

**COVID-19 Volunteer Wellbeing Check / Risk Assessment**

**PLEASE COMPLETE AND AGREE THIS FORM THEN SAVE A COPY TO THE VOLUNTEER FOLDER COVID 19**

**Please print details clearly**

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| Department: Volunteers Team | Date of assessment:  |
| Name of Manager undertaking this assessment :  |
| Name of volunteer : |
| Date of Birth  |  |
| Role: (Please circle)~~Clinical~~ / Non-Clinical | Hours: n/a as Volunteer |
| Ethnicity: (Please ask volunteer to choose which category they are happy to be described by) | * A White - British
* B White - Irish
* C White – Any other White background
* CF White Greek
* D Mixed – White & Black Caribbean
* E Mixed – White & Black African
* F Mixed – White & Asian
* G Mixed – Any other mixed background
* GF Mixed – Other / Unspecified
* H Asian or Asian British – Indian
* J Asian or Asian British – Pakistani
* K Asian or Asian British – Bangladeshi
* L Asian or Asian British – Any other Asian background
* LE Asian Sri Lankan
* LH Asian British
* LK Asian – Other / Unspecified
* M Black or Black British – Caribbean
* N Black or Black British – African
* P Black or Black British – Any other Black background
* PD Black British
* R Chinese
* S Any other ethnic group
* SC Filipino
* SE Other specified
* Prefer not to specify
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| **1a** | **Does the volunteer have any of the following underlying health conditions which make them clinically vulnerable (evidenced for example by a letter from their doctor or healthcare professional)? (tick as appropriate)** |
|  | * chronic (long-term) respiratory diseases, such as asthma (requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission), chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
* chronic heart disease, such as heart failure
* chronic kidney disease
* chronic liver disease, such as hepatitis
* chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
* diabetes
* problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
* a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
* being seriously overweight (a body mass index (BMI) of 40 or above)

**Note if the volunteer is unable to provide evidence due to difficulties accessing primary health care services etc. it may be appropriate to accept less comprehensive forms of evidence, or to support access to the Trust’s occupational health service for review.**If any marked, continue to Question 2. Otherwise proceed to Question 1b. |
| **1b** | **Is the volunteer able to provide evidence that their GP advises them to get a flu jab each year, on medical grounds?** |
|  | 🞎 **YES** – Continue to question 2🞎 **NO** – Continue to Question 1c |
| **1c** | **Does the volunteer have particular concerns about remaining at work in their current role (but does not have any underlying health condition), e.g. due to the prevalence of COVID-19 in the black, Asian, minority ethnic population, or risk to others in their home?** |

🞎 **YES**: Discuss their concerns, reassure and identify ways to help the individual. Note all agreed actions in the summary sheet), also complete Question 1d.

**It is not necessary to work through the remainder of the risk assessment for volunteers who are concerned but have no other underlying health issues.**

If options around home working, redeployment or social distancing are difficult for the individual given their role, but they remain concerned or anxious, ensure that they are asked to seek professional support through available support mechanisms such as Confidential Care, VivUp or the NHS Employers mental health support line.

Arrange to hold regular check ins with them to continue to offer support.

Seek further advice from HR where needed.

🞎 **NO**: The volunteer should continue to work as usual.

**Confirmation of actions**

This risk assessment seeks to identify any areas where adjustments can be made in order to minimise the risks to staff. Staff should be made aware of the guidance and advice for all staff around hand washing and other specific Health & Safety guidance for their work areas.

* This risk assessment has been completed and adjustments agreed
* The relevant managers have signed and agreed to the adjustments made within risk assessment and where necessary HR support has been sought.
* The evidence and guidance around COVID-19 is continues to develop, and the actions agreed may be revised in the future.

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| Summarise agreed actions and next steps:We discussed the following measures to ensure safety of the volunteer, their family and the wider volunteer team;Known risk factors, including ethnicity, age, gender, underlying health conditions :Wider family- numbers and health risks: Transport arrangements to hospital (if in car, then not to offer lifts to others outside of their household: Usage of masks and gloves during commuteImportance of volunteers and staff adhering to the following:Wearing appropriate PPEStrict social distancing. Guidance on roleKeeping up to date on any changes within the trust. These will be highlighted in the volunteer bulletin. |

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| Signature of volunteer  | Signature of manager |
| Date:  | Date:  |
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\* Please ensure all signatures/proof are obtained and file the assessment within the volunteers file. Instead of paper signature, an email confirming accepting of the document can be used.