the employee. | |  | School to review and monitor. | |
| Actions agreed as detailed above do not fully reduce the risks to the colleague / some concerns remain. | |  | School to contact Occupational Health for further advice and support, if required. | |
| **Additional notes** | | | | |
| *Please add any additional notes as appropriate* | | | | |
| **Employee’s signature** |  | | **Date signed** |  |
| **Print Name** |  | |  |  |
| **Manager’s signature** |  | | **Date signed** |  |
| **Print Name** |  | |  |  |

Ensure that the employee is provided with a copy of this signed document