GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Supporting Risk Assessments of BAME Staff at Risk of COVID-19

1. Introduction

Emerging evidence and early analysis indicate that people from Black, Asian and Minority Ethnic (BAME) groups are disproportionately affected by COVID-19. A government inquiry is currently underway but immediate action is needed in the interim to mitigate the risks. It is therefore essential that risk assessments are conducted with staff that are from BAME backgrounds, or who have households / family members from BAME background. Risk assessments should be undertaken with all staff, whether or not they have an underlying health condition.

Employers are required to, as far as reasonably possible, secure the health, safety and welfare of their employees. Under the Management of Health and Safety at Work Regulations 1999[1]. As a minimum this includes:

- **Identification** of what could cause injury or illness in your business
- Deciding **how** likely it is that someone could be harmed and how seriously
- Taking **action** to eliminate the danger, or if this isn't possible, control the risk

This resource aims to provide a high-level framework to support employers to reduce the risk to staff in relation to COVID-19. It includes input from a range of clinicians across Greater Manchester. The document aims to support employers to appropriately risk assess staff, putting the most appropriate mitigating actions in place.

The document includes considerations for assessing the workplace as well as the workforce. Staff members should have the opportunity to discuss their concerns. Conversations should be held, supportively, taking into consideration the significant anxiety, concerns and preferences staff may have.

2. Context

On 12 May 2020, there had been 203 COVID-19 related deaths of health and care workers in England. Of those deaths, 60% of people were from a BAME background. Nationally, organisations have been advised to risk assess all staff working in patient facing roles. A number of risk assessment tools and have been developed across England and in a range of health and care setting, including from NHS Employers[2] and most recently guidance released from a national independent taskforce[3].

As always, practices should adhere to infection control procedures in line with Public Health England (PHE) guidance[4].

3. Evidence Base

Latest evidence from the Office of National Statistics shows that the risk of death involving COVID-19 among some ethnic groups is significantly higher than those of white ethnicity[5].

When adjusting for age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, men and women of black ethnicities are still almost twice as likely to die of a COVID-19 related death than people of white ethnicity. Men from Bangladeshi and Pakistani ethnic groups were 1.8 times more likely to have a COVID-19 related death than White males and for Bangladeshi and Pakistani women, the figure was 1.6 times more likely. Chinese men and men and women of mixed ethnicity were just as likely to die from a COVID-19 related death as men from white ethnicity, whereas Chinese women are less likely to die than white women.

A substantial part of the difference in COVID-19 deaths between ethnic groups can be linked to factors such as socio-economic deprivation. However, these factors do not explain all of the difference, suggesting that other causes are still to be identified.

4. Assessing Staff Risk

The process of managing risk for vulnerable staff is not intended to be onerous. It is about identifying sensible measures to control the risk to staff in the workplace. Workplaces are probably already taking a number of steps to protect staff, but the risk assessment will help to determine whether there is more that can be done. Risk assessments should be completed by the manager, in conjunction with the staff member and on an individual basis. National guidance provides an overview to support the risk assessment of staff.

When undertaking a risk assessment, it is essential to:

- Identify the risk
- Asses the level of risk
- Take appropriate action to reduce the risk

Step 1: Identification of risk

One of the most important aspects of the risk assessment is accurately identifying any potential risks. Risk assessments should be undertaken on an individual basis, taking into account people's personal circumstances. When identifying the potential risks this should include the **workforce** environment as well as the **individuals'** personal risk.

Individual assessments – identifying those with potentially increased vulnerability to adverse outcomes to COVID-19. These may include:

Risk	**Description[6]**
Ethnicity	• The evidence suggests that people from BAME backgrounds are at in increased risk • Predominantly Black, Bangladeshi and Pakistani ethnicities • Particularly those who are older or with other underlying health conditions
Age	• The majority of deaths involving COVID-19 have been among people aged 65 and over, with 45% of these occurring on the 85% age group •
Sex	• The data suggests that COVID-19 disproportionately affects men There were more deaths involving COVID-19 among males than females up to 1 May 2020

Underlying Health Conditions	• *Extremely vulnerable'* people have been identified by PHE, contacted by their GP and advised to shield. This includes solid organ transplant recipients, people with specific cancers, people with severe respiratory conditions, people with some rare diseases, people on immunosuppression therapies and women who are pregnant with significant heart disease • People who would normally be advised to have a flu vaccination such as those with: COPD, bronchitis, emphysema or asthma; heart disease, kidney disease, liver disease, stroke or TIA, diabetes, lowered immunity as a result of disease or medical treatment, neurological conditions such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), cerebral palsy or a learning disability, problem with spleen including sickle cell disease, or had spleen removed • People with a BMI of 40 or above (obese) • People from Indian, Pakistani, or Bangladeshi backgrounds may be more likely to develop coronary heart disease than white Europeans. People of black ethnicities are at higher risk of developing hypertension. Black, Indian, Pakistani and Bangladeshi ethnicities more commonly have Type 2 Diabetes than the rest of the population[7]
Pregnancy	• Pregnant women over 28 weeks are at increased risk and it is recommended that they stay at home. • Pregnant women with other health conditions are recommended to stay at home as a precautionary measure. • Pregnant women under 28 weeks may working a patient facing environment if the risk assessment supports this

While national evidence is still emerging to highlight the intersectional issues of Race/LGBT and COVID-19, there are a number of factors that exist which may result in people from LGBT communities being more at risk of infection than the general population. This includes but is not limited to LGBT communities being disproportionality impacted by HIV, having a higher prevalence of smoking and being less likely to access health services through fear of LGBT phobia[8].

Workplace assessment – Consideration of the potential exposure to COVID-19 across workplaces. These may include:

Risk	**Description**
Location	• What setting does the individual work in? • Do they work in primary care, community care, hospital or multiple settings? • Are they undertaking home visits? • Do they undertake any other roles e.g. at the CCG, GP federation etc.
Role	• Is their role primarily direct patient care? • Do they have some form of patient contact – e.g. reception? • Do they have no contact with patients e.g. back office/administration roles?
Environment	• Does their regular working environment pose an increased risk? • Certain work environments and procedures may convey higher risk of transmission

	• Aerosol generating procedures (AGPs) present risk of aerosolised transmission

Step 2: Assessment of risk

Consideration should be given to how likely it is that each risk could cause harm. Even after all precautions have been taken, some risks can still remain. Employers need to decide whether the risk remains high, medium or low. Each risk assessment should be an individual conversation, that is conducted sensitively and adapted for cultural sensitivities.

A number of organisations, including Local Medical Committees and occupational health teams, are developing risk assessment tools and advice to support teams to risk assess their staff. Example risk scoring systems are attached to this document. Appendix 1[9] is the Safety Assessment and Decision Score, developed by the HMR GPs and Practice Managers Forum and Appendix 2 is an example from the British Association of Physicians of Indian Origin

Shielding

PHE have advised the most vulnerable individuals to shield to protect themselves from COVID-19. Those people are considered Very High Risk and have been advised to stay at home at all times, avoiding face to face contact for at least 12 weeks.

The following table provides an indication of known high, medium and low risk factors:

Known High Risk Factors Ethnicity – Black, Bangladeshi, Pakistani ethnicities Health – More than one long-term condition (including BMI of 40 or over), pregnant women over 28 weeks and/or with underlying conditions Age – 70 and over Work Environment **– Patient facing, working within a hot hub, working in multiple locations (e.g. primary care and acute care), working in an environment with AGP**
Known Medium Risk Factors Ethnicity – Indian ethnicity Health– one long term condition (including BMI of 30 or over), pregnant women under 28 weeks Age – 55 – 70 years Work Environment – Some patient contact, working in a cold hub, no additional environmental risks
Known Low Risk Factors Ethnicity – White, Chinese, mixed ethnicities Health– none

Age – under 55 Work Environment – Not in 'patient facing' role, no additional environmental risks

*A combination of factors will determine the overall risk

In practice - a black male, aged 55, with one long term conditions may be considered 'high risk', whereas an Indian female, aged 40, with limited patient contact may be considered be medium risk. Each person would need to be assessed individually. A combination of factors will determine the overall risk. Each risk assessment has to take into account risk factors and how they apply to the individual.

If an individual has an equal number of high and medium risk factors, it is recommended that you give more weighting to the higher risk factors.

Work Environment

When agreeing the mitigating actions, careful consideration should be given to the workplace environment. Some locations such as 'hot hubs' and environments with AGP would be high risk for many people. 'Cold hubs' may also carry some risks, but this would depend on individual circumstances. Patient facing roles would also carry more risk than non-patient facing roles.

Step 3: Mitigating actions

Once the level of risk is understood, Employees, employers and organisations need to agree which mitigating actions are appropriate based on the level of risk to the individual. This could include redeployment or relocation of those seen to be at higher risk to lower risk environments e.g. away from 'hot hubs'. In primary and community settings, this may not always possible, but consideration should be given to how they can manage their work safely e.g. use of digital technology. Managers/employers may also consider referrals to occupational health to further assess the risk of underlying health conditions and/or psychological support.

The following provides some potential mitigating actions as a starting point for consideration.

Mitigation	Proposed Actions
Avoid risk where possible	Workforce segregation • Patient care will be delivered through a range of different models including hot and cold hubs and hot and cold home visiting services etc. • Clinical teams where possible, should adopt the principles of the segregated model, aligned to hot and cold working Remote triage • Remote triage has been implemented at pace across Greater Manchester • Where possible, staff at increased risk should provide these services in the first instance
Accept risk if able	Training • Ensure all team members are up to date with infection control training • Ensure team members are upskilled in the donning and doffing PPE

Limit risk if possible	Use of protective equipment • Ensure all patient facing staff have access to PPE • Review the grade of PPE equipment used for high risk staff • Acquisition of culturally appropriate PPE Opportunities for health interventions • Undertaking health check, blood pressure checks • Providing smoking cessation advice
Transfer risk where appropriate	External support • Risk assessment may mean that the majority of staff are considered 'high risk', so may need to look at alternative ways to fulfil their role • Work with neighbouring practices / PCNs / locality to work with buddy practices • Consideration of PCN or locality wide 'resilience hubs' to support practices

*Other actions will depend on individual circumstances.

Working Environment

Some working environments may present a higher risk. If a person is seen to be low risk, they could potentially work in all environments (subject to appropriate mitigating actions). If a person was seen to be of medium risk, in the absence of possible mitigations, they should only work in medium to low risk areas. If someone is considered high risk, they should work in low risk areas only.

Review

It is good practice to record the main findings of the risk assessment, and proposed actions to be undertaken to reduce or eliminate the risk. An example risk assessment form is attached (**Appendix 2**). The document can be used as a basis for a later review of working practices etc. The risk assessment is a working document, so should be to hand, rather than locked away.

The guidance for COVID-19 is regularly changing. It is therefore important to regularly review risk assessments in line with any change in guidance.

Risk assessments should be reviewed monthly as a minimum, or when there is a significant change in local or national guidance.

5. Further Considerations

The completion of risk assessments may generate a number of considerations:

Personal Protection Equipment

Following risk assessment, practices may feel that FFP2 PPE equipment is more suitable for staff at high risk. However, the PHE recommendation for direct patient care in primary care is the use of plastic aprons, fluid resistant surgical masks (FRSM), eye protection and gloves. For staff in reception and communal areas the guidance states that social distancing of 2m should be in place but FRSM is recommended where not possible.

External support

If risk assessments are undertaken, resulting in multiple team members needing to be removed from face to face patient contact, contingency plans would need to be in place. This

also applies to single handed practices that find they should not be seeing patients face to face.

This may be in the form of a practice buddy scheme, locum arrangements or set up/utilisation of a resilience hub at a PCN or locality level. This solution may need to be in place for several months.

Undertaking risk assessments

National guidance suggests that managers should risk assess all staff. Manager may need additional support and training to feel confident in delivering risk assessments with their teams.

In smaller practices the 'manager' may be the GP. Consideration should be given to who would risk assess the GP. It may not be appropriate or feasible for a person to risk assess themselves. Practices across PCNs or localities may consider mutual support.

6. The Role of Localities and Greater Manchester

The role of localities

The 10 GM localities are responsible for ensuring that staff are adequately supported to deliver and receive risk assessments and that appropriate mitigating actions are in place. CCGs will play an important role in supporting member practices to implement these risk assessments.

The role of Greater Manchester

The Greater Manchester Health and Social Care Partnership would seek assurance from localities that all staff members have received an appropriate risk assessment with mitigating actions in place. Greater Manchester would also be able to facilitate a local approach to supporting staff e.g. any decisions regarding PPE

It is important to note that the relationship between ethnicity and COVID-19 is not yet fully understood, and the risk of catching or dying from COVID-19 is affected by many different factors. This guidance will be updated as new evidence emerges.

7. Queries

The process of risk assessing BAME staff in the workplace is likely to raise a number of questions. Please send any queries to england.primarycarecomms@nhs.net where your query can be logged and responded to.

8. References

[1] **The Management of Health and Safety at Work Regulations** (1999) **http://www.legislation.gov.uk/uksi/1999/3242/contents/made**

[2] NHS Employers (2020) **Risk Assessments for Staff** **https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff**

[3] Faculty of Medicine (2020) **Risk Reduction Framework for NHS Staff at risk of COVID-19 infection (2020)** **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] Public Health England (2020) **COVID-19: infection prevention and control (IPC)** **https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control**

[5] Office of National Statistics (2020) **Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020** **https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020**

[6] The Office of National Statistics (2020) **Coronavirus Covid-19 Roundup** **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26**

[7] British Heart Foundation (2020) **Behind the Headlines** **https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/behind-the-headlines/coronavirus/coronavirus-and-bame-patients**

[8] LGBT Foundation (2020) **Hidden Figures** **https://lgbt.foundation/news/hidden-figures---largest-ever-report-highlighting-lgbt-health-inequalities-launched/353**

[9] HMR GPs and Practice Manager Forum (2020) **Safety Assessment and Decision (SAAD) Score (2)** **https://abmacademy.com/saad-risk-scoring-for-bame/**