

Covid Staff Risk Assessment Form

1.1

Version Control

Version	Date	Author	Change Summary
1.1	21/07/2022	L Busher	Formatting changes and review

Contents

Demographic Responsive Staff Risk Assessment in Response to Covid-19	4
STEP 1 – Identify the hazards	6
STEP 2 – Who might be harmed and how?	6
STEP 3 – Evaluate the risks	6
STEP 4 – Record your findings	6
STEP 5 – Regular review of risk assessment	6
▪ Potential exposure to COVID-19 infection	6
▪ Staff with underlying chronic health conditions	6
▪ Staff who are immunocompromised or undergoing treatment that may cause them to be immunocompromised	6
▪ Expectant Mothers	6
▪ Staff who are in ‘Shielding’ Group.....	6
▪ Staff who are over 70 years.....	6
▪ Staff who may need to be temporarily re-deployed during the Pandemic but are already subject to long-term adjusted duties as a result of other health issues	6
▪ Greater risk of severe infection from COVID-19	6
▪ Greater risk of picking up the virus and being subject to severe infection from COVID-19	6
▪ Temporary change of environment that may not accommodate previously recommended adjustments....	6
▪ Individuals are requested to inform SHPCA Team* if there are any changes in their circumstances that might change their risk assessment.	6
▪ The assessment should be reviewed every 4 weeks where an individual assessment is Category B or C. This includes reviewing the risk score to take account of any actions taken since the previous risk assessment	6

DEMOGRAPHIC RESPONSIVE STAFF RISK ASSESSMENT IN RESPONSE TO COVID-19

Developed by Team Prevent & shared with Wessex LMC for use in primary care settings – adapted by SHPCA

Individual Details			
Name & Role		Date completed:	
Service Worked in	IPCAS/Phlebotomy/Cardiology/HQ Team (please delete as necessary)	Contact Details:	(email & tel no.)

***** PLEASE READ AND UNDERSTAND PRIOR TO UNDERTAKING THE RISK ASSESSMENT *****

INTRODUCING THE DEMOGRAPHIC RESPONSIVE RISK ASSESSMENT

The emerging evidence suggests that alongside a previous list of health-related physical conditions (see page 2) there are four key demographic factors that can affect people’s vulnerability, or ‘risk factor’ in relation to COVID-19 health outcomes:

- Age
- Gender
- Ethnicity
- Religion or Beliefs

This risk assessment looks to holistically assess individual staff risk to safeguard staff at most risk of adverse or serious reactions to Covid-19, based on the emerging data and evidence available. **Staff in the very high risk groups ‘Shielding’ (formally identified as ‘extremely vulnerable’ and pregnant women >28 weeks gestation should not attend work and if available they can work from home. Individual home circumstances regarding caring responsibilities should also considered in undertaking assessment of risk. If you are in either of these groups please inform us using the contacts below.**

Put simply, older people, men, and people from Black and Asian and Minority Ethnic (BAME) communities seem to be at greater risk from Covid-19.

The causes of these increased risk factors are not yet fully understood, and further research is taking place right now. Even if we don’t know the causes, it is important for us to respond quickly to what the evidence is telling us.

We are asking anyone falling into the categories described above to carry out an individual risk assessment; this should take into consideration age, gender, and ethnicity risk factors – especially where there is a combination of factors. We also ask you to look again, very closely, at the health vulnerabilities described by the government, in combination with the other risk factors described above.

The risk assessment is an opportunity for a meaningful conversation and exploration for the risk factors and perceptions. Where there is agreement that the risk factors can be mitigated to everyone’s satisfaction no change is needed. Where however it is clear there are increased risk for anyone working in Alliance services, SHPCA must provide support and make necessary adjustments to mitigate those risks.

SHPCA can access HR and OH advice and support any staff in concluding an approach that supports them, and, should any adjustment to working arrangements place a strain on services, support will be provided to resolve the issues as quickly as possible.

*SHPCA Team Contacts:

- Dean Hatfull – Clinical Director: dean.hatfull@nhs.net
- Kirstine Haslehurst – Clinical Director: Kirstine.Haslehurst@nhs.net
- Trudy Mansfield - Head of Governance & Quality: Trudy.Mansfield@nhs.net

***** PLEASE READ AND UNDERSTAND PRIOR TO UNDERTAKING THE RISK ASSESSMENT *****

IMPORTANT INFORMATION ABOUT THE DEMOGRAPHIC AND PHYSICAL HEALTH RISKS ASSOCIATED WITH COVID 19

Are you aware of the health conditions associated with an elevated COVID-19 Risk?

The Government are advising those who are at increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures. This group includes those who are*:

With an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):

- 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 (a body mass index (BMI) of 40 or above)
- those who are pregnant

Are you aware of the Demographic factors associated with an elevated Covid-19 Risk?

The emerging evidence suggests there are three key things that can affect people's vulnerability, or 'risk factor': Age, Gender, and Ethnicity. Put simply, older people, men, and people from Black, Asian and Minority Ethnic (BAME) communities seem to be at greater risk from Covid-19. The causes of these increased risk factors are not yet fully understood, and further research is taking place right now. Even if we don't know the causes, it is important for us to respond quickly to what the evidence is telling us.

Age:

The evidence shows that age is a clear risk factor. This is why the government measures are in place for the over-70s in terms of self-isolation. Compared to people in their 40s, people in their 60s could be up to eight-times more at risk, and people in their 70s could be 25-times or more at risk. So in our teams we need to make sure we are taking action to reduce older colleagues' exposure to the Coronavirus.

Gender:

The risk for men of becoming seriously ill from COVID-19 appears likely to be between 1.5 to 2.5 times greater than for women. This seems to increase with age from 40 up to 85. We need to consider people's gender when assessing their risk from COVID-19, especially amongst older colleagues.

Ethnicity:

Emerging data and research suggests that BAME people are at greater risk from COVID-19, compared to their white counterparts. A recent UK study by the Intensive Care National Audit and Research Centre found that 35% of 2,000 COVID-19 patients were non-white, which is nearly triple the 13% proportion in the wider UK population. From this, Asian patients were two-times more likely to be most seriously ill, and black patients 3.4-times more likely, compared to white patients. Similar findings have emerged from studies in the US, as well. In addition, BAME colleagues are disproportionately represented in the NHS workforce – with 44% of doctors and 24% of nurses from BAME communities. Data from as recently as 22 April shows that BAME NHS workers are at significantly increased risk (around 2- to 3.5-times more likely, depending on profession) from COVID-19 compared to their white colleagues. We are taking these findings very seriously and on this basis, we must take colleagues' ethnicity into account when assessing their risk from COVID-19

Religion or Beliefs:

The current situation will coincide with religious events, most recently Ramadan, which require staff to fast. This may have had an impact on the ability of individual members of staff to perform their role fully, especially when wearing the highest levels of PPE. If any religious or spiritual beliefs are identified as having an impact, a thorough and comprehensive conversation is needed with any of the **SHPCA Contacts*** or with your line manager) about how you will cope in these circumstances and consider what adjustments could be made.

*SHPCA Team Contacts:

- Dean Hatfull – Clinical Director: dean.hatfull@nhs.net
- Lee Busher - Head of Governance & Quality: Lee.Busher3@nhs.net

***** PLEASE READ AND UNDERSTAND PRIOR TO UNDERTAKING THE RISK ASSESSMENT *****

STEP 1 – Identify the hazards	STEP 2 – Who might be harmed and how?	STEP 3 – Evaluate the risks	STEP 4 – Record your findings	STEP 5 – Regular review of risk assessment
<ul style="list-style-type: none"> ▪ Potential exposure to COVID-19 infection 	<ul style="list-style-type: none"> ▪ Staff with underlying chronic health conditions ▪ Staff who are immunocompromised or undergoing treatment that may cause them to be immunocompromised ▪ Expectant Mothers ▪ Staff who are in 'Shielding' Group. ▪ Staff who are over 70 years ▪ Staff who are male ▪ Staff from BAME backgrounds ▪ Staff who may need to be temporarily re-deployed during the Pandemic but are already subject to long-term adjusted duties as a result of other health issues 	<ul style="list-style-type: none"> ▪ Greater risk of severe infection from COVID-19 ▪ Greater risk of picking up the virus and being subject to severe infection from COVID-19 ▪ Temporary change of environment that may not accommodate previously recommended adjustments 	<p>What can be done to remove or lessen the risk?</p> <ul style="list-style-type: none"> ▪ Can the individual adhere to universal precautions that are already required to reduce risks of cross infection? ▪ Can they safely wear PPE? ▪ Can they safely wear RPE? ▪ Are there other roles which could be undertaken that are practicable to deliver patient care that may not involve face to face clinical care of COVID-19 patients? ▪ Can they move to a lower risk area? ▪ Can they work from other buildings? ▪ Can they work from home? <p>What additional actions can you take?</p> <p>What is the risk score?</p>	<ul style="list-style-type: none"> ▪ Individuals are requested to inform SHPCA Team* if there are any changes in their circumstances that might change their risk assessment. ▪ The assessment should be reviewed every 4 weeks where an individual assessment is Category B or C. This includes reviewing the risk score to take account of any actions taken since the previous risk assessment

***SHPCA Team Contacts:**

- Dean Hatfull – Clinical Director: dean.hatfull@nhs.net
- Lee Busher - Head of Governance & Quality: Lee.Busher3@nhs.net

***** PLEASE TICK THE RELEVANT BOXES IN TABLE ONE, THEN TOTAL THE ASSOCIATED SCORE IN TABLE TWO *****

RISK	SCORE 1	✓	SCORE 2	✓	SCORE 3	✓	SCORE 4	✓
AGE	Below the age of 49		50 – 59		60 – 69		70+	
GENDER & ETHNICITY	Female White		Female Asian		Male Asian		N.B For other non-white ethnic groups besides Asian and Black kindly score alongside the Asian profile.	
					Female Black			
			Male White		Male Black			
STATUS OF YOUR CONDITION	None Known		Mild		Moderate or Chronic		Pregnant	
	<i>No underlying health condition as described on previous page.</i>		<i>Evidence of underlying health condition described on previous page. Condition is mild or well managed.</i>		<i>Evidence of underlying moderate or chronic health condition described on previous page, OH COVID-19 Risk Assessment needed.</i>			

Total Score 1 – 6	Total Score 7 – 8	Total Score 9+
Category A	Category B	Category C
Continue working in current environment following all safety precautions	Redeploy away from Red Covid environments. Avoid direct contact with Covid cohort where possible.	Contact SHPCA Team* who may seek Occupational Health Advice. Whilst awaiting this advice options to be considered are: <ul style="list-style-type: none"> ▪ Home working ▪ Move to lower risk area with appropriate support measures

*****IMPORTANT*****

Pregnancy irrespective of score: Women who are less than 28 weeks pregnant should practise social distancing but can choose to continue working in a patient-facing role, provided the necessary precautions are taken. Women who are more than 28 weeks pregnant, or have underlying health conditions, should avoid direct patient contact and it is recommended that they stay at home.

Shielding Group: Individuals identified as 'extremely vulnerable' and in the Shielding category should work from home. Where a staff member lives in a household an individual in this category this should be considered in any risk assessment.

***SHPCA Team Contacts:**

- Dean Hatfull – Clinical Director: dean.hatfull@nhs.net
- Lee Busher - Head of Governance & Quality: Lee.Busher3@nhs.net

Once you have completed your self assessment using this form:

1. **Consider if you have any questions, concerns, issues or queries** about your assessment and your risk factors and scores from page 4 above. **If so, please contact any of the below SHPCA team* listed below in confidence.**
2. **Category B or C Score:** If you have completed your assessment and believe you are in either category (excluding pregnant workers) please contact any of the below **SHPCA team*** to discuss and explore any concerns or issues concerning the suggested action within the category scored on page 3. If you do you wish to continue working in your current role, despite having a Category B or C score, please confirm this in the box below stating why you wish to do this and send in confidence to any or all of the below:
3. **Category A Score:** No further action required, **please inform us of any changes** in circumstances that may affect your future Score.

Please note that if required we will seek Occupational Health advice and guidance to ensure we minimise any risks to you, particularly for a **Category C Score.**

Please note that as risk data about the physical and demographic data gets further refined the scores and action taken will need to be reappraised.

Declaration of Understanding

I can confirm that any information contained in this assessment is a true and accurate reflection of my risk assessment, any discussions held with the SHPCA Team and/or my line manager. and agreement reached:

Your Name (Print Name)	
Signed	
Date	

On completion please send to Trudy Mansfield as per below email address.

*SHPCA Team Contacts:

- Dean Hatfull – Clinical Director: dean.hatfull@nhs.net
- Lee Busher - Head of Governance & Quality: Lee.Busher3@nhs.net