Staff Risk Assessment for COVID-19 and Actions

Please note that this document is to support practice risk assessment of staff and can only be taken as advisory. It replaces any previous advice published. Employers have duties under Health and Safety legislation to protect their employees. This advice is in an interim basis awaiting publication by NHS Employers and/or NHSE.

# Important information to read prior to undertaking the risk assessment

This section contains guidance for employers on how to carry out risk assessments particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID-19 and actions which employers can take to keep staff safe. This includes staff returning to work for the NHS, and existing staff who are potentially more at risk due to their race, age, disability or pregnancy.

Trade union colleagues and local partnerships are an invaluable source of support to the organisation and should be used in constructing local approaches.

Other networks such as those for black, Asian and minority ethnic (BAME) or disabled staff will also be an important area of support to organisations.

In terms of deploying staff returning to the NHS, risks should be assessed at the occupational health screening stage and deployment decisions should take account of this.

Guidance produced by the [Health and Safety Executive](https://www.hse.gov.uk/simple-health-safety/risk/index.htm) (HSE) will help organisations identify who is at risk of harm and how this guidance should be closely followed. It includes templates and examples that organisations can adopt, along with specific guidance on some vulnerable groups. HSE’s guidance on [vulnerable workers](https://www.hse.gov.uk/vulnerable-workers/) should also be used where appropriate.

There are specific sections in this COVID-19 guidance which are useful cross-reference points for those responsible for risk assessment:
[Occupational health](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/occupational-health)
[Supporting vulnerable staff](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-our-most-vulnerable-people)
[Staff returning to work](https://www.nhsemployers.org/covid19/bringing-staff-back)
[Workforce supply and deployment](https://www.nhsemployers.org/covid19/increasing-workforce-supply)
[Enabling staff movement](https://www.nhsemployers.org/covid19/enabling-staff-movement)

In addition to this, it is recommended that organisations consider the following issues in relation to people in their workforce who might potentially be at higher risk of contracting COVID-19, or of becoming more unwell if they do contract COVID-19.  **The assessment of risk should be done in discussion with staff, recognising some elements will require sensitive discussions.**

Black, Asian and minority ethic staff

Emerging evidence that is currently being reviewed by Public Health England shows that black, Asian and minority ethnic (BAME) communities are disproportionately affected by  COVID-19. This concerning evidence suggests that the impact may also be higher among men and those in the higher age brackets. The reasons for this are not yet fully understood, but the health inequalities present for BAME communities have long been recognised.  One hypothesis is that people from BAME communities have higher rates of underlying health conditions, such as type 2 diabetes and hypertension, and this may increase their vulnerability and risk.
Within the NHS, 40 per cent of doctors and 20 per cent of nurses are from BAME backgrounds, as are substantial numbers of health care support workers and ancillary staff. The exposure faced by frontline health and care workers puts them at a greater risk of catching COVID-19.
There may be other factors which are identified, and employers will need to update their local policies and approaches in light of the ongoing work and advice of PHE.
Employers should ensure that line managers are supported to have thorough, sensitive and comprehensive conversations with their BAME staff. They should identify any existing underlying health conditions that may increase the risks for them in undertaking their frontline roles, in any capacity. Most importantly, the conversations should also, on an ongoing basis, consider the feelings of BAME colleagues, particularly with regard to their safety and their mental health.  Managers should also seek and follow occupational health advice where appropriate.

Age

There is evidence that COVID-19 has a greater impact in older age groups. Therefore, older staff may be more at risk as a result of increased age and likelihood of long-term conditions. Employers will need to consider this and take into account government advice on vulnerable workers and [shielding](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-our-most-vulnerable-people). All new staff should be encouraged to [disclose](https://www.nhsemployers.org/-/media/Employers/Publications/Diversity/An-inclusive-approach-to-disability-leave.pdf?la=en&hash=E42B7084593B4A7318A8C56E91F1F45F283EE671&hash=E42B7084593B4A7318A8C56E91F1F45F283EE671) any medical condition that might compromise their health.

Disability

Disabled staff working across the NHS are likely to manage their disability through the application of [reasonable adjustments](https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/reasonable-adjustments-in-the-workplace). Some of these adjustments will be formally agreed and some informally adopted by staff to suit their own circumstances. It is likely the current situation of the COVID-19 pandemic will bring further challenges for disabled people at work.
Some disabled staff members may have a weak immune system, leaving them more vulnerable to getting an infection. There may be issues associated with personal protective equipment (PPE) and those with a mental health condition may feel increased levels of anxiety and stress.

Government advice on vulnerable workers and [shielding](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-our-most-vulnerable-people) should be followed and every effort made to encourage all staff to [disclose](https://www.nhsemployers.org/-/media/Employers/Publications/Diversity/An-inclusive-approach-to-disability-leave.pdf?la=en&hash=E42B7084593B4A7318A8C56E91F1F45F283EE671&hash=E42B7084593B4A7318A8C56E91F1F45F283EE671) any medical condition that might compromise their health.
For existing staff, undertaking a risk assessment will enable mitigating factors and additional support to be explored.

Gender

There is some emerging evidence to suggest that COVID-19 may impact more on men than women, so employers may need to review the approach they have taken in relation to risk assessment and deployment of returners.

Pregnancy

Pregnant women at whatever stage of pregnancy are classed as at risk. The Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Faculty of Occupational Medicine have developed [specific guidance](https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-21-occupational-health-advice-for-employers-and-pregnant-women.pdf) for healthcare workers who are pregnant.  In addition, staff who are returning from maternity leave should be assessed against [government advice](https://www.nhsemployers.org/covid19/staff-terms-and-conditions/returning-to-work-in-the-nhs).

Religion or belief

The current situation will coincide with religious events, most notably Ramadan, which will require staff to fast. This may have an impact on the ability of individual members of staff to perform their role fully, especially when wearing the highest levels of PPE. Line managers should have a thorough and comprehensive conversation with individual staff about how they will cope in these circumstances and consider what adjustments could be made. Advice and [guidance](https://www.nhsemployers.org/news/2020/04/ramadan-2020) is available on supporting staff during Ramadan.
Employers should also consider the need for staff generally to be able to take time to conduct spiritual/religious reflection away from the frontline.

Outputs and actions

Line managers should gather the relevant information as outlined above, through one-to-one  conversations with their staff. Managers should listen carefully to staff concerns and provide support and consider adjustments or redeployment for any staff who are identified as being at greater risk. Adjustments may include moving to a lower-risk area, undertaking lower-risk tasks, limiting exposure (for example through reducing shift lengths) and remote working.
Additional support through employee assistance programmes, occupational health or chaplaincy teams may also be appropriate. Managers should seek and follow occupational health advice where appropriate.
NHS England and NHS Improvement is also providing NHS employees with free access to psychological and practical support:

• A free wellbeing support helpline 0300 131 7000 available from 7am to 11pm seven days a week, providing confidential listening from trained professionals
• A 24/7 text alternative to the above helpline - simply text FRONTLINE to 85258.
• An [online portal](http://people.nhs.uk/) with peer-to-peer, team and personal resilience support.

Source - <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff> - accessed 7th May 2020

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| **General Information** |
| **Colleague’s Name:** |  | **Job Title:** |  |
| **Line manager** |  | **Managers’ job title** |  |
| **Ethnicity:** |  | **Gender:** | Male |  | *There is some emerging evidence that men may be at greater risk from COVID-19* |
| Female |  |
| Other |  |
| **Date of Assessment:** |  | **Review date:** |  |
| **Individual health discussion**Please let us know about any factors relating to your own health that will help us to support you |
| **Individual's underlying health condition category / other factors:** | *Please tick appropriate box:*  | **ü** | **Comments** |
| Notified as on 12 week **Shielding** (very high risk group) – will have received letter from GP/other medical professional |  | *Colleagues in the Shielding group should be working from home as they are at significant personal risk* |
| **At Risk / Vulnerable** See Appendix A |  | *Please refer to current guidance on At Risk group and suggested adjustments below* |
| **Pregnant** |  | *Please refer to RCOG statement* |
| **Significant Concerns re impact on mental wellbeing (COVID Anxiety)** |  |  |
| **Minor or moderate Concerns re impact on mental wellbeing (COVID Anxiety)** |  |  |
| **Other health factors not captured above (eg impact on existing reasonable adjustments)** |  |  |

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| **Work environment and travel to/from work**Please let us know about any factors relating to your work environment that you believe place you at greater risk  |
| **Current role – does your current role involve;** | **Caring for patients in a community setting eg GP surgery, home visits** |  | **Comments – are there any aspects of the role/environment that you are concerned about? How could we mitigate them?** |
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| **Providing a service to others within the care setting (e.g. reception, admin, estates)** |  |
| **Providing a service to colleagues but not directly in the care setting (e.g. training)** |  |
| **Currently working from home** |  |
| **Other (please detail)** |  |
| **Journey to/from work** | **Journey to work on busy public transport**  |  | *Can this be mitigated, for instance by short-term change of base?*  |
| **Home environment**Please let us know about any factors relating to your home environment that you believe place you at greater risk, or that we need to take into account |
|  | **Caring for vulnerable relative and/or living in multi-generational household** |  | *Colleagues who are living with vulnerable/extremely vulnerable people may need additional support*  |
|  | **Concerns regarding effect on children**  |  |  |

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| **Other risk factors**Please let us know about any other risk factors that haven’t been captured already |
|  | **Any other risk-based information not adequately captured above** |  |  |
| **Non-risk factors**Are there other factors that you would like support with? For instance considerations such as fasting, spiritual/religious reflection away from the frontline |
|  | **Any other relevant factors to consider** |  |  |

Action Required

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| A tick in any red box | Please lead a discussion to support the colleague in working from home – if no suitable work is available then consider alternative roles that support working from home. |
| Amber boxes | Please lead a discussion to support colleagues at significant risk, taking advice from Occupational Health if necessary. If the colleague wishes to work from home and this can reasonably be accommodated, then this is preferable. If not, then consider whether other adjustments are possible;Moving to a lower-risk areaUndertaking lower-risk tasksLimiting exposure (eg through reduced shift lengths)Ensure that they understand and have access to all infection, prevention and control measures. Please discuss with colleague personal health and wellbeing opportunities and what to do should anything change. |
| Green boxes | Please lead a discussion with the colleague to ensure that they understand and have access to all infection, prevention and control measures. Please discuss with colleague personal health and wellbeing opportunities and what to do should anything change. |

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| **Assessment and action plan**Please detail actions agreed/discussed  |
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| *Please tick appropriate box:*  | **ü** | Monitoring / further action: |
| Actions agreed as detailed above reduce the risks to the colleague  |  | Manager to review and monitor. |
| Not currently able to agree actions  |  | Escalate as per practice policy |
| **Additional notes** |
| *Please add any additional notes as appropriate:* |
| **Individual’s signature** |  | **Date signed** |  |
| **Print Name** |  |  |  |
| **Manager’s signature** |  | **Managers job title** |  |
| **Print Name** |  |  |  |

# Appendix A

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| **At risk groups**  |
| This group includes those who are:* BAME ethnicity
* aged 60 or older and male
* aged 70 or older (regardless of medical conditions)
* 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)
* those who are pregnant\*

\* Guidance from the RCOG recommends women under 28 weeks’ gestation with no underlying health conditions should follow the guidance on social distancing in the same way as the general population.<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-21-covid19-pregnancy-guidance-2118.pdf> <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>  |
| **Extremely vulnerable group** |
| People in the group include - * have had an organ transplant
* are having chemotherapy or antibody treatment for cancer, including immunotherapy
* are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
* are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
* have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
* have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
* have been told by a doctor they you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
* have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
* are taking medicine that makes them much more likely to get infections (such as high doses of steroids)
* were born with a serious heart condition and are pregnant
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Developed alongside information from Faculty of Occupational Medicine and NHS Employers

<https://www.fom.ac.uk/wp-content/uploads/Healthcare-staff-with-underlying-health-conditions-FOM-FINAL-1.pdf>

<https://www.nhsemployers.org/news/2020/04/new-guidance-on-risk-assessments-for-staff> - accessed 7th May

Thanks to DCHS for access to their template.