**Part D**

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| **Return to Workplace** Staff Risk Assessment Red risk group including those shielding  The Government has advised that, from 01 August 2020, provided there is no significant increase in COVID-19 incidents, shielding will be paused.  Individuals currently shielding, who are unable to work from home, will be able to go back to work so long as the work environment is COVID-safe. The following risk assessment and forms have been developed to assist in the safe and supportive return of staff.  **Should it be possible for an**  **individual to continue to work effectively from home they should be enabled and encouraged to do so.**  Your department will have completed the necessary return to workplace checks in accordance with the COVID-19 Return to the Workplace Protocol and the Re-Occupancy of University Buildings and facilities protocols.  The University recognises that for some individuals, the idea of returning to the workplace will cause anxiety. For all individuals returning there will be a need to re-orientate and to be well supported in doing this.  **Please read the following information fully**. If not already commenced, please complete the Individual Staff Risk Assessment Checklist for COVID-19 and this Part D ‘Return to Workplace Staff Risk Assessment, Red risk group including those shielding’ to identify and determine any further actions required to enable the individual to return to work (either working from home or the workplace) safely in time for 1 August 2020 or as/when required.  Should you have any questions or concerns, discuss these with your line manager and Human Resources (HR) Schools Teams initially, who will then contact or refer you to Occupational Health (OH) for further advice if necessary. For those staff who are aiming to return to work / workplace on 01 August 2020, OH will make every effort to provide recommendations before this date, but this may not be possible in every case.  If following discussion with your Schools HR Team, a referral to OH is made using the COVID-19 Referral Form, <https://www.oh.admin.cam.ac.uk/oh-forms/ohf03-covid-19-referral-form> please issue a Pre-Consultation (Medical) Questionnaire (form 1) to the individual to complete and send directly to OH, prior to a telephone consultation. Once the COVID-19 referral, Individual Staff Risk Assessment for COVID-19 and pre-consultation questionnaire have been received by OH, an appointment will be made for an OH Clinician to make contact with the individual by telephone to undertake the consultation. An OH report will then be issued to the individual and the referring manager, to advise further.  Shielding individuals should not return to the workplace until all the Risk Assessments have been completed and until suitable arrangements are in place to ensure a safe return.    A checklist of points to discuss with individuals when they return is also included (form 2).  Part D includes: |

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| Cambridge University Hospitals NHS Foundation Trust OH *Occupational Health and Wellbeing and Workforce Silver* | |
| **Version number:** | **1** |
| **Version date:** | **5 July 2020** |

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| **Return to Work Risk Assessment Questionnaire**  For all managers and individuals in the red risk or shielding groups to complete |
| **Form 1:**  Occupational Health Pre-Consultation Questionnaire – Shielding individuals |
| **Form 2:**  Return to Work Local Checklist – COVID-19 |

**Return to Work Risk Assessment Questionnaire –**

**Shielding Staff/Red risk group staff**

The following questionnaire should be completed by the individual / member of staff to facilitate a discussion with their line manager to help enable a safe return to the workplace or ongoing work from home during the pause to the shielding recommendation.

**Sections 1 and 2 should be completed by the individual / staff member prior to a discussion with the manager**

**Sections 3 and 4 should be completed by the line manager along with input from the individual / staff member**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | | | | | | | |
| Job Title | | |  | | | | | | | | |
| Department/location | | |  | | | | | | | | |
| **Section 1 Confirmation of risk group/status – Individual / Staff member to complete** | | | | | | | | | | | |
| Shielding status | | | | | | | | | **Yes** | **No** | |
| 1.1 | Do you currently have a shielding letter? | | | | | | | |  |  | |
| 1.2 | Has anything changed in your health to make you believe your status may have changed since the initial assessment e.g. change in treatment, etc. | | | | | | | |  |  | |
| Details | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Section 2: Work details and travel to work – Individual / Staff member to complete** | | | | | | | | | | | |
| Work activities | | | | | | | | | **Yes** | **No** | |
| 2.1 | Are you currently well enough to work i.e. not on current sickness absence? If no, your manager should consider management referral to OH as part of the usual sickness management process. | | | | | | | |  |  | |
| 2.2 | Are you currently working from home undertaking your normal work duties? | | | | | | | |  |  | |
| 2.3 | Can you safely continue to undertake your normal work duties from home? If No, please provide details in box below | | | | | | | |  |  | |
| 2.4 | Are you undertaking alternative duties from home?  If you are undertaking alternative duties, please discuss with your manager how long these can continue | | | | | | | |  |  | |
| 2.5 | Is there a need to return to the work environment to undertake your work activities? | | | | | | | |  |  | |
| Details of job role, any difficulties working from home and current measures in place to facilitate working whilst shielding | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please detail any support measures/reasonable adjustments that would help you to work effectively from home or enable you to safely return to the workplace | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Do you have any specific questions or concerns about your health and work? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| If you have been unable to work from home/cannot continue to work from home, please complete: | | | | | | | | |  |  | |
| Travel to work | | | | | | | | | **Yes** | **No** | |
| 2.6 | Are you able to travel to work without using public transport? i.e. walking or cycling (including walking and cycling from the park and ride) or you already have staff parking rights supporting your work pattern?  If the answer is ‘no’ please discuss with your line manager whether temporary access to parking on site would be appropriate. | | | | | | | |  |  | |
| 2.7 | Are there travel difficulties for which alternative options need to be considered? e.g. Access to Work/taxis  If ‘yes’ to this question please discuss with your manager / HR Schools team who will consider if a referral to OH is indicated, using the COVID-19 referral form. | | | | | | | |  |  | |
|  | | | | | | | | | | | |
| **Section 3 : Work environment & Welfare – Manager to complete** | | | | | | | | | | | |
| Work Environment Please answer these questions to help inform the discussion as to return to work | | | | | | | | | **Yes** | **No** | |
| 3.1 | Has a Safe Space assessment of the work environment been undertaken and the outcome shared with the individual?  [*https://www.safety.admin.cam.ac.uk/latest-information/safespace-team*](https://www.safety.admin.cam.ac.uk/latest-information/safespace-team) | | | | | | | |  |  | |
| 3.2 | If the work area where the staff member is due to return is not COVID-safe please refer to OH using the COVID-19 referral form (appendix 1).  Please include any details of local risk assessments to aid the OH assessment. | | | | | | | |  |  | |
| 3.3 | If returning to the workplace after a gap because of shielding, would a phased return be helpful? Please contact your Schools HR Team for further advice if needed.  e.g. Week 1; 50% normal hours in the workplace, -Week 2 : 60% normal hours in the workplace, etc. | | | | | | | |  |  | |
| 3.4 | If the staff member is pregnant, has the New and Expectant Parents at Work Risk assessment been reviewed and discussion held regarding when the individual wished to start their maternity leave  <https://www.safety.admin.cam.ac.uk/policy-guidance/miscellaneous/hsd104m-risk-assessment-new-and-expectant-parents-work> | | | | | | | |  | N/A | |
| Please give details | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Section 4: Individual Risk assessment checklist – to be completed by manager with staff member prior to return to work in the workplace** | | | | | | | | | | |
| Name | | | |  | | | | | | |
| Job Title | | | |  | | | | | | |
| Department/location | | | |  | | | | | | |
| Name of Assessor | | | |  | | | | | | |
| Date of Assessment | | | |  | | | | | | |
| **Return to work in a COVID-safe workplace - Individual risk assessment – red risk group** | | | | | | | | | | |
| It is acknowledged that some staff in the VERY HIGH RISK (red) clinically extremely vulnerable (shielding group) will need additional precautions on return to work and also may need to shield again in the future depending on the level of circulating COVID-19.  The majority of individuals in the red group will be in the Public Health England “shielding group” and will have recently been contacted individually by the NHS with updated advice.  As the shielding recommendation is paused, individuals may return to work in a COVID-safe work environment. Individuals in this group may, however, be asked to shield again should the government guidance be updated.  It should be a considered decision for the individual in conjunction with their line manager as to whether they return to work and whether there needs to be any restrictions to the work activities. This may require referral to OH for further assessment and guidance.  Employers have a duty to reduce risks to as low as reasonably practicable and should not expect shielded individuals to work in areas where there is a greater risk in the workplace than elsewhere. For those working in clinical settings PPE can provide mitigation of risk. If it is not thought that this level of risk control is possible in the current role, an OH referral should be organised for further detailed assessment and advice.  It is important that the individual is content with the outcome of the agreed workplace adjustments and is comfortable with the level of personal risk.  Advice is available to individuals and their managers if there are any questions or concerns. Depending on the issue raised, an enquiry could be directed to more senior management, HR, OH or Health and Safety teams.  Please detail in this checklist:   * Measures to reduce exposures, as far as reasonably practicable, and any specific modifications required. * Whether the individual and their line manager are comfortable with the control measures that are in place and know they can request to review the decision at any time. * Review of the checklist to ensure all possible controls are considered and included if appropriate (form 2).   **Details of agreed workplace adjustments/adjusted duties:**  *For example: staggered start time, avoidance of certain activities e.g. running errands, avoid hot desking, etc.* | | | | | | | | | | |
| **Control measures checklist and agreed specific individual actions/measures** | | | | | | | **Tick those that apply** | | | |
| Stringent social distancing – minimise close interaction with people and, when possible, maintain >2m distance from people | | | | | | |  | | | |
| **Individuals working in non-clinical areas**: where it is difficult to maintain social distancing of at least 2m, in any setting, consider the use of face coverings when inside University buildings. | | | | | | |  | | | |
| **Individuals working in clinical areas:** use of appropriate PPE as per local risk assessment and where >2m distance cannot be maintained. | | | | | | |  | | | |
| **Individuals working in clinical areas:** work only in non-COVID areas and avoid working in areas where aerosol generating procedures are undertaken. | | | | | | |  | | | |
| **Individuals working in clinical areas:** Review PPE use to ensure availability, fit, correct donning and doffing and staff knowledge of the actions to take if PPE is not available | | | | | | |  | | | |
| Ensure individuals are aware how to escalate any concerns about PPE availability | | | | | | |  | | | |
| Ensure that individuals are aware of the actions to take if they feel unwell with COVID-19 symptoms | | | | | | |  | | | |
| Ensure that individuals know about University testing for symptomatic staff and household members. | | | | | | |  | | | |
| All individuals should be reassured that COVID-19 related absence (e.g. self- isolation for symptoms, isolation as a household member) is supported by the University. | | | | | | |  | | | |
| Ensure that individuals are aware that psychological support is available for any staff member concerned about their mental health since the COVID-19 pandemic and/or their vulnerability to COVID-19. | | | | | | |  | | | |
| Discuss how to avoid public transport /rush hour travel through adjustments to work hours and access to parking on site if required. | | | | | | |  | | | |
| Review if any workplace adjustment are required because of an underlying health condition/disability, these should be discussed with management and a plan agreed | | | | | | |  | | | |
| If work restrictions / adjustments are not considered to be operationally practical to discuss with Schools HR Team and consider referral to OH. | | | | | | |  | | | |
| **OH advice sought & outcome?** | |  | | | | | | | | |
| **Further actions to be taken to reduce risks**  **(further actions needed only for “yes” answers)** | | | | | **By whom** | **By when** | | **Date completed** | | |
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**The completed checklist should be filed in the staff members Personnel file.   
Review this risk assessment on a regular basis and close when no longer applicable.**

Form 1

**Occupational Health Pre-Consultation questionnaire – Shielding staff**

Please complete and return this questionnaire before your consultation to assist Occupational Health (OH) in triaging your referral to the most suitable clinician. **Once the COVID-19 referral, Individual Staff Risk Assessment Checklist for COVID-19 and this questionnaire have been received by OH a telephone appointment will be scheduled**. Please return this questionnaire directly to OH at [OccHealth@admin.cam.ac.uk](mailto:OccHealth@admin.cam.ac.uk) rather than your line manager as it will contain confidential medical information.

**Data Protection information**

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individual’s occupational health record. For full details of how an individual’s personal information is used by the Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

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| **Section 1: Employer/Job Details** | | | | | | | | | |
| Job title | | |  | | | | | | |
| Department | | |  | | | | | | |
| How many hours work per week? | | |  | | | | | | |
| Manager’s name | | |  | | | | | | |
| **Section 2: Personal Details** | | | | | | | | | |
| Surname |  | | | | | | First name (s) |  | |
| Title e.g. Dr, Mr, Mrs, Miss, Ms | | |  | | | | Date of birth |  | |
| Your home address: | | | | | | | | | |
|  | | | | | | | | | |
| Postcode: | | | | |  | | | | |
| Email address: |  | | | | | | | | |
| Please give one or more phone numbers where we may contact you during the day: | | | | | | | Is this your home, mobile, or work number? | May we leave a message stating who we are? | |
| No | Yes |
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| **Section 3: GP Details** | | | | | | | | | |
| GP Name: | | |  | | | | | | |
| GP address: | | | | | | | | | |
|  | | | | | | | | | |
| Postcode: | | | |  | | | | | |
| **Declaration** | | | | | | | | | |
| I declare that the information I have given is correct to the best of my knowledge. I consent to an occupational health assessment. I understand that the contents of this form are confidential to OH. | | | | | | | | | |
| **Signature** | |  | | | | **Date** | |  | |

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| **Section 4: Clinical information – to aid occupational health assessment and advice** | | | | |
| Please indicate your current reason for shielding. Tick as many that are relevant | | **Yes** | **No** | |
| 1 | Solid organ transplant recipients |  |  | |
| 2 | Specific cancers for which shielding has been advised  Please provide details of you cancer and treatment in text box below |  |  | |
| 3 | People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD. |  |  | |
| 4 | People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell). |  |  | |
| 5 | People on immunosuppression therapies sufficient to significantly increase risk of infection. The relevant immunosuppression therapies are listed [here](https://digital.nhs.uk/coronavirus/shielded-patient-list/methodology/annexes#annex-f-bnf-8-2-drugs-affecting-the-immune-response- (Annex F).): |  |  | |
| 6 | Women with significant heart disease, congenital or acquired who are pregnant (at any stage of pregnancy) or those who are >28 weeks pregnant |  |  | |
| 7 | Severe diseases of body systems, such as severe kidney disease (dialysis), frequently relapsing nephrotic syndrome of those with a current nephrotic range proteinuria, etc. |  |  | |
| 8 | People with a neurological condition that has been identified as high risk as detailed in the guidance from the Association of British Neurologists Guidance on COVID-19 for people with neurological conditions, their doctors and carers available at the following link - <https://cdn.ymaws.com/www.theabn.org/resource/collection/65C334C7-30FA-45DB-93AA-74B3A3A20293/ABN_Neurology_COVID-19_Guidance_v6_9.4.20_FP.pdf> |  |  | |
| 9 | Multiple long term conditions/risk factors for which you have sought advice from occupational health and been advised that you are in the red risk group in the staff risk assessment |  |  | |
| 10 | Other – please specify below |  |  | |
| * Please provide details of your health condition, current treatment and any supplementary information you think is relevant to your current shielding in the box below * If possible, please send your shielding letter to OH so it can be stored in your OH records * Please detail specialists’ names and hospital clinic if you are happy to share with OH | | | | |
|  | | | | |
| ***Do you have any specific questions or concerns about your health and work?*** | | | |
|  | | | |
| **Thank you for completing this questionnaire. Please send the completed questionnaire via email to:** [**OccHealth@admin.cam.ac.uk**](mailto:OccHealth@admin.cam.ac.uk) | | | |

Form 2

**Return to Workplace Local Checklist – COVID-19**

Please place a signed copy on the individual’s personal file.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | Date of return to work/workplace |  | |
| Job title |  | Checklist completion date |  | |
| Department/location | Date recorded on DOT | | | |
|  | | | |  |
| **Actions to be completed for all staff- ideally on individual’s first day back in the work area** | | | | **√**/N/A |
| Warm Welcome: | | | | |
| **Reintroduce** to colleagues and department as appropriate – give a tour of department as required and discuss any staff changes since shielding began. | | | |  |
| **Remind** of line manager reporting and supervisory arrangements, especially if these have changed | | | |  |
| Outline buddy/support or mentor arrangements, if these have been identified as being helpful | | | |  |
| Ensure individual is aware of the range of **psychological and wellbeing support available** <https://staff.counselling.cam.ac.uk/> | | | |  |
| **Check ID badge to see if still in date.** This may also be necessary for onsite parking access, if this has been agreed and appropriate. | | | |  |
| Job Role, Performance, working arrangements and leave | | | | |
| Reminder of the **aims/objectives/purpose of** department. Mindful that this may have changed during the Covid-19 pandemic and since your employee was last in the work area. | | | |  |
| Discuss arrangements for **regular support, catch ups and 1:1** **discussions** as applicable. | | | |  |

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| Ensure you confirm: | |
| Individual’s **hours of work**, shift arrangements and unpaid breaks, and any local rules. |  |
| The **absence reporting & sickness process**; self-certification, monitoring and return to work arrangements, and sources of support particularly during their return to work(place). |  |

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| Health, Safety and Well-being matters: | |
| If your individual has made a self-declaration of a disability that requires any **adaptations/adjustments** discuss the arrangements in place. In addition, ensure that any adjustments or adaptions recommended by OH in relation to this return to work process are in place. |  |
| If your individual is pregnant please ensure that their New and expectant mother risk assessment is reviewed and updated. |  |
| If the role requires the employee to work for long periods of time at a desk/PC ensure that a **Display Screen & Equipment (DSE) risk assessment** has been completed**.** This can be found at <https://www.safety.admin.cam.ac.uk/policy-guidance/physical-and-workplace/hsd200p-dse-self-assessment-form> |  |
| The relevant **health and safety hazards** specific to the individual 's workplace/role and the control measures that they need to take to carry out their work safely (refer to the local H&S risk assessments). Ensure the individual is informed where the local health and safety risk assessments are stored. |  |

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| Policies and Procedures for discussion – reminder of | |
| Any local policies and procedures that are relevant to the job role/department and where to locate these. |  |
| If the individual might be lone working, outline the safety arrangements in place. |  |
| To complete any training necessary for role. |  |

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| **Please complete section below for all individuals working in a clinical area** | |
| Issue uniform / protective clothing as appropriate. Include a discussion about location of available Personal Protective Equipment (PPE), scenario for your/their work area and how to wear and care of it and discuss Radiation Protection as appropriate. Ensure all control measures for COVID-19 within the hospital are covered and understood. |  |
| Reminder of the **aims/objectives/purpose of** ward area or department - include the types of patients cared for, if working in a clinical area, and any **specific needs** and/or **safe working practices** relevant to the ward/department/speciality to be aware of. Mindful that this may have changed during the Covid-19 pandemic and since your employee was last in the work area. |  |

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| Outline any additional information that was covered during the discussion, or any questions/points of clarification and any agreed actions for the individual/line manager: |
| Confirmation of completion |
| **Individual confirmation of local induction completion**  Signature: Date: |
| **Manager confirmation of local induction completion**  Signature: Date:  Please record the date and time of a review meeting as appropriate: |