**At Risk Assessment Form**

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| **Trainee Details** | | | | | | | | |
| **Name** | | |  | | | **DOB** |  | |
| **Division** | | |  | | | **Host** |  | |
| **Job Title** | | |  | | | **Contact Number** |  | |
| **Supervisor Details** | | | | | | | | |
| **Name** | | |  | | | **Job Title** |  | |
| **Contact Number** | | |  | | | **Email Address** |  | |
| **Are you symptomatic to COVID 19?** | | | | | | | | |
| **Yes** | |  | Do not complete this form, please Self-Isolate in line with PHE Guidance and log as sickness absence on ESR if unable to work. | | | | | |
| **No** | |  | Please proceed with questions below. | | | | | |
| **SECTION 1** | | | | | | | | |
|  | | | | | | | | **X**  (“X” all that apply) |
| **Which of the following applies:** | | | | | | | | |
| 1. aged 70 or older (regardless of medical conditions) | | | | | | | |  |
| 1. under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):    * chronic (long-term) respiratory diseases, such as [asthma](https://www.nhs.uk/conditions/asthma/), [chronic obstructive pulmonary disease (COPD)](https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/), emphysema or [bronchitis](https://www.nhs.uk/conditions/bronchitis/) | | | | | | | |  |
| * + chronic heart disease, such as [heart failure](https://www.nhs.uk/conditions/heart-failure/) | | | | | | | |  |
| * + [chronic kidney disease](https://www.nhs.uk/conditions/kidney-disease/) | | | | | | | |  |
| * + chronic liver disease, such as [hepatitis](https://www.nhs.uk/conditions/hepatitis/) | | | | | | | |  |
| * chronic neurological conditions, such as [Parkinson’s disease](https://www.nhs.uk/conditions/parkinsons-disease/), [motor neurone disease](https://www.nhs.uk/conditions/motor-neurone-disease/), [multiple sclerosis (MS)](https://www.nhs.uk/conditions/multiple-sclerosis/), a learning disability or cerebral palsy | | | | | | | |  |
| * + [diabetes](https://www.nhs.uk/conditions/diabetes/) | | | | | | | |  |
| * + problems with your spleen – for example, [sickle cell](https://www.nhs.uk/conditions/sickle-cell-disease/) disease or if you have had your spleen removed | | | | | | | |  |
| * + a weakened immune system as the result of conditions such as [HIV and AIDS](https://www.nhs.uk/conditions/hiv-and-aids/), or medicines such as [steroid tablets](https://www.nhs.uk/conditions/steroids/) or [chemotherapy](https://www.nhs.uk/conditions/chemotherapy/) | | | | | | | |  |
| * + being seriously overweight (a body mass index (BMI) of 40 or above) | | | | | | | |  |
| 1. those who are pregnant (less than 28 weeks) | | | | | | | |  |
|  | | | | | | | | |
| **Does the above relate to you or to a member of your household?** | | | | | | | | |
| **Self** | |  | Please go to the next question | | | | | |
| **Household Member** | |  | Follow social distancing advice from PHE and complete the Extremely vulnerable household member assessment form | | | | | |
|  | | | | | | | | |
| **Is the trainee patient facing?** | | | | | | | | |
| **Yes** | |  | Please go to next question. | | | | | |
| **No** | |  | Please go to **Section 2** | | | | | |
|  | | | | | | | | |
| **Does the staff member work in one of the following high risk areas?** | | | | | | | | |
| **ICM** | | | |  | Redeploy to a low risk area and follow social distancing advice from PHE. | | | |
| **Emergency Medicine** | | | |  |
| **Respiratory** | | | |  |
| **AMU** | | | |  |
| **Theatres & Anaesthetics** | | | |  |
| **MET / Cardiac Arrest Teams** | | | |  |
| **GPs working in practises who have face to face contact with suspected COVID 19 patients** | | | |  |  | | | |
| **None of the Above** | | | |  | Follow social distancing advice from PHE | | | |
|  | | | | | | | | |
| **SECTION 2** | | | | | | | | |
| **Can the trainee undertake work from home for your department / area of work?** | | | | | | | | |
| **Yes** |  | | Host to make necessary arrangements for kit to be sent home with the trainee to work from home. | | | | | |
| **No** |  | | Follow social distancing advice from PHE | | | | | |
|  | | | | | | | | |
| **Where a trainee is not able to undertake work for your department / area from home the form will be reviewed with the Training Programme Director regarding whether there is any other work they can undertake within their specialty area from home instead.**  **All forms should be reviewed periodically by the host organisation as the situation within the host progresses and contact may be made with the trainee regarding operational requirements.** | | | | | | | | |
| **Please send this form to** [le**ademployer.casemanagment@sthk.nhs**](mailto:leademployer.casemanagment@sthk.nhs) **.uk to be held on the trainees employment record.** | | | | | | | | |