

COVID-19 Occupational Risk Assessment Guidance



This guidance explains the risk and vulnerability assessment process in relation to the specific risk of COVID-19 to individuals in the workplace. In particular, this is relevant to those staff members who are returning to work after shielding, those who are returning to normal duties after COVID-19 related restrictions, those who are returning to the workplace after working from home or anyone who has a concern about a personal vulnerability to COVID-19. The aim of this guidance is to enable all workers to return to work safely by controlling risk and taking account of individual vulnerability.

There are three things which affect the occupational health risk from COVID-19 in priority order:

1. Prevalence of COVID-19 in Scotland: the amount of COVID-19 circulating in Scotland
2. Workplace considerations to protect staff from COVID-19
3. Personal characteristics that affect outcome from COVID-19

First, employers should have undertaken a generic workplace risk assessment for COVID-19 and made necessary adjustments. After this is completed, if there is a concern about individual vulnerability, they should support those staff members to complete an individual risk assessment with their manager using the COVID-19 occupational risk assessment tool. This will support staff and managers to agree work duties. Employers should also use this approach with volunteers in the workplace. Risk to staff in the workplace can be reduced by adopting safer work practices and measures. Further advice can be found here: <https://www.healthyworkinglives.scot/workplace-guidance/covid-19-return-to-work-toolkit/Pages/covid-19-return-to-work-toolkit.aspx>.

The UK has an existing legal framework to make sure that staff are protected whilst at work. Laws are already in place to promote a safe working environment (primarily the Health and Safety at Work Act 1974), to prevent discrimination (Equality Act 2010), and to minimise exposure to risk (such as the Control of Substances Hazardous to Health Regulations 2002 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

Further guidance for employers on equality obligations in the context of COVID-19 pandemic is available from the Equality and Human Rights Commission here: <https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers> It links to guidance on [reasonable adjustments for employees](#) and [employers' duties on pregnancy and maternity](#).

This guidance is intended to complement existing occupational risk assessment processes by providing a means of assessing the specific risk of COVID-19 in an occupational context. It does not replace, or exempt employers from their existing legal obligations but seeks to support employers in meeting those obligations given the new risks presented by COVID-19. Further advice can be found here: <https://www.healthyworkinglives.scot/workplace-guidance/covid-19-return-to-work-toolkit/Pages/covid-19-return-to-work-toolkit.aspx>.

Please continue to follow general and sector-specific advice in relation to COVID-19. This is available at <https://www.gov.scot/coronavirus-covid-19/>

Version	Date	Summary of Changes
V1.0	27/07/20	First Publication
V2.0	04/09/2020	Second Publication to reflect ALAMA changes on 14th August

Occupational Health Risks of COVID-19

Risk is a combination of the possible consequences of a specific hazard and the likelihood of this consequence occurring. When considering risk to staff from COVID-19, there are two overall considerations:

- **The risk of the individual contracting COVID-19 at their workplace.** This will depend on factors including community prevalence of COVID-19 and the nature of the working environment, taking account of mitigating measures put in place (e.g. PPE use, physical distancing, infection control with enhanced hygiene measures). This is the most important step prior to individual staff risk assessment ([Annex A](#))
- **The potential harm that COVID-19 might cause an individual.** This will depend on individual characteristics such as age, gender, ethnicity and underlying health conditions or vulnerabilities (see [Annex A](#))

Risk of an Individual Contracting COVID-19 at the Workplace

The risk of an individual getting COVID-19 at their workplace is dependent on the prevalence of the virus in the community, and the possible risk of exposure to COVID-19 in the workplace versus the mitigation measures that are in place to prevent transmission.

1. Prevalence of COVID-19 in Scotland

The amount of COVID-19 circulating in Scotland (the prevalence of COVID-19) will impact greatly on overall risk, irrespective of individual characteristics. The current prevalence of infections in the community has now significantly reduced. The low prevalence rate in Scotland means that there is less spread in the community, and therefore less chance of being infected in the workplace.

Prevalence data has been used to inform the age ranges for the vulnerability categories in the tool. These will be kept under review and may change if the prevalence increases. More information on the data can be found here: <https://www.gov.scot/collections/coronavirus-covid-19-modelling-the-epidemic/>

Advice and guidance relating to local outbreaks or clusters of coronavirus cases should be following. More information can be found here: <https://www.gov.scot/publications/coronavirus-covid-19-local-measures/>

The Scottish Government have put systems in place for the early identification and contact tracing of anyone who is likely to have been infected. Surveillance is a critical part of our approach to risk assessment, and these tools should be applied with reference to local data on prevalence, to make sure that the right strategies are in place to minimise risk.

2. Exposure to COVID-19 in the workplace

It is important that a generic risk assessment of the workplace is undertaken by the manager as the nature of the work and the working environment affects the likelihood of exposure of staff to COVID-19. This should be carried out and reviewed regularly to ensure compliance with prevention and mitigation measures.

The workplace risk assessment aims to minimise the risk of transmission of COVID-19 to anyone in the workplace, regardless of their vulnerability to the virus. Guidance to support employers and workers on returning to work safely can be found here: <https://covid19.healthyworkinglives.scot/returning-to-work/risk-assessment>

Once risk factors for the transmission of COVID-19 infection in the workplace have been identified, implementation of control measures should be considered to reduce this risk. Not all controls will be applicable or practicable in all workplaces.

The Hierarchy of Controls should be used by employers to identify preventative measures to reduce workplace risk as far as is reasonably practicable. The control measures are set out below in the order that they should be considered:

- I. **Elimination** – is it possible to remove or eliminate the occupational risk altogether?
e.g. homeworking
- II. **Substitution** – is it possible to alter work activities to reduce exposure?
e.g. work in a non-patient/public facing role
- III. **Engineering controls** – is there equipment or methods to control the exposure to the risk? e.g. create individual workspaces with screens, hygiene measures such as wall mounted hand sanitiser
- IV. **Administrative controls** – are there other procedures to reduce the exposure risk?
e.g. COVID-19 control measures (i.e. maintenance of 2m physical distancing), staggered arrival times and shifts/staggered breaks and lunch, online/remote meetings, clear guidance for workers who have COVID-19 symptoms not to present for work, increasing COVID-19 safety precaution signage
- V. **Personal protective equipment (PPE)** – what task-specific PPE is available to further reduce any residual risk not eliminated using the previous measures
e.g. as per infection prevention and control guidance

Employers should be innovative and work with their staff to put in place a range of measures which aim to keep staff safe. Steps taken to ensure that workplaces are COVID-19 secure are key to ensuring safety and reassuring staff and their managers that it is safe to return to work.

3. Personal Characteristics that affect outcome from COVID-19

The latest evidence shows that age, sex, ethnicity and being significantly overweight, in addition to underlying health conditions, all contribute to an individual's risk of developing severe illness if they contract COVID-19. This is described as their 'vulnerability'. The tool we endorse for use works by "translating" the level of vulnerability associated with each risk factor into years which are added to (or subtracted from) an individual's actual age.

The tool is based on the COVID-age concept developed by ALAMA, following statistical analysis of over 17 million patient records from the OpenSAFELY (OS) collaborative. It is recognised that there will be some limitations, particularly with some significant health conditions, that the tool will not address. In these situations, we have signposted to appropriate support and this tool does not replace clinical judgement on an individual's vulnerability. The risk factors are under constant review as more data becomes available. More information on COVID-age, including access to the full methodology used, is available at: <https://alama.org.uk/covid-19-medical-risk-assessment/>.

We recommend the use of this tool, because the evidence shows that age is the greatest risk factor for death from COVID-19; for example, a healthy person aged 60 has a 1% chance of dying and an 80 year old has about a 6% of dying if they contract COVID-19.

The tool gives an overall assessment of an individual's vulnerability to COVID-19, and can be used by all staff. Managers should support staff in confidence to complete the tool to identify the staff member's own level of vulnerability (low, moderate, high or very high). If a staff member does not feel comfortable disclosing personal characteristics with their manager, a constructive conversation can still take place having assessed their own level of vulnerability. The tool also provides specific information for pregnant workers.

Outcomes and Actions

The most important part of the process is the conversation that takes place between the manager and the member of staff. This supportive and constructive dialogue should take into account the workplace risks and control measures that have, or can be, put into place and come to an agreed course of action regarding their working duties underpinned by knowledge of the current community viral levels.

For many staff, no change to their current working arrangements will be required as appropriate controls are already in place proportional to the level of vulnerability. However, for some there may be significant change with a move from shielding, or working from home, to a return to an occupational setting. Further discussion between managers and staff will be required to agree how a member of staff will return to work and what support measures are available. Existing return to work frameworks should be used to assist with this process.

If the staff member and their manager are unable to come to an agreement on the working duties, or there is uncertainty about the impact of the staff member's health condition, then we would advise seeking additional input, to help reach an agreed course of action. Further assistance or advice could be sought from:

- GP or medical specialist
- Health and Safety Professionals
- Human Resources
- Trade Union Representative or Professional Organisation
- Health Protection Scotland
- Advisory, Conciliation and Arbitration Service (ACAS)

For those in the very high vulnerability group, or if there is a health issue and no agreement can be reached between manager and staff member, an onward referral should be made by the manager to the employer's Occupational Health (OH) service if available, or advice sought from the staff member's GP. By having a more detailed discussion on the risks, it should be possible for staff members to reach an agreed course of action with their manager

Referral to OH services, where available, is still encouraged, but it is expected that this will only be for complex cases. More advanced clinical risk stratification tools can be used by OH / medical professionals to help inform discussions about the risk posed by COVID-19.

Employers cannot expect staff members to return to work if it is not as safe as reasonably practicable. There is a duty on employers, HR, OH professionals, and staff members to understand how to make the workplace as safe as possible, their role in that process, and the need to be involved to work together in making those decisions. If an agreement cannot be reached despite additional input, this should be resolved using the processes that are already in place to deal with such disputes.

Support and Advice

Decisions about return to work should occur in a non-discriminatory way. Managers should ensure that staff have access to the right information and support to come to an agreed view of the level of risk, and the decision to return to work, if this is what is agreed. Staff members are not required to disclose medical details to their managers.

Managers should have sensitive, supportive conversations with staff that consider their health, safety, physical and psychological wellbeing, as well as personal views/concerns about risks. Wellbeing support services should also be promoted to staff.

We have included some useful resources to help with this collaborative process:

Returning to Work Additional Support

- <https://www.healthyworkinglives.scot/workplace-guidance/covid-19-return-to-work-toolkit/Pages/covid-19-return-to-work-toolkit.aspx>
- <https://www.som.org.uk/return-to-work/>
- <https://www.acas.org.uk/working-safely-coronavirus/returning-to-the-workplace>
- <https://www.healthyworkinglives.scot/workplace-guidance/covid-19-return-to-work-toolkit/Pages/covid-19-return-to-work-toolkit.aspx>
- <https://www.som.org.uk/return-to-work/>
- <https://www.acas.org.uk/working-safely-coronavirus/returning-to-the-workplace>

General Information

- General information on COVID-19 free helpline on 0800 028 2816 ([NHS 24](#)). The helpline is open from 8.00am to 10.00pm each day.
- <https://www.promis.scot/>
- <https://www.healthyworkinglives.scot/workplace-guidance/illness-absence/Pages/ill-health-and-absence.aspx>

Annex A COVID-19 Occupational Risk Assessment Tool



Risk is a combination of the possible consequences of a specific hazard and the likelihood of this consequence occurring. When considering occupational risk from COVID-19, there are three things which affect the occupational health risk from COVID-19 in priority order:

1. Prevalence of COVID-19 in Scotland: the amount of COVID-19 circulating in Scotland
2. Workplace considerations to protect staff from COVID-19
3. Personal characteristics that affect outcome from COVID-19

This tool should be used in conjunction with the COVID-19 Occupational Risk Assessment Guidance and will help staff assess their personal vulnerability from COVID-19. Staff members should complete the individual assessment with their manager, to identify their individual level of vulnerability. This outcome, in combination with the outcome of a workplace risk assessment completed by the manager, should be the basis of a discussion between the member of staff and their manager – the aim is for an agreement to be reached on how they can work safely.

About the risk assessment tool

The risk assessment is based on published evidence for the main risk factors. Age was chosen as the basis for the tool because the evidence shows age is the greatest risk factor for death from COVID-19. For example, for example, a healthy person aged 60 has a 1% chance of dying and an 80 year old has about a 6% of dying if they contract COVID-19. More information can be found at: <https://alama.org.uk/covid-19-medical-risk-assessment/>

How to use the risk assessment tool

On pages 2-13 you will find several tables:

1. Start by selecting the correct table to use, depending on the age of the employee being assessed
2. Complete the staff member's age, name and role
3. Go through the 'COVID-age factors' to identify what risk factors they have
4. Each of these factors has been assigned a number. Calculate the total number to add (or subtract) based on these factors
5. Add or subtract the number calculated in Step 4 to the individual's actual age to give the final 'COVID-age'

Having worked out the staff member's COVID-age, review the table on page 14. Depending on their COVID-age, this table indicates the average vulnerability in the population and will allow individual staff members to use their COVID-age to make an assessment of their own level of vulnerability.

Managers should have a constructive conversation with their staff member about how they can be enabled to work safely and this can be recorded in the space provided. Where an agreement cannot be reached, additional input or an occupational health referral may be required.

There are overlaps in the COVID-age risk levels. This is because there is no unsafe cut off and COVID-age is a statistical value, not an absolute risk. The most important part of the assessment process is the constructive conversation between employer and individual staff member to come to a joint agreement on their situation, seeking further guidance if required.

Further advice

- Occupational Health referral made by manager (where available)
- GP or medical specialist sought by the staff member (managers should not liaise directly)
- Health and Safety Professionals
- Human Resources
- Trade Union Representative or Professional Organisation
- Health Protection Scotland
- Advisory, Conciliation and Arbitration Service (ACAS)

AGE 18 – 29

Use this table if the employee is between the ages of 18 and 29

Name:		Age	
Job role:			

COVID-age factors*			
Sex:	Male	No change	
	Female	- 5	
Ethnicity:	Asian or Asian British	+ 5	
	Black	+ 7	
	Mixed	+ 5	
	Other non-white	+ 4	
	White	No change	
BMI: (Calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)	Under 30	No change	
	30 – 34.9	+ 7	
	35 – 39.9	+ 18	
	40+	+ 24	
Respiratory disease	Mild asthma • no requirement for oral corticosteroids in past year	+ 1	
	Severe asthma • requiring oral corticosteroids in past year	+ 15	
	Chronic respiratory disease (excluding asthma)	+ 17	
Type 1 Diabetes	Well controlled	+ 24	
	Poorly controlled	+ 28	
Type 2 Diabetes (and other forms)	Well controlled	+ 21	
	Poorly controlled	+ 22	
Heart disease	Heart failure	+ 25	
	Other chronic heart disease	+ 20	
	High blood pressure	+ 12	
Neurological disease	Cerebrovascular disease (e.g. stroke / TIA / dementia)	+ 17	
	Other chronic neurological disease*	+ 22	
Chronic kidney disease*	Moderate chronic kidney disease	+ 38	
	Severe / end-stage chronic kidney disease	+ 50	

Haematological cancer	Diagnosed less than a year ago	+ 32	
	Diagnosed 1 – 5 years ago	+ 30	
	Diagnosed > 5 years ago	+ 21	
Cancer	Diagnosed less than a year ago	+ 32	
	Diagnosed 1 – 5 years ago	+ 24	
	Diagnosed > 5 years ago	+ 17	
Other conditions	Liver disease	+ 30	
	Organ transplant	+ 24	
	Spleen dysfunction / splenectomy	+ 13	
	Rheumatoid / lupus / psoriasis	+ 2	
	Other immunosuppressive condition*	+ 28	
Total COVID age factor 'years' to be added/subtracted			

Add the COVID age factor 'years' to your own age	'COVID-age'	
---	--------------------	--

* This has been simplified to make it more accessible. More detailed information on conditions can be found here: <https://alama.org.uk/covid-19-medical-risk-assessment/>

Additional Notes:

AGE 30 – 39

Use this table if the employee is between the ages of 30 and 39

Name:		Age	
Job role:			

COVID-age factors*			
Sex:	Male	No change	
	Female	- 5	
Ethnicity:	Asian or Asian British	+ 5	
	Black	+ 7	
	Mixed	+ 5	
	Other non-white	+ 4	
	White	No change	
BMI: (Calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)	Under 30	No change	
	30 – 34.9	+ 6	
	35 – 39.9	+ 16	
	40+	+ 20	
Respiratory disease	Mild asthma • no requirement for oral corticosteroids in past year	+ 1	
	Severe asthma • requiring oral corticosteroids in past year	+ 13	
	Chronic respiratory disease (excluding asthma)	+ 15	
Type 1 Diabetes	Well controlled	+ 22	
	Poorly controlled	+ 26	
Type 2 Diabetes (and other forms)	Well controlled	+ 19	
	Poorly controlled	+ 21	
Heart disease	Heart failure	+ 22	
	Other chronic heart disease	+ 17	
	High blood pressure	+ 11	
Neurological disease	Cerebrovascular disease (e.g. stroke / TIA / dementia)	+ 16	
	Other chronic neurological disease*	+ 21	
Chronic kidney disease*	Moderate chronic kidney disease	+ 30	
	Severe / end-stage chronic kidney disease	+ 42	

Haematological cancer	Diagnosed less than a year ago	+ 29	
	Diagnosed 1 – 5 years ago	+ 27	
	Diagnosed > 5 years ago	+ 19	
Cancer	Diagnosed less than a year ago	+ 27	
	Diagnosed 1 – 5 years ago	+ 20	
	Diagnosed > 5 years ago	+ 14	
Other conditions	Liver disease	+ 25	
	Organ transplant	+ 23	
	Spleen dysfunction / splenectomy	+ 12	
	Rheumatoid / lupus / psoriasis	+ 2	
	Other immunosuppressive condition*	+ 23	
Total COVID age factor 'years' to be added/subtracted			

Add the COVID age factor 'years' to your own age	'COVID-age'	
---	--------------------	--

* This has been simplified to make it more accessible. More detailed information on conditions can be found here: <https://alama.org.uk/covid-19-medical-risk-assessment/>

Additional Notes:

AGE 40 – 49

Use this table if the employee is between the ages of 40 and 49

Name:		Age	
Job role:			

COVID-age factors*			
Sex:	Male	No change	
	Female	- 5	
Ethnicity:	Asian or Asian British	+ 5	
	Black	+ 7	
	Mixed	+ 5	
	Other non-white	+ 4	
	White	No change	
BMI: (Calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)	Under 30	No change	
	30 – 34.9	+ 5	
	35 – 39.9	+ 13	
	40+	+ 16	
Respiratory disease	Mild asthma • no requirement for oral corticosteroids in past year	+ 1	
	Severe asthma • requiring oral corticosteroids in past year	+ 11	
	Chronic respiratory disease (excluding asthma)	+ 13	
Type 1 Diabetes	Well controlled	+ 20	
	Poorly controlled	+ 24	
Type 2 Diabetes (and other forms)	Well controlled	+ 18	
	Poorly controlled	+ 20	
Heart disease	Heart failure	+ 19	
	Other chronic heart disease	+ 14	
	High blood pressure	+ 9	
Neurological disease	Cerebrovascular disease (e.g. stroke / TIA / dementia)	+ 15	
	Other chronic neurological disease*	+ 20	
Chronic kidney disease*	Moderate chronic kidney disease	+ 21	
	Severe / end-stage chronic kidney disease	+ 33	

Haematological cancer	Diagnosed less than a year ago	+ 27	
	Diagnosed 1 – 5 years ago	+ 23	
	Diagnosed > 5 years ago	+ 16	
Cancer	Diagnosed less than a year ago	+ 22	
	Diagnosed 1 – 5 years ago	+ 16	
	Diagnosed > 5 years ago	+ 10	
Other conditions	Liver disease	+ 20	
	Organ transplant	+ 21	
	Spleen dysfunction / splenectomy	+ 11	
	Rheumatoid / lupus / psoriasis	+ 2	
	Other immunosuppressive condition*	+ 18	
Total COVID age factor 'years' to be added/subtracted			

Add the COVID age factor 'years' to your own age	'COVID-age'	
---	--------------------	--

* This has been simplified to make it more accessible. More detailed information on conditions can be found here: <https://alama.org.uk/covid-19-medical-risk-assessment/>

Additional Notes:

AGE 50 – 59

Use this table if the employee is between the ages of 50 and 59

Name:		Age	
Job role:			

COVID-age factors*			
Sex:	Male	No change	
	Female	- 5	
Ethnicity:	Asian or Asian British	+ 5	
	Black	+ 7	
	Mixed	+ 5	
	Other non-white	+ 4	
	White	No change	
BMI: (Calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)	Under 30	No change	
	30 – 34.9	+ 4	
	35 – 39.9	+ 10	
	40+	+ 12	
Respiratory disease	Mild asthma • no requirement for oral corticosteroids in past year	+ 1	
	Severe asthma • requiring oral corticosteroids in past year	+ 8	
	Chronic respiratory disease (excluding asthma)	+ 11	
Type 1 Diabetes	Well controlled	+ 16	
	Poorly controlled	+ 20	
Type 2 Diabetes (and other forms)	Well controlled	+ 14	
	Poorly controlled	+ 16	
Heart disease	Heart failure	+ 16	
	Other chronic heart disease	+ 12	
	High blood pressure	+ 7	
Neurological disease	Cerebrovascular disease (e.g. stroke / TIA / dementia)	+ 13	
	Other chronic neurological disease*	+ 18	
Chronic kidney disease*	Moderate chronic kidney disease	+ 14	
	Severe / end-stage chronic kidney disease	+ 27	

Haematological cancer	Diagnosed less than a year ago	+ 22	
	Diagnosed 1 – 5 years ago	+ 20	
	Diagnosed > 5 years ago	+ 11	
Cancer	Diagnosed less than a year ago	+ 17	
	Diagnosed 1 – 5 years ago	+ 10	
	Diagnosed > 5 years ago	+ 6	
Other conditions	Liver disease	+ 14	
	Organ transplant	+ 18	
	Spleen dysfunction / splenectomy	+ 8	
	Rheumatoid / lupus / psoriasis	+ 2	
	Other immunosuppressive condition*	+ 13	
Total COVID age factor 'years' to be added/subtracted			

Add the COVID age factor 'years' to your own age	'COVID-age'	
---	--------------------	--

* This has been simplified to make it more accessible. More detailed information on conditions can be found here: <https://alama.org.uk/covid-19-medical-risk-assessment/>

Additional Notes:

AGE 60 – 69

Use this table if the employee is between the ages of 60 and 69

Name:		Age	
Job role:			

COVID-age factors*			
Sex:	Male	No change	
	Female	- 5	
Ethnicity:	Asian or Asian British	+ 5	
	Black	+ 7	
	Mixed	+ 5	
	Other non-white	+ 4	
	White	No change	
BMI: (Calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)	Under 30	No change	
	30 – 34.9	+ 2	
	35 – 39.9	+ 7	
	40+	+ 9	
Respiratory disease	Mild asthma • no requirement for oral corticosteroids in past year	+ 1	
	Severe asthma • requiring oral corticosteroids in past year	+ 4	
	Chronic respiratory disease (excluding asthma)	+ 8	
Type 1 Diabetes	Well controlled	+ 12	
	Poorly controlled	+ 16	
Type 2 Diabetes (and other forms)	Well controlled	+ 10	
	Poorly controlled	+ 12	
Heart disease	Heart failure	+ 12	
	Other chronic heart disease	+ 7	
	High blood pressure	+ 4	
Neurological disease	Cerebrovascular disease (e.g. stroke / TIA / dementia)	+ 11	
	Other chronic neurological disease*	+ 15	
Chronic kidney disease*	Moderate chronic kidney disease	+ 9	
	Severe / end-stage chronic kidney disease	+ 20	

Haematological cancer	Diagnosed less than a year ago	+ 17	
	Diagnosed 1 – 5 years ago	+ 16	
	Diagnosed > 5 years ago	+ 8	
Cancer	Diagnosed less than a year ago	+ 12	
	Diagnosed 1 – 5 years ago	+ 7	
	Diagnosed > 5 years ago	+ 2	
Other conditions	Liver disease	+ 9	
	Organ transplant	+ 13	
	Spleen dysfunction / splenectomy	+ 5	
	Rheumatoid / lupus / psoriasis	+ 2	
	Other immunosuppressive condition*	+ 10	
Total COVID age factor 'years' to be added/subtracted			

Add the COVID age factor 'years' to your own age	'COVID-age'	
---	--------------------	--

* This has been simplified to make it more accessible. More detailed information on conditions can be found here: <https://alama.org.uk/covid-19-medical-risk-assessment/>

Additional Notes:

AGE 70 – 75

Use this table if the employee is between the ages of 70 and 79

Name:		Age	
Job role:			

COVID-age factors*			
Sex:	Male	No change	
	Female	- 5	
Ethnicity:	Asian or Asian British	+ 5	
	Black	+ 7	
	Mixed	+ 5	
	Other non-white	+ 4	
	White	No change	
BMI: (Calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)	Under 30	No change	
	30 – 34.9	+ 1	
	35 – 39.9	+ 4	
	40+	+ 6	
Respiratory disease	Mild asthma • no requirement for oral corticosteroids in past year	+ 1	
	Severe asthma • requiring oral corticosteroids in past year	+ 2	
	Chronic respiratory disease (excluding asthma)	+ 6	
Type 1 Diabetes	Well controlled	+ 9	
	Poorly controlled	+ 12	
Type 2 Diabetes (and other forms)	Well controlled	+ 6	
	Poorly controlled	+ 9	
Heart disease	Heart failure	+ 9	
	Other chronic heart disease	+ 4	
	High blood pressure	+ 1	
Neurological disease	Cerebrovascular disease (e.g. stroke / TIA / dementia)	+ 9	
	Other chronic neurological disease*	+ 12	
Chronic kidney disease*	Moderate chronic kidney disease	+ 4	
	Severe / end-stage chronic kidney disease	+ 16	

Haematological cancer	Diagnosed less than a year ago	+ 13	
	Diagnosed 1 – 5 years ago	+ 12	
	Diagnosed > 5 years ago	+ 5	
Cancer	Diagnosed less than a year ago	+ 8	
	Diagnosed 1 – 5 years ago	+ 3	
	Diagnosed > 5 years ago	No change	
Other conditions	Liver disease	+ 6	
	Organ transplant	+ 9	
	Spleen dysfunction / splenectomy	+ 2	
	Rheumatoid / lupus / psoriasis	+ 2	
	Other immunosuppressive condition*	+ 6	
Total COVID age factor 'years' to be added/subtracted			

Add the COVID age factor 'years' to your own age	'COVID-age'	
---	--------------------	--

* This has been simplified to make it more accessible. More detailed information on conditions can be found here: <https://alama.org.uk/covid-19-medical-risk-assessment/>

Additional Notes:

Your COVID-age	Your risk	Things to think about when getting ready to return to work
Very high COVID-age 80 to 85 and above	You're at very high risk from COVID-19. You should take additional, sensible precautions when leaving your home to minimise your risk of contracting COVID-19 as much as possible.	<ul style="list-style-type: none"> • Ideally you should work from home if possible • If there is no alternative to attending the workplace, a very detailed personal infection risk assessment should be undertaken and controls should be implemented. These controls may need to be in excess of the controls used in the workplace for lower COVID-19 vulnerability groups to reflect the level of personal vulnerability • Maintain strict physical distancing. Ensure you can maintain good personal hygiene with low likelihood of coming into contact with objects and surfaces that may transmit COVID-19 • Occupational Health Assessment may be required
High COVID-age around 70 to 85	You're at high risk from COVID-19.	<ul style="list-style-type: none"> • You are OK to attend work. You should maintain strict physical distancing. If you cannot physically distance, you should keep the risk in your workplace as low as you can by making changes to the type of work you do, where possible, or by wearing personal protective equipment (PPE) • Clinical work, care work and working closely with others (such as sharing a vehicle, using public transport) may be possible, but you should protect yourself by using screens or wearing PPE • If you're a key worker, you may be asked to accept a higher risk and agree to do so where there's a good reason
Moderate COVID-age around 50 to 70	You're much less likely to develop severe disease if COVID-19 infection occurs.	<ul style="list-style-type: none"> • You can attend work • Clinical work, care work and working closely with others (such as sharing a vehicle, using public transport) may be possible, but you may want to protect yourself by using screens or wearing PPE • A slightly higher risk of infection may be accepted in the workplace, if it's hard to reduce any risks to you because of the type of work you do. This is because there is much less likelihood of you becoming very ill after getting COVID-19 • This includes clinical work with higher hazard and risk levels, or roles where physical control or restraint is required
Low COVID-age below around 50	You're at very low risk from COVID-19	<ul style="list-style-type: none"> • Increased risk of infection may be accepted - the likelihood of you becoming very ill from COVID-19 is low
Pregnancy	There's no current evidence that you or your baby are at any increased risk from COVID-19, unless you have an underlying health condition	<ul style="list-style-type: none"> • You should keep any risk as low as you can by physically distancing from others and regularly washing your hands. You should also have some choice about whether to attend work, or whether you can change the type of work you do at work to keep risks low. You can find out more from the Royal College of Obstetricians and Gynaecologists • You're advised to try and avoid roles where a degree of risk cannot be avoided, such as clinical work, care work and working closely with others

Vulnerability group selected after discussion with the worker:

Very high		Moderate	
High		Low	

Agreed course of action, including any control measures needed:

Name of manager:		Signature of manager:	
Date of assessment:		Signature of staff member:	