

Supporting Risk Assessments of Staff at Risk of COVID-19

1. Introduction

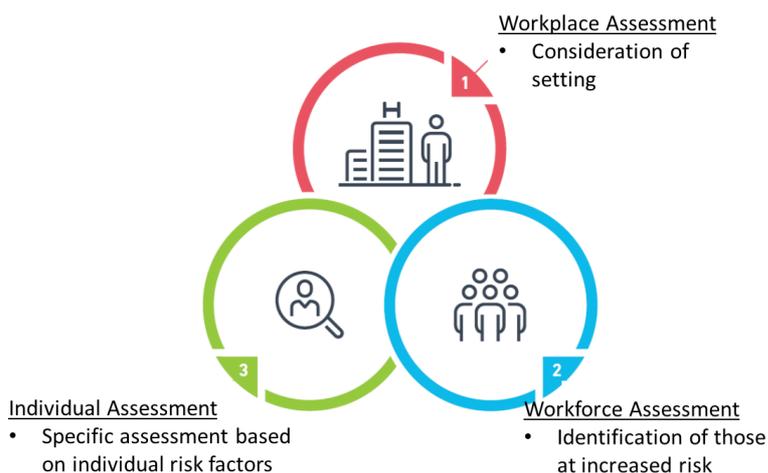
Emerging evidence shows that older people, men, people with underlying health conditions, people in deprived areas and people from Black, Asian and Minority Ethnic (BAME) groups have been disproportionately affected by COVID-19.

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. 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 guide 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.



Risk assessment considerations
- adapted from the Risk Reduction Framework for NHS Staff at risk of COVID-19 infection

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](#) and most recently guidance released from [a national independent taskforce](#).

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

3. Evidence Base

The latest report from [Public Health England](#) has confirmed that that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. The risk of dying is higher among people aged 80 and over, higher in males than females, higher in those living in more deprived areas and among Black, Asian and Minority Ethnic (BAME) groups.

After accounting for the effects of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.

A report by the [Intensive Care National Audit and Research Centre](#) (ICNARC) found that 33% [of 9347 patients](#) (correct as of 29 May) who were admitted to intensive care were from ethnic minority backgrounds and [16% of total national deaths](#) (correct as of 29 May) from coronavirus have been in people from ethnic minority backgrounds, despite only making up [14% of the UK population](#).

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

Therefore, primary care teams should continue to risk assess all staff, particularly those who may be at increased risk. This includes BAME staff, older colleagues, pregnant women, and those with underlying health conditions, in both patient facing and non-patient facing settings.

4. Assessing Staff Risk

The process of managing risk for staff is not intended to be onerous. It is about identifying sensible measures to control the risk to staff in the workplace. Workplaces are 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 risks
- Asses the level of risk
- Take appropriate action to reduce the risks

The [Health and Safety Executive](#) has produced useful guidance to support teams to identify who is at risk from harm. The Pharmacists' Defence Association has also produced [guidance](#) for risk assessing staff. The [Royal Pharmaceutical Society](#) is clear in its expectations for the protection of all pharmacy staff.

Community Pharmacy Risk Assessment Form

Identification of Risk

[NHS Employers'](#) guidance states that employers must complete risk assessments for employees at risk including BAME colleagues and take actions to mitigate identified risks. It includes a [risk reduction framework](#) for healthcare staff at risk of COVID-19.

Please note that the use of this particular form is not mandatory - if your community pharmacy organisation has its own forms and templates they can be used instead. We believe other pharmacy organisations are also producing guidance/documents which may be used.

Shielding groups (Very High Risk): Any employee in [shielding groups](#) determined to be clinically extremely vulnerable should be working from home until further announcement on shielding. (These will include anyone with a score of 7 or more and the following specific categories and may have had a GP letter advising to shield).

Current details of clinically extremely vulnerable people can be found [here](#)

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
Ethnicity	<ul style="list-style-type: none">• The Public Health England (PHE) review confirms that the risk of dying among those diagnosed with COVID-19 is higher among those in BAME groups than in white ethnic groups.

	<ul style="list-style-type: none"> • Diagnosis of Covid-19 among BAME people is also higher particularly those who are older or with other underlying health conditions • Survival among confirmed Covid-19 cases shows that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death, compared to people of white British ethnicity • People of Chinese, Indian, Pakistani, other Asian, Caribbean and other black ethnicity had between 10 and 50% higher risk of death compared to white British.
Age and Sex	<ul style="list-style-type: none"> • Diagnosis rates are higher among females under 60, and higher among males over 60. • Despite making up 46% of diagnosed cases, men make up almost 60% of deaths from COVID-19 and 70% of admissions to intensive care units.
High Risk Shielded patients	<p><u>'Extremely vulnerable'</u> people have already been identified by PHE, contacted by their GP and advised to shield. People who have been advised to shield should not be working in a patient facing environment under any circumstances</p> <p>Solid organ transplant recipients.</p> <ul style="list-style-type: none"> • People with specific cancers: <ul style="list-style-type: none"> ○ 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 • People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD). • People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell). • People on immunosuppression therapies sufficient to significantly increase risk of infection. • Women who are pregnant with significant heart disease, congenital or acquired. • Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and a GP assessment of their needs.
Underlying Health Conditions	<ul style="list-style-type: none"> • 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)

	<ul style="list-style-type: none"> • 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 • People low in vitamin D may be more vulnerable to coronavirus so people with darker skin or those who always cover their skin when outside may be at particular risk of vitamin D insufficiency and should consider taking a daily supplement of vitamin D all year
Pregnancy	<ul style="list-style-type: none"> • 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 • Black pregnant women are eight times more likely to be admitted to hospital with COVID-19, while Asian women are four times as likely

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.

Workplace assessment – Consideration of the potential exposure to COVID-19 across workplaces. You may wish to refer to the PSNC social distancing and infection control risk assessment template for further workplace assessment [guidance](#).

Employee Details	
Employee Name	
Area/Team/Department/Site	
Date of Assessment	
Review Date	
Employee Contact No.	
Date of Birth	

Please record each risk factor applicable to yourself & then match it against the risk profile below.

TABLE 1 – SCORING YOUR RISK

Risk factor Score	Details	Points	Score
Age	49 and under	0	
	50-59	1	
	60-69	2	
	70 and over	2	
Sex at Birth	Male	1	
Comorbidity	Cardiovascular disease (on treatment for hypertension, irregular heartbeat, heart failure, previous heart attack, stroke, TIA, etc)	1	
	Diabetes Mellitus Type 1 or 2	1	
	Chronic pulmonary disease (including asthma, COPD, interstitial lung disease)	1	
	Chronic kidney disease (any stage 1-5)	1	
	Sickle cell/Thalassaemia trait or other haemoglobinopathies	1	
	Obesity BMI >30 OR waist circumference (inches) >33 (BAME female) > 34.5 (White female) >35 (BAME male) > 40 (White male)	1	
Ethnicity	BAME or Mixed Race	1	
Working Environment	Travel to and from work via public transport / car share	1	
	Patient facing environment	1	
	Non patient facing environment	0	
Other considerations	Member of immediate family died of or been admitted to ITU with Covid-19?	1	
	Member of your household that are vulnerable/shielding	1	

Other considerations may include whether the individual has had a positive or negative test for COVID-19 or whether they have been contacted by the national track and trace programme and asked to isolate

TOTAL SCORE:

TABLE 2 – RISK STRATIFICATION

Score	Risk Level	Proposed Actions
0-3	Moderate Risk	Continue current duties with adherence to best infection control practices which include social distancing and use of PPE
4-7	High Risk	Consider enhanced PPE and modification of duties
>7	Very High Risk	Review if employee needs to work in a non-patient facing role e.g. remote working, working in back office etc.

Regardless of the risk score, all team members must maintain appropriate social distancing measures at all times.

ACTIONS

1. Check your risk by scoring yourself against table 1
2. Understand your risk by referring to the risk matrix in table 2
3. Come up with an agreed plan to protect yourself as per your risk score with your manager

This should be documented by your manager. If there is a disagreement either with the scoring or with the manager, the matter should be resolved by another individual

4. Take actions to protect yourself

Things I can do myself

Do the important things to maintain your safety in the workplace:

- Observe good hand hygiene, with frequent use of soap and water or alcohol-containing gel.
- Maintaining the recommended social distance (currently 2 metres) is an important aspect of the measures we must all take to minimise the risks of the spread of COVID-19. It is something we should aim to do in all aspects of our daily lives and anywhere in work where this is possible.
- Use appropriate personal protective equipment identified for your role and know how to use it properly.
- Observe isolation requirements for known or suspected COVID-19 cases.
- Ensure your infection control training is up to date
- If your circumstances change, please ask your line manager for a review of this risk assessment

Things my employer can help with

Your manager or other individual will help you use the tools and identify the right actions for you:

- Can some or all of your duties be undertaken or completed in a different way?
- Can adjustments be made to enable you to work safely?
- Can face-to-face contact with the public and home visits be limited or avoided?
- Ensure appropriate physical distancing within the workplace
- Will adjustments allow you to work from home?
- Providing any necessary relevant training to help you achieve the agreed actions
- Agreeing and planning a date to review this risk assessment

Actions agreed

Declaration of Understanding

I can confirm that any information contained in this risk assessment is reflective of the conversation held and agreement reached:

Manager's Name (Print Name)	
Risk Assessor's Name (if different to Line Manager)	
Signed	
Date	
Colleague's Name (Print Name)	
Signed	
Date	

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 many primary and community settings, this may not always be possible, but consideration should be given to how they can manage their work safely e.g. use of digital technology for remote triage. 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	Example actions
Avoid the risk where possible	<ul style="list-style-type: none">• Social distancing – maintaining a 2-metre distance where possible• Safe queuing systems for customers• Maintaining hand hygiene – one of the easiest ways to reduce the transmission of infection• Workforce segregation – Can patient facing and non-patient facing staff work separately? Is there an opportunity for 'hot' and 'cold' working?• Remote triage – what work can be undertaken at home/remotely? Advice, triage etc.• Avoid cash transactions where possible
Accept the risk if able	<ul style="list-style-type: none">• Training – is infection control training up to date? Do team members know how to don and doff PPE?
Limit the risk if possible	<ul style="list-style-type: none">• Protective equipment – Do staff have access to appropriate PPE for patient and non-patient facing staff (e.g. working in a dispensary) Does the level of PPE comply with the PSNC recommendations?• Disinfecting of consultation room and equipment after each use• Health interventions – Referral to smoking cessation, weight management services etc.
Transfer the risk where appropriate	<ul style="list-style-type: none">• Additional workforce – Do you have access to external support such as locums?• Is there an opportunity to 'buddy' with another practice/site?

*Other actions will depend on individual circumstances.

Vitamin D

There appears to be emerging evidence to suggest that in people who have Vitamin D levels of insufficiency or deficiency, the outcomes in patients who develop Covid-19 appear to adversely impact both mortality and morbidity. Therefore, it is recommended that staff that are considered to be high risk should have access to Vitamin D testing and encouraged to take Vitamin D supplements where appropriate.

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 essential that the main findings and agreed actions from the risk assessment are recorded. 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.

6. 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.

Appendix 1 – Considerations

Personal Protective Equipment

Although distancing and hand washing remain essential, appropriate PPE should be worn when with patients. NHS advice on PPE is available [online](#). The PHE guidance does not recommend use of fluid resistant surgical masks (FRSM) where staff do not have contact with patients e.g. working solely in the dispensary. However, noting that many pharmacy teams are unable to confine their work to single areas of work, the PSNC note that they may decide that all staff should wear FRSM.

External support

If risk assessments are undertaken and result in several team members being at considerably high risk, contingency plans would need to be in place. This could be in the form of locum arrangements, the establishment of a resilience hub, mutual aid in the form of 'buddy sites' etc. Some of these solutions may only be appropriate in the short term. Consideration should be given to long term, sustainable plans as some of these arrangements would need to be in place for several months.

Undertaking risk assessments

National guidance suggests that managers should risk assess all staff. Managers may need additional support and training to feel confident in delivering risk assessments with their teams. In smaller sites the 'manager' may be the lead pharmacist. Consideration should be given to who would risk assess them. It may not be appropriate or feasible for a person to risk assess themselves. Providers may want to consider mutual support with another provider or seek advice from their local pharmaceutical committee.

Freedom to speak up

Freedom to speak up guardians are appointed locally as a trusted person who staff can confidentially speak to if they have questions about a public interest concern or have concerns that something is not being taken seriously or dealt with effectively by their manager or other appropriate person. Do you know who your local Freedom To Speak Up Guardian is?

Health and wellbeing support

Practices should have access to and details of a range of health and wellbeing services such as smoking cessation and weight management. This is a stressful time for everyone. There are a range of mental health support options available, including online support from [Silver Cloud](#).

References

Public Health England (2020) **Disparities in the risk and outcomes of COVID-19** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889861/disparities_review.pdf

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