VOLUNTEER INDIVIDUAL RISK ASSESSMENT

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| Question | ANSWERS |
| Volunteer Name: |  |
| Volunteer Role: |  |
| Manager Name: |  |
| Assessment Date: |  |
|  |  |
| Directorate: |  |
| Team |  |
| Location: |  |
|  |  |
| Do you have another role/job outside of DHC? | Yes | 1 |  |
| No | 0 |  |
| Age Group? | Under 50 | 1 |  |
| 50 - 70 | 3 |  |
| Over 70 | 8 |  |
| Assigned gender at birth (for risk management purposes only) | Female | 0 |  |
| Male | 1 |  |
| Pregnant? | No | 0 |  |
| Yes, <28 weeks gestation, normal pregnancy – no complications or risk factors | 3 |  |
| Yes, >28 weeks gestation OR High risk pregnancy (twins, triplets) OR Pregnancy with associated medical conditions OR underlying medical conditions / IVF pregnancy | 14 |  |
| BAME? | No | 0 |  |
| Yes | 2 |  |
| \***Clinically Vulnerable?** • are 70 or older* have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)

• have heart disease (such as heart failure)• have diabetes• have chronic kidney disease• have liver disease (such as hepatitis)• have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)• have a condition that means they have a high risk of getting infections• are taking medicine that can affect the immune system (such as low doses of steroids)• are very obese (a BMI of 40 or above)• are pregnant | No | 0 |  |
| Yes | 6 |  |
| **Clinically Extremely Vulnerable?*** have had an organ transplant
* are having chemotherapy or antibody treatment for cancer, including immunotherapy
* are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
* are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
* have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
* have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
* have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
* have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
* are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
* have a serious heart condition and are pregnant
 | No | 0 |  |
| Yes | 14 |  |
| BMI over 40? | No | 0 |  |
| Yes | 6 |  |
| **TOTAL** |  |
|  |  |  |  |
| Do you live with a Clinically Extremely Vulnerable family member? |
| Is the family member an adult or child? |
|  |

\*Clinically Vulnerable? <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

\*Clinically Extremely Vulnerable? <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

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| If the volunteer **scored 8** or below they are LOW RISK |
| If the volunteer **scored 9 - 16** they are MODERATE RISK |
| If the volunteer **scored 17** or over they are HIGH RISK |
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| **Guide for placing volunteers** |
| **Overall score of 8 or below** | **Overall score of 9 - 16**  | **Overall score of 17 or over** |
| Can volunteer in clinical areas with the use of correct PPE and up to date reviews of PPE guidance e.g. volunteer in ward areas but excluding side rooms  | Can volunteer in non-Covid areas, in non-clinical areas ensuring correct use of PPE. E.g. meet & greet, gardens & allotments | Should only be offering volunteering support from home e.g. 'Time for You volunteer, crafts |
| **And** | **And** |   |
| Can volunteer in clinical areas which are confirmed non-Covid areas with the use of correct PPE and up to date reviews of PPE guidance | Can volunteer in non-clinical areas which are non-patient/visitor facing, office based, ensuring social distancing and correct PPE. E.g. Office support, shredding, clerical |   |

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| Please return completed form to: Volunteer Services, 11 Shelley Road, Boscombe, Bournemouth BH1 4JQ |
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| **LOW RISK - No need to restrict** |  |  |
| **Name** |   |  |  |
| **Managers Name** |   |  |  |
| **Assessment Date** |   |  |  |
| **Review Date (If applicable)** |   |  |  |
| **Does volunteer have a Disabilty?** | Consider if further adjustments may need to be put in place and refer to OH where appropriate |  |  |
| **Volunteer Location / Service Risk Rating - please consider this in relation to the individual risk rating** | **Low** |  |  |
| **Medium** |  |  |
| **High** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Y/n** | **This Section applies only where PPE is required** |  |
|   | Volunteer is trained to use appropriate PPE. | **Where PPE is applicable but not all boxes are ticked the volunteer should move to low risk, non-patient facing or engage in a role volunteering from home.** |  |
|   | Volunteer is confident and competent in using appropriate PPE. |  |
|   | Volunteer is fit tested if required. |  |
|   | Appropriate PPE is available at all times |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **AGREED ACTION PLAN** |
| **Please tick all that have been agreed** |  |  |  |  |  |  |  |
|   | 1. Volunteer fully aware of new local procedures to ensure own and patient / service user safety |
|   | 2.     Limit duration of close interaction with patient (e.g. prepare everything in advance away from patient) |
|   | 3.     If possible maintain >2m distance from the patient / service user |
|   | 4.     Whether public transport / rush hour can be avoided through adjustments to volunteer hours.  |
|   | 5.     Asking patients to wear mask for volunteer interaction.  |
|   | 6.     Asking that only patient is in attendance for home visits / outreach where possible |
|   | 7.     Provide surgical mask for volunteer for all interactions with patients  |
|   | 8.     Volunteer given option of moving to lower risk area |
|   | 12.  Others, please specify below: |
|   |  |
| If the volunteer wishes to continue in low risk area despite vulnerability this should be documented in point 12 of risk assessment above. |
| Occupational Health support can be obtained at dhc.covid-19occ.health@nhs.net - or on 01305 363800 |

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| **MODERATE RISK - Consider volunteering in Other Areas** |
| **Name** |   |
| **Managers Name** |   |
| **Assessment Date** |   |
| **Review Date (If applicable)** |   |
| **Does volunteer have a Disabilty?** | Consider if further adjustments may need to be put in place and refer to OH where appropriate |
| **Volunteer Location / Service Risk Rating - please consider this in relation to the individual risk rating** | **Low** |
| **Medium** |
| **High** |
| **Y/n** | **This Section applies only where PPE is required** |
|   | Volunteer is trained to use appropriate PPE. | **Where PPE is applicable but not all boxes are ticked the volunteer should move to low risk, non-patient facing or engage in a role volunteering from home.** |
|   | Volunteer is confident and competent in using appropriate PPE. |
|   | Volunteer is fit tested if required. |
|   | Appropriate PPE is available at all times |
| **AGREED ACTION PLAN** |
| **Please tick all that have been agreed** |  |  |  |  |  |  |
|   | 1. Volunteer fully aware of new local procedures to ensure own and patient / service user safety |
|   | 2.     Limit duration of close interaction with patient (e.g. prepare everything in advance away from patient) |
|   | 3.     If possible maintain >2m distance from the patient / service user |
|   | 4.     Whether public transport / rush hour can be avoided through adjustments to volunteer hours.  |
|   | 5.     Asking patients to wear mask for volunteer interaction.  |
|   | 6.     Asking that only patient is in attendance for home visits / outreach where possible |
|   | 7.     Provide surgical mask for volunteer for all interactions with patients |
|   | 8.     Volunteer given option of moving to lower risk area |
|   | 12.  Others, please specify below: |
|   |  |
| If the volunteer wishes to continue in moderate risk area despite vulnerability this should be documented in point 12 of risk assessment above. |
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| **HIGH RISK - Consider volunteering Other Areas** |  |  |
| Consider if further advice from OH is required |  |  |
| **Name** |   |  |  |
| **Managers Name** |   |  |  |
| **Assessment Date** |   |  |  |
| **Review Date (If applicable)** |   |  |  |
| **Does volunteer have a Disabilty?** | Consider if further adjustments may need to be put in place and refer to OH where appropriate |  |  |
| **Volunteer Location / Service Risk Rating - please consider this in relation to the individual risk rating** | **Low** |  |  |
| **Medium** |  |  |
| **HIGH** |  |  |
|  |  |  |  |  |  |  |  |  |
| **Y/N** | **This Section applies only where PPE is required** |  |
|   | Volunteer is trained to use appropriate PPE. | **Where PPE is applicable but not all boxes are ticked the volunteer should move to low risk, non-patient facing or engage in a role volunteering from home.** |  |
|   | Volunteer is confident and competent in using appropriate PPE. |  |
|   | Volunteer is fit tested if required. |  |
|   | Appropriate PPE is available at all times |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **AGREED ACTION PLAN** |
| **Please tick all that have been agreed** |  |  |  |  |  |  |  |  |
|   | 1. Volunteer fully aware of new local procedures to ensure own and patient / service user safety |
|   | 2.     Limit duration of close interaction with patient (e.g. prepare everything in advance away from patient) |
|   | 3.     If possible maintain >2m distance from the patient / service user |
|   | 4.     Whether public transport / rush hour can be avoided through adjustments to volunteer hours.  |
|   | 5.     Asking patients to wear mask for volunteer interaction.  |
|   | 6.     Asking that only patient is in attendance for home visits / outreach where posisble |
|   | 7.     Provide surgical mask for volunteer for all interactions with patients  |
|   | 8.     Volunteer given option of moving to lower risk area |
|   | 12.  Others, please specify below: |
| If the volunteer wishes to continue in high risk area despite vulnerability this should be documented in point 12 of risk assessment above. |
| Occupational Health support can be obtained at dhc.covid-19occ.health@nhs.net - or on 01305 363800 |