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 |
| |  |  |  | | --- | --- | --- | | **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** | | | | | | | |  | | |  |
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| **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 | | | | | |  |
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| **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: | | | | | | | | | | | | |
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| 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** | | | | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | | | |
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|  | 12.  Others, please specify below: | | | | | | | | | | | | | |
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| 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** | | | | | | |  |  |
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| **Y/N** | **This Section applies only where PPE is required** | | | | | | | | |  | |
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|  | Volunteer is fit tested if required. | | | | | | |  | |
|  | Appropriate PPE is available at all times | | | | | | |  | |
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| **AGREED ACTION PLAN** | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | |
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