

Background

Based on recent publications from the Office for National Statistics regarding patterns of mortality¹ from COVID-19 and supported by guidance from NHS Employers², we have revised the guidelines for individual staff risk assessments. We recognise our duty of care towards our people, and part of this includes actions that need to be taken in response to this crisis.

Please note that this document should be read in conjunction with other advice regarding COVID-19 provided by the Trust and the risk assessment **must** be completed in conjunction with the latest guidance from [Public Health England](#) (PHE).

We are urging all Bank Workers to complete a risk assessment especially if you have an increased risk of severe illness from coronavirus (COVID-19) and completed forms must be treated as a confidential report. For Junior Doctors and Dentists, these conversations are to be held with the Educational Supervisor. Throughout the document, line manager can be the area that you do a continuous line of work in or the line management of your next assignment.

Purpose

The purpose of the process is to:

- Identify any staff that may be at increased risk due to COVID-19 in a timely manner.
- Facilitate conversations between managers and any potential staff that may be at risk.
- Identify and take actions to mitigate against and minimise any potential risk.
- Review any actions currently in place to support vulnerable staff.
- Ensure staff are aware and reminded of the support available via the Health & wellbeing work streams and other sources.

The process of reviewing COVID-19 risk assessments involved identifying a selection of 18 pilot areas across the group of Barts Health hospitals, including CSS and GSS. The feedback received has informed the revision to the guidelines and has enabled the Trust to gain an overview across the group of hospitals, and to consider and respond to the emerging matters as we further develop and improve this process.

Please note that as this is a developing pandemic and research is ongoing, evidence is still evolving and therefore this guidance document will be updated as this develops.

PLEASE ACTION: Complying with Information Governance requirements, completed risk assessment forms are to be sent electronically to: bartshealth.returntoworkriskassessment@nhs.net and will be appropriately used for learning.

¹ Office of National Statistics - <https://www.ons.gov.uk/peoplepopulationandcommunity> [Accessed 16 May 2020]

² NHS Employers. Risk Assessments for Staff: 30 April 2020 Available from <https://www.nhsemployers.org/covid19/health%20safety%20and%20wellbeing/risk%20assessments%20for%20staff> [Accessed 4 May 2020]

The Assessment Process

Emerging evidence now places upon us the need to consider the following issues in relation to staff in priority areas, who might potentially be at higher risk of contracting COVID-19, or of becoming more unwell if they do contract COVID-19. Key considerations³ that are to be taken into account when conducting the risk assessment includes where the staff is located i.e. in the Hospital; community based or in an environment where Aerosol Generating Procedures (AGPs) are performed.

Coronavirus (COVID-19) can make anyone seriously ill. But for some people, the risk is higher.

There are 2 levels of higher risk:

- high risk (clinically extremely vulnerable)
- moderate risk (clinically vulnerable)

Guidance on high risk (Clinically extremely vulnerable)

The NHS in England is directly contacting individuals who are deemed to be extremely vulnerable to provide them with further advice. If a staff member believes that they fall into one of the able categories of vulnerable people listed above and have not been contacted, they should discuss any concerns with their GP or hospital clinician.

Where staff are contacted to inform them that they fall into one of the extremely vulnerable categories, they should contact their line manager to discuss reasonable adjustments. Managers are advised to follow NHS Employers [reasonable adjustments guidance](#). Managers should support staff as much as possible to adjust to this and allow them time to make any necessary personal arrangements.

Based on Public Health England guidance⁴, the initial list of conditions considered to be **high risk** and therefore should be **shielding** include:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy.
 - people with lung cancer who are undergoing radical radiotherapy.
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment.
 - people having immunotherapy or other continuing antibody treatments for cancer.
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.

³ <https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf>

⁴ <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19> [Accessed 6 June 2020]

6. Women who are pregnant with significant heart disease, congenital or acquired.
7. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

This group of staff will have been provided with advice on 'shielding' measures that should be taken in order to keep themselves and others safe. Please note that the list above may not include everyone who's at higher risk from coronavirus and may change as we learn more about the virus and that some staff may not have been written to yet about 'shielding'.

Please go to 'Actions for agreement' section on risk assessment template and provide details of current actions in place e.g. shielding and working from home.

Guidance on moderate risk (Clinically vulnerable)

Staff at moderate risk from coronavirus, should follow the advice on [social distancing](#).

Age

Evidence points to an increase in mortality with increasing age for both male and female, hence COVID-19 having a greater impact in older age groups. Older staff may therefore be more at risk as a result of increased age and likelihood of long-term conditions. ONS data shows that adverse outcomes occur at an earlier age in BAME populations. Managers will need to consider this and take into account government advice on vulnerable workers and [shielding](#).

Black, Asian and Minority Ethnic 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 particularly in males. This concerning evidence suggests that the impact may also be higher among men and those in the higher age brackets. Considering this development, we expect to update our local approach following the advice of PHE.

Line managers are encouraged to have thorough and sensitive 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 regarding their safety and their mental health. It also appears that BAME populations are associated with increased risks, particularly in those with co-morbidities. Managers should also seek and follow occupational health advice where appropriate.

Disability

It is likely the current situation of the COVID-19 pandemic will bring further challenges for staff with a disability. 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.

The Government's advice on vulnerable workers and [shielding](#) should be followed and every effort made to encourage staff to share any medical or underlying health condition that might compromise their health and also consider any reasonable adjustments required. Using [Barts Ability Passport](#) can support this discussion and undertaking a risk assessment will enable mitigating factors and additional support to be explored.

Gender/Sex

There is evidence to show that mortality was in relative terms at least 2-fold lower in women compared with men in any age group. From the age of 40 onwards, the risk in the male is more than double that of a⁵ female. This suggests that COVID-19 may impact more on men than women.

Pregnancy

Pregnant women at whatever stage of pregnancy are classed as at risk, where pregnant women over 28 weeks are to be regarded as at an increased risk and [recommended](#) to stay at home. The Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Faculty of Occupational Medicine have developed [specific guidance](#) for healthcare workers who are pregnant. In addition, staff who are returning from maternity leave should be assessed against [government advice](#). Where pregnancy is under 28 weeks gestation working in the hospital environment should be on the basis that the risk assessment supports this, and it is advised that after the employee notifies the manager that staff that are pregnant are referred to OH for further guidance.

Religion or belief

The current situation will coincide with religious events, most notably Christian Lent and 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, [guidance](#) and a set of FAQ's 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.

Underlying health conditions

The government has updated its guidance for people who are shielding taking into account that COVID-19 disease levels have decreased over the last few weeks. Undertaking a risk assessment will enable appropriate support and steps to be taken in supporting staff with underlying health conditions or those at increased risk due to complex health problems.

Weight

There is emerging evidence that suggests that one of the risk factors for becoming seriously unwell with coronavirus is being obese. Some people have comorbidity risk factors that are of concern at different BMIs. Managers may need to seek Occupational Health advice when considering this as a risk factor.

As this is a developing pandemic and research is ongoing evidence is still evolving and therefore this guidance will be updated as this develops. It is also helpful for managers to exercise sensitivity when having these conversations with staff.

⁵ Intensive Care & National Audit Research Centre Available from <https://www.icnarc.org/> [Accessed 06 May 2020]

Staff in ‘**at risk**’ groups include those due to age, medical condition, ethnic background, gender (male) and those pregnant less than 28 weeks without severe risk.

The underlying health conditions for staff in the ‘at risk ’group are people with one of the following underlying health conditions:

- chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being seriously overweight
- Pregnant women

Guidance from the Royal College of Obstetrician and Gynaecologists emphasises the recommendations which are:

- Women over 28 weeks of pregnancy should shield and work from home only
- Women under 28 weeks of pregnancy with an underlying health condition should self-isolate and work from home if possible
- Women under 28 weeks pregnant with no underlying health condition can work in direct patient facing role in a low risk area if supported by a risk assessment, if they choose to do so
- Women under 28 weeks pregnant with no underlying health condition who following risk assessment decides not to work in a direct patient facing role should be supported to find alternative duties e.g. telephone consultation, administrative duties either onsite or remotely.
- Hypertension (NEW category)

For staff at risk, please to go to ‘Actions for agreement ’section on risk assessment template and provide details of agreed actions that would be put in place e.g. shielding and working from home.

How to determine who is vulnerable

NHS employer’s guidance reiterates the need to protect the health, safety and wellbeing of our staff and to ensure that our people are mentally and physically healthy. Based on the above, the line manager is to identify which members of their team might potentially be at higher risk of contracting COVID-19, or of becoming more unwell if they do contract COVID-19, then they should arrange a meeting as soon as possible with the member of staff to discuss potential risks and agree actions to mitigate and minimise these risks.

Although age and ethnicity of staff may already be known to managers, but not necessarily any underlying health condition. According to the Faculty of Occupational Medicine Risk Reduction Framework⁶, managers should seek to identify locally, in their team or service, those staff who may have increased vulnerability.

Should any staff not wish to share details of their current or underlying health condition, they should be made aware of the increased risks attached to not having the right support in place and this should be documented in the 'Additional notes' section of the risk assessment. Managers must ensure that cultural factors are also taken into consideration so that staff have the confidence to openly discuss and resolve their concerns.

In the event that any staff refuses to be redeployed, the manager should seek advice from the site HR/People lead. However, managers and members of staff need to be aware that the Trust is required to undertake risk assessments where necessary in order to ensure that colleagues are not exposed to unacceptable risks and hazards while they are at work. This is a requirement of the Management of Safety at Work Regulations and other health and safety publications. These risk assessments protect members of staff and the managers undertaking their work at the Trust.

Managers and staff members are to note that staff have the right to involve their union / staff side representatives in risk assessment conversations, where they feel the need to do so. Managers are encouraged to involve staff side representatives where this is requested by colleagues being risk assessed. This involvement is anticipated to be constructive and it should support staff in understanding the process and reaching a satisfactory conclusion.

Other action

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.

Some staff, including those who have underlying health conditions or particular concerns and anxieties about their health or work may require further assessment, advice and support through Occupational Health to facilitate decision making and risk reduction.

Where actions agreed do not fully reduce the risks to the colleague and or some concerns remain, refer to a senior clinical manager for review and advice before contacting the Employee Wellbeing Service Team for further advice and support and if referring to the Employee Wellbeing Service, please include in 'Additional steps agreed' section, the details of what arrangements are in place or have been agreed.

Once the risk assessment is completed, **remember to set a review date and retain the document as a confidential report**

Site leadership teams should audit the completion of risk assessments and ensure managers engage regularly with employees identified as being at higher risk. The following steps can also be taken to ensure ongoing review of the deployment of staff from higher risk groups:

- Consultation and dialogue with trade union representatives through local partnership forum, including health and safety representatives.

⁶ <https://www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection> [Accessed 16 May 2020]

- Ongoing engagement with relevant staff networks to ensure that there is an ongoing awareness of any concerns, questions and advice.
- Advice from the *freedom to speak up* guardian to ensure that colleagues from higher-risk groups can candidly raise any concerns about the application of the risk assessment process.
- Assessment of data about the local incidence of COVID-19, particularly as more information becomes available through greater employee access to testing.

Sources of Staff Support

Local

- Details of the different sources of support can be found on [WeShare](#) including the Knowledge and Library Services [Wellbeing](#) pages.
- [Employee Wellbeing Services](#)
- [Chaplaincy](#)

Other local [sources of support](#) to supplement individual discussions with staff, especially where there is a need to understand areas of concern for team member, include:

- Trade union colleagues and local staff partnership forums
- [Staff Diversity Networks](#) for support and insight
- [Infection Control](#)
- [Health & Safety](#)
- [Psychological Wellbeing](#)

National

- NHS England and NHS Improvement is providing NHS staff with free access to psychological and practical support via 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 and an [online portal](#) with peer-to-peer, team and personal resilience support. It should be clearly documented that staff have been notified of their access

Resources

- [Webinar session for managers undertaking a risk assessment](#) (58 mins) with associated [COVID risk assessment managers training slides \[pptx\] 4MB](#)
- [Wellbeing coaching questions \(for managers\)](#)
- [Working from home guidance](#)

References

- NHS Employers. Risk Assessments for Staff: 28 May 2020 Available from <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff>

- Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>
- Faculty of Occupational Medicine: Risk Reduction Framework for NHS staff at risk of COVID-19 infection <https://www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection>

Frequently Asked Questions (FAQs)

1. Why are completed risk assessment forms sent to Estates and Facilities?

Completed risk assessment forms are being sent to the following address:

bartshealth.returntoworkriskassessment@nhs.net where a dedicated team carry out the analysis of the data and the data collected enables the Trust to monitor the completion of risk assessments across the Trust.

2. I am worried about how the health information I give will be used?

We will comply with our Information Governance responsibilities and keep your data in confidence and use only for the purposes of understanding and mitigating risk from COVID-19. If you ask for someone other than your line manager to carry out the risk assessment only your risk status and agreed mitigation will be shared.

3. I have a high number of Black, Asian and minority ethnic staff on my ward, do I have to complete a risk assessment for all?

Yes, you are required to complete a risk assessment for each of those Black, Asian and minority ethnic staff on your ward.

4. A member of my team has declined the offer to have a risk assessment, what do I do?

Where staff decline to agree to a risk assessment with their line manager it may be helpful for HR or other resource such as Trade union representatives, FTSU or BAME network leads to follow up to address any concerns from the individual and as an alternative method of completing risk assessments.

In the event that any staff refuses to be redeployed, the manager should seek advice from the site HR/People lead. However, managers and members of staff need to be aware that the Trust is required to undertake risk assessments where necessary in order to ensure that colleagues are not exposed to unacceptable risks and hazards while they are at work. This is a requirement of the Management of Safety at Work Regulations and other health and safety publications. These risk assessments protect members of staff and the managers undertaking their work at the Trust.

Managers and staff members are to note that staff have the right to involve their union / staff side representatives in risk assessment conversations, where they feel the need to do so. Managers are encouraged to involve staff side representatives where this is requested by colleagues being risk assessed. This involvement is anticipated to be constructive and it should support staff in understanding the process and reaching a satisfactory conclusion.

5. A BME member of my team has stated that they are worried about their immigration status if they are redeployed following a risk assessment. What do I say to him/her?

COVID-19 is having a disproportionate impact on staff from Black, Asian and Minority Ethnic Backgrounds. The Trust is committed to carrying out risk assessments for all our people, but it has come to our attention that due to concern about the impact redeployment may have on Tier 2 visas some colleagues are choosing not to self-refer for risk assessment or disclose conditions that increase their COVID-19 risk. 'We would like to reassure you that any redeployments are on a secondment basis, you will still hold your role and we will continue to be your employer, therefore there should be no impact on your immigration status.'

6. Can risk assessments be completed by someone other than the line manager?

Yes, risk assessments can be completed by someone other than the line manager. Where the risk assessment is completed by someone other than the line manager, the confidentiality of the conversation should be respected and only the risk status returned.

7. Whilst conducting the COVID-19 risk assessment, a staff member that I manage has told me that they have a medical condition. I did not have any prior knowledge of this medical condition and he has never asked for any adjustments before. Can I ask what the medical condition is?

The staff member does not need to disclose their diagnosis and only needs to inform you that they have an underlying medical condition which is classed as a vulnerability in respect to COVID-19. A declaration that your staff member has a medical condition that categorises them as vulnerable is adequate to warrant the risk assessment. If there is a reason to identify the nature of the underlying condition, you can refer the staff member to Occupational Health. If any staff member wishes to disclose what their condition is, you must keep it in absolute confidence and there is no need to record it on the risk assessment questionnaire.

COVID-19 RISK ASSESSMENT STRATIFICATION FOR MODERATE RISK CATEGORY

| RISK | HIGH | MEDIUM | LOW |
|--|--|--|--------------------------------|
| Age | Over 55 BME/Over 60 White | 50 to 55 BME | Below the age of 49 |
| Ethnicity | BME OVER 55/White over 60 | BME Under 55 | White |
| Disability/Underlying Health Condition | Known underlying health condition | Underlying health condition is mild or well managed | No underlying health condition |
| Pregnancy | Over 28 weeks (<i>should be advised to work from home</i>) | Under 28 weeks (can continue working, subject to modifications including redeployment to suitable alternative duties.) | Not pregnant |
| Sex/Gender | Male BME | Male White over 60 | Male |
| BMI | BMI 40 or over | BMI under 40 | - |