

Safety and Wellbeing Risk Assessment

For all staff, including those currently working onsite, returning to work from furlough, working from home or returning from absence

Name:	
Department:	
Safety and Wellbeing Action Plan carried out with:	
Date of Discussion:	

All of these questions are designed to be asked of all staff and volunteers. However, volunteers should also be asked question 5, but not our paid staff.

- A. Please confirm if you have any of the conditions below (and note that if any do apply and you are not yet back to work, you should not be planning to return into the office without consulting with Louisa Duggan-Smith, to ensure St Luke's are keeping you safe):

	aged 70 or older (regardless of medical conditions)
	pregnant
	<p>under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):</p> <ul style="list-style-type: none"> chronic (long-term) respiratory diseases, such as asthma, 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 BMI of 40 or above)
	<p>Complex health problems such as*:</p> <ul style="list-style-type: none"> People who have received an organ transplant and remain on ongoing immunosuppression medication People with cancer who are undergoing active chemotherapy or radiotherapy People with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment People with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)

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| <ul style="list-style-type: none"> • People with severe diseases of body systems, such as severe kidney disease (dialysis) |
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If you are already working on site or it is agreed that you are to return to the workplace you MUST adhere to social distancing measures as far as possible according to current Government guidelines.

In addition to you adhering to social distancing measures, St Luke's will ensure we are able to [work safely](#) by:

- Carrying out a COVID-19 risk assessment
- Clarifying cleaning, handwashing and hygiene procedures
- Supporting people to work from home
- Maintaining 2m social distancing, where possible
- Where people cannot be 2m apart, managing transmission risk

Behaviour & Culture		
Questions (please select applicable option)		Responses
1	How are you feeling about working and the possible return of others / returning to work / volunteer in your workplace?	<input type="checkbox"/> <input type="checkbox"/>
2	How worried are you about the impact of Coronavirus on you personally?	<input type="checkbox"/> <input type="checkbox"/>
3	Have you got any care responsibilities as a result of Covid-19 (including children or elderly) that mean you are finding it difficult to attend the workplace / will struggle to return?	<input type="checkbox"/> <input type="checkbox"/>
	Do you use public transport to travel to work?	<input type="checkbox"/> <input type="checkbox"/>
4	Flexible working options: Agreed hours at home / office (i.e. one day in office – consider set day / times – could rush hours be avoided if public transport is used?):	<input type="checkbox"/> <input type="checkbox"/>
5	ADDITIONAL QUESTION FOR VOLUNTEERS – Health and Safety of our staff and volunteers is a priority, meaning we have had to adjust the slots available to our volunteers when we re-open to manage numbers safely. Upon re-opening volunteer 'shifts' will be available for 4 hours minimum. Could you please confirm you are happy with that pattern and still able to volunteer on that basis?	<input type="checkbox"/> <input type="checkbox"/>
6	What work is being / will be undertaken?	<input type="checkbox"/> <input type="checkbox"/>
7	Agreed absence reporting.	<input type="checkbox"/> <input type="checkbox"/>
Agreed Action Plan / Control Measures		

Equipment & Environment		
Questions (please select applicable option)		Responses
8	Working base currently / for the return (home / office – if office, preferable location)	
9	Agreed hours at home / onsite (i.e. one day on site – consider set day / times in relation to room occupancy and workstation availability)	
10	Details provided of access to buildings (i.e. entrance / exit protocol, lifts / stairs, social distancing)	
11	Workstation (cleaning of equipment and desk space, social distancing)	
12	Workstation requirements – chair, mouse, keyboard etc.	
13	Toilet facilities (access and social distancing)	
14	Are there any problems related to wearing PPE if required and not already identified?	
15	Any other adaptations required (including IT support) and agree who will take it forward.	
Agreed Action Plan / Control Measures		
Education & Training		
Questions (please select applicable option)		Responses
16	Do you currently feel adversely affected e.g. mental health by Covid-19 or remaining onsite during this time or through your period of absence?	
17	Are you fully aware of measures for elimination of virus transmission?	
18	How much do you know about the Government's COVID-19 Test and Trace process?	

19	What support do you feel you would benefit from to continue working in your role / during your return?	
20	Regular reviews (agreed weekly / daily etc.)	
21	Is all mandatory training up to date? E.g. Infection control, handwashing, moving and handling, fire evacuation.	
22	There may have been changes to procedures and working practices at your workplace – do you fully understand these?	
23	Do you feel there is any other training that would be beneficial currently?	
24	Are there any other concerns you would like to discuss?	
Agreed Action Plan / Control Measures		

I confirm I am happy with the plan above and to continue working / return to work / work from home with the above arrangements in place:

Employee Signature:	
Manager Signature:	
Review Date:	

Please email a copy of this form to the HR department.