



**Wellbeing Action Support Plan
V3.3 2020**

WASP Cover Sheet

Assessment for those more vulnerable from COVID 19- COV3

COVID Title Page

High Risk Role	Medium Risk Role	Low Risk Role
Direct care provision. Impossible to maintain social distancing. Restrict staff member's role including working at home if this is possible.	No direct care provision. Social distancing with colleagues, clients or public unlikely to be maintained. Likely restrictions to role will be required.	No Care provision. Social distancing likely to be maintained. No need to restrict role. Examine key considerations.
N/A	N/A	N/A

Category 1- Clinically Extremely Vulnerable Persons

	Y	N
I am the recipient of a solid organ transplant	<input type="checkbox"/>	<input type="checkbox"/>
I am undergoing active chemotherapy for cancer or radical radiotherapy for lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
I am at any stage of treatment for a cancer of the blood or bone marrow- leukaemia, lymphoma, etc	<input type="checkbox"/>	<input type="checkbox"/>
I am having immunotherapy for or other antibody treatment for cancer	<input type="checkbox"/>	<input type="checkbox"/>
I am having cancer treatment that affects my immune system e.g. PARP or protein kinase inhibitors, etc	<input type="checkbox"/>	<input type="checkbox"/>
I have had bone marrow or stem cell transplants in the last 6 month or still taking immunosuppressants	<input type="checkbox"/>	<input type="checkbox"/>
I have a severe respiratory condition such as COPD, cystic fibrosis or severe asthma	<input type="checkbox"/>	<input type="checkbox"/>
I have a rare/inborn error of metabolism significantly affecting my risk of infection- SCID, homozygous Sickle Cell, etc	<input type="checkbox"/>	<input type="checkbox"/>
I am taking an immunosuppression therapy sufficient to significantly increase my risk of infection	<input type="checkbox"/>	<input type="checkbox"/>
I am more than 28 weeks pregnant or am pregnant with heart disease	<input type="checkbox"/>	<input type="checkbox"/>
I HAVE BEEN CLASSED AS CLINICALLY EXTREMELY VULNERABLY BY MY CLINICIAN FOR A DIFFERENT REASON	<input type="checkbox"/>	<input type="checkbox"/>
I live with a person who is in Category 1 (except where that person is only in Category 1 because they are over 28 weeks pregnant)	<input type="checkbox"/>	<input type="checkbox"/>

Category 2 Staff- Clinically vulnerable persons

I am over the age of 70	<input type="checkbox"/>	<input type="checkbox"/>
Chronic mild to moderate respiratory conditions such as asthma, bronchitis, COPD, emphysema, etc	<input type="checkbox"/>	<input type="checkbox"/>
I have chronic heart disease or have suffered heart failure	<input type="checkbox"/>	<input type="checkbox"/>
I have a chronic kidney disease or chronic liver disease such as hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
I have a chronic neurological condition such as Parkinson's, motor neurone, Multiple Sclerosis, cerebral palsy, etc	<input type="checkbox"/>	<input type="checkbox"/>
I have diabetes or a metabolic syndrome	<input type="checkbox"/>	<input type="checkbox"/>
I have a weakened immune system due to certain conditions or medications that I take e.g. steroids	<input type="checkbox"/>	<input type="checkbox"/>
I have a body mass index of 40 or higher	<input type="checkbox"/>	<input type="checkbox"/>
I am pregnant with no other underlying medical conditions	<input type="checkbox"/>	<input type="checkbox"/>
I suffer with visceral obesity	<input type="checkbox"/>	<input type="checkbox"/>
I suffer with hypertension	<input type="checkbox"/>	<input type="checkbox"/>
I suffer with vitamin d deficiency	<input type="checkbox"/>	<input type="checkbox"/>
I suffer with Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>

Category 3 Staff - Carry out the assessment on COV4.

I am of Black Asian Minority Ethnic background and have not ticked the statements above	<input type="checkbox"/>	<input type="checkbox"/>
I live with a person who falls into Category 2 or is over 28 weeks pregnant and not in Category 1 for any other reason	<input type="checkbox"/>	<input type="checkbox"/>
I am a male over the age of 60 and have not ticked any of the statements above	<input type="checkbox"/>	<input type="checkbox"/>

Category 4 Staff - risks managed by the controls in the whole school Coronavirus Risk Assessment.

I have a pre-existing WASP that has been updated to incorporate any COVID related issues	<input type="checkbox"/>	<input type="checkbox"/>
All other members of staff who have not ticked a statement above are in this category	<input type="checkbox"/>	<input type="checkbox"/>