

**INDIVIDUAL RISK PROFILE**

The purpose of this form is to assist staff in identifying personal level of risk and to ensure any risks are identified and appropriate measures put in place to minimise and manage those risks.

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| **DATA PROTECTION**All information provided within this document will remain confidential and secure in line with the General Data Protection Regulation and will only be used for the purpose of the COVID-19 individual risk self-assessment. Any recipient of an individual’s self-assessment must not share any information contained without the individual’s consent. If a referral to the Occupational Health Doctor is required then you will be asked to provide consent to share the information contained within this self-assessment form.In additional, an individual can choose to select ‘prefer not to say’ to any of the question. However, this will impact on the overall risk score that an individual receives.  |

1. **SHIELDING**

**Have you received a** ‘**shielding letter**’ **from the Department of Health and Social Care informing you that you are extremely clinically vulnerable?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

If you have received a shielding letter you are automatically placed in the higher risk category - you should still consider the other factors in the self-assessment form to identify any other relevant risks.

**2. SELF ASSESSMENT OF RISK FACTORS (highlight all that apply & calculate your score)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Factor** |  | **Please Tick** | **Risk score** |
| Age | 16-49 |  | 0.0 |
| 50-59 |  | 1.0 |
| 60-69 |  | 2.0 |
| Prefer not to say |  | - |
| Gender assigned at birth | Male |  | 1.0 |
| Female |  | 0.5 |
| Prefer not to say |  | - |
| Health Condition | **Heart Disease** *(i.e. hypertension on treatment, post myocardial infarction,**heart failure, cardiac arrhythmia treatment, heart surgery, valve disease**etc.)* |  | 1.5 |
| **Diabetes mellitus** on treatment (insulin or tablets) |  | 1.5 |
| **Chronic Lung Disease*****Asthma*** *needing regular steroid inhaler, recent short courses of steroid**tablets, immunosuppressive drugs, current symptoms or past hospital**admission* ***COPD****, fibrosing lung disease, bronchiectasis and cystic fibrosis etc who have not had shielding letter* |  | 1.5 |
| Chronic **kidney disease** needing secondary care monitoring |  | 1.5 |
| Obesity – BMI more than 40: use the BMI calculator tool belowhttps://www.nhs.uk/live-well/healthy-weight/bmi-calculator/ |  | 1.0 |
| **Immunosuppressive therapy** *(steroid and other immunosuppressive**medication) including HIV/AID. Please check advice given by the GP or**specialist clinic on the risk to COVID* |  | 2.0 |
| Recent history of **cancer** (within 1 year) or past history of **Lymphoma** or**leukaemia** in remission |  | 2.0 |
| Chronic **neurological conditions that affects breathing** *(muscular**dystrophy, myasthenia, Parkinson disease, MND, MS, bulbar palsy) and****cerebral palsy or learning difficulty*** |  | 2.9 |
| **Sickle Cell disease** (*Not trait) Thalassaemia or other blood disorders under**specialist clinic (not trait)* |  | 1.5 |
| **Prefer not to say** |  | - |
| Ethnicity | Belong to a **Black, Asian or other minority ethnic (BAME) group** (For thepurposes of this document, the available evidence states that BAME groups from aprimarily Black and Asian background are considered to be more at risk than otherethnic minority groups). |  | 1.0 |
| Prefer not to say |  | - |

|  |  |
| --- | --- |
| Total risk score |  |
| Low RiskScore of 0 – 3.9 | Moderate riskScore of 4 – 6.9 | Higher riskScore >7 or in receipt of a shielding letter |

**3. PREGNANCY**

|  |  |
| --- | --- |
| Are you pregnant? | If you are pregnant please contact your HR Business Partner who will be able to provide you with further advice. |

**If your score puts you in the moderate or higher risk category you should arrange a meeting with your line manager as soon as possible (please note that this may be done remotely). You do not need to share your self assessment form if you do not wish to, however, it may be useful to share this form with your line manager to inform the discussion. You may also discuss the form with your HR Business**

**Partner or Moni Akinsanya (Equality, Diversity and Inclusion Manager).**

**You may also wish to use this completed form as a basis for a conversation with your GP or, if relevant, your Consultant.**

**Your line manager will then review the local risk assessment and any medical advice and consider the measures that have already been put in place to protect staff members and make any further adjustments as appropriate. Your line manager may advise that a referral is made to the LJMU Occupational Health Doctor to obtain further advice about adjustments that can be put in place to ensure that you can return to the workplace safely.**

*This individual risk self-assessment has been adapted for LJMU use from the COVID-19 risk assessment produced by St Georges and circulated by the Medical Schools Council. The risk assessment is currently being used across the North West Region for healthcare students prior to participation in clinical practice. As LJMU did not develop the scoring mechanism the risk scores have not been changed.*