**Returning Volunteers Wellbeing Risk Assessment – Therapeutic Support Team**

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| **Date of assessment:** |  | **Completed By:** |  |
| **Name:** |  | **Date of Birth:** |  |
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| **Section 1 - Do you or any member of your household have any of the following underlying health conditions which make you clinically vulnerable** *(Evidenced for example by a letter from their doctor or healthcare professional)? (✓ tick as appropriate)* |
| **□** Chronic (long term) respiratory disease, 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 pals**□** 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)**□** Pregnancy |
| - **If any of the above are ticked** – Advise volunteer that we are required to liaise with Occupational Health regarding the outcome of this risk assessment before we can move forward with their return. Explain that they will remain on the database and be contacted as soon as any updates are given.- **If none are ticked**, please continue to *Section 2* |

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| **Section 2 – Monitoring Information**  |
| **Do you consider yourself to have a disability?** **□** Yes **□** No **□** I do not wish to disclose |
| **Do you require any reasonable adjustment to be made for you when returning to your volunteering role?** **□** Yes **□** No ***NOTES:*** ……………………………………………………………………………………………………………………………. |
| **How would you describe your religion or belief?****□** Christian (including Church of England, Catholic, Protestant and all other Christian denominations)**□** Buddhist **□** Hindu **□** Jewish **□** Muslim**□** Sikh **□** Any other religion **□** None **□** Prefer not to say  |
| **How would you describe your ethnic origin?****□** White – British **□** Black or Black British – Caribbean **□** White – Irish **□** Black or Black British – African **□** White – Any other white background **□** Black or Black British – Any other Black background **□** Mixed – White and Black Caribbean**□** Asian or Asian British – Indian **□** Mixed – White and Black African **□** Asian or Asian British – Pakistani **□** Mixed – White and Asian**□** Asian or Asian British – Bangladeshi **□** Any other Mixed background**□** Asian or Asian British – Any other Asian background **□** Other Ethnic Group – Chinese **□** Other Ethnic Group – Any other Ethnic Group **□** I do not wish to disclose my ethnic origin**- BAME** - If volunteer falls within any of the BAME categories please explain… – “you may be aware of the evidence that is currently being reviewed by Public Health England, which shows that black, Asian and minority ethnic communities are disproportionately affected by COVID-19.We want you to feel safe and supported whilst volunteering and there is an opportunity for you to gain further support from occupational health at James Cook Hospital. Would this be something you would like us to do for you or are you happy to proceed without this.”**□ Requested further support from Occupational Health** - Explain that they will remain on the database and be contacted as soon as any updates are given.**□ Does not require further support from Occupational Health** – Please continue to *Section 3* |
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| **Section 3 – Points for discussion** |
| * Volunteering will be reinstated from September 2020 and all volunteers will be expected to attend a 2 hour mandatory refresher training session before returning to their role. This will include:Donning and Doffing of Personal Protective Equipment, Changes to the volunteering role (Post Covid 19), Updates of training and policies, an opportunity for volunteers to ask any questions they may have.
* Discuss dates for training sessions and book them onto a date convenient for them.

**Booked onto a training session? *□ Yes □ No*** **DATE =** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Is there anything further the volunteer wishes to discuss? ***(please note in box below)***
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| **Summary of discussion:** |
| **Sign:** |  | **Date:** |  |