

Guidelines for staff risk assessment for Covid-19

For ALL staff, with particular attention to Black, Asian and Minority Ethnic (BAME), pregnant and other at risk staff groups including those staff who have been shielding

This assessment provides guidance and outcomes on the risk of occupational exposure to coronavirus for all staff in all work areas.

It also includes a risk assessment process directly through to a review panel for cases involving concern about risks for household members rather than individual staff risk. All cases involving household members are escalated straight to Tier 4.

All staff and managers should discuss this document together.

Should you require further advice or guidance, please contact the Occupational Health Department. Contact details can be found within this document.

Please ensure you keep up to date with all Trust communications and revisions of this document.

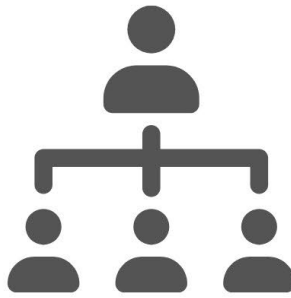
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For ALL staff

Note: particular risk indicators for BAME, pregnancy, underlying health conditions - and concerns about household risks/vulnerability



TIER 1

Individual Risk Assessment



TIER 2

Individual & Line Manager risk assess



TIER 3

Individual & Line Manager risk assess with Occupational Health



TIER 4

Independent Risk Assessment Review Panel

Covid-19 Staff Risk Assessments

Guidelines for assessing the potential risk to ALL staff, and particular those vulnerable to Covid-19 in relationship to ethnicity, pregnancy, as well as underlying health problems

This policy focuses on the risk stratification of staff with respect to their likely susceptibility to Covid-19 infection based upon personal factors as well as the nature of any underlying health conditions and the risk of occupational exposure to coronavirus. The policy advises on mitigating any risk by adjusting the job so as to reduce the potential risk of exposure to Covid-19.

Emerging evidence by Public Health England shows that black, Asian and minority ethnic (BAME) communities may be more likely to be affected by Covid-19 infection. The reasons for this are not fully understood. However, we are aware that a higher prevalence of underlying health conditions such as type 2 diabetes may increase the vulnerability and risk of BAME staff.

Assessing the risks – 4 tier framework

1. TIER 1 risk assessment and risk management: individual employee level

Tier 1 is for ALL staff.

All members of staff should complete a self-assessment of risk by completing the “Covid Risk Matrix” on pages 7-9 of this document in order to determine whether their personal risk factors such as age, ethnicity and health problems places them in the “low”, “medium” or “high” risk category.

2. TIER 2 risk assessment and risk management: individual employee with manager

If the member of staff feels that they fall within an increased risk group and that their current job role places them at an increased risk when assessed against the adjustments suggested in the Risk Matrix scoring tool, then they should discuss this with their manager.

Manager's responsibility

It is a Trust priority that a discussion is held with any member of staff who may have concerns about their health risks in relationship to their contracting Covid-19 in the workplace. Any concerns to do with PPE should also be discussed. Managers should listen carefully and sensitively to staff concerns, providing support and considering adjustments or redeployment for any staff that are identified as being at increased risk. Guidance on approaching the risk management conversation is at page 16.

Trust responsibility

The aim of the Trust is to provide a safe working environment for all staff irrespective of the staff member's role or responsibilities. This is achieved through the provision of appropriate PPE when working directly with Covid patients. There is evidence, however that transmission of Covid is not only a risk when dealing with Covid

patients or when doing frontline patient facing work, but can occur at any time both at home and at work. The Trust aims to minimise the risk of staff exposure to Covid by supporting staff and patient testing, as well as developing safe workplace practices and a safer hospital environment. This should lead to less risk to staff from all sources and therefore reduce the requirement for individual adjustments or redeployment.

3. TIER 3 risk assessment and risk management: individual employee and manager with Occupational Health

It is hoped that in most instances the manager will be able to support their member of staff in ensuring their safety at Tier 2. Where the member of staff or the manager have continuing concerns or doubts about the safety of the member of staff then they should complete the 'Individual Covid-19 Risk Assessment Referral Form' (page 10). Please also read the 'Risk Assessment Guidance' (page 13) when completing the form. When completed, email along with a copy of the completed Covid Risk Matrix to: OHEnquiries@uhb.nhs.uk

4. TIER 4 risk assessment and risk management: independent Risk Assessment Panel

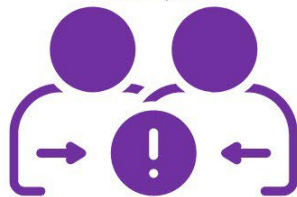
If the member of staff, the manager or Occupational Health consider that the issue has not been appropriately and safely resolved, the case can be forwarded to the independent Risk Assessment Panel chaired by the Director of Workforce, Cathi Shovlin, and membership including the Clinical Service Lead for Occupational Health, a Deputy Medical Director and a Deputy Associate Director of Nursing. This is a multi-disciplinary and diverse panel. Reviews by this panel also include those cases where the member of staff has concerns for the risk of vulnerability of a household member. All relevant documentation and a Panel Referral Form (page 19) should be forwarded to OHEnquiries@uhb.nhs.uk

Completion of risk assessments at all tiers is being audited by the Director of Workforce.

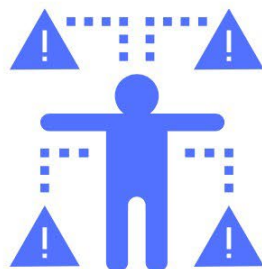
Covid-19 Staff Risk Assessment



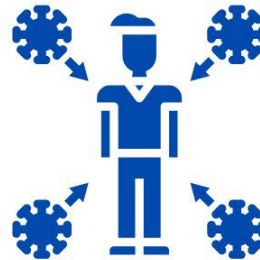
TIER 1: assess your individual or household risks using the documents you have read and consider what steps you can take to control or reduce your risks. Keep following your own risk action plan.



TIER 3: if you or your manager remain concerned about the risks to you or your household and whether appropriately steps have been taken, then Occupational Health will work with you both to assure safe measures.



Read the 'Guidelines for staff risk assessment for Covid-19' and the 'Occupational Health Guidance on health conditions and remaining at work' documents



TIER 2: speak to your manager if you feel you or your household are at increased risk, and explore together ways in which you can control or reduce those risks.



TIER 4: if you, your manager or Occupational Health are concerned about the risk measures being taken, an Independent Review Panel can review your situation and determine safer working and a safer environment for you.

Covid-19 Risk Matrix – for use at Tiers 1 (self-assessment), 2, 3 and 4

(note this matrix applies only to assessments of staff health factors, and not for household members)

Name:

Date of Assessment:Assessor:

Risk factor	Indicator	Adjustment	Comment	Score
Personal Characteristics				
Age	Up to 49	0		
	50 – 59	1		
	60 – 69	3		
	70 or older	6		
Sex at Birth	Female	0		
	Male	1		
Ethnicity	White	0		
	Black	1		
	South Asian – Indian	1		
	South Asian – Pakistani	1		
	South Asian – Bangladeshi	2		
	Other (including mixed race)	1		
Age, Sex, Ethnicity subtotal				
Health factors				
Obesity BMI calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/	BMI 35-39 Kg/m ²	1		
	40 Kg/m ² or greater	2		
Cardiology	Angina or previous MI or stroke	1		
	Heart failure	2		
Diabetes	<u>Type 1 or type 2</u>			
	Uncomplicated or controlled	1		
	Complicated, or uncontrolled, or unknown	2		
Renal	Chronic Renal Disease (GFR less than 60)	2		
Respiratory	Asthma (mild)	0		
	Asthma (any oral steroids in past year)	1		
	Other Chronic Pulmonary	2		

Malignant Neoplasm	Active Malignancy	3		
	Malignancy in remission diagnosed 1 – 5 years ago	1		
	Malignancy in remission diagnosed more than 5yrs ago	0		
Haematological malignancy	Up to 1 year ago	4		
	1 – 5 years ago	3		
	More than 5 years ago	2		
Liver disease	Any	1		
Neurological disease	Any (other than headache or epilepsy)	2		
Rheumatological	Active treated conditions (lupus/ psoriasis/ rheumatoid)	2		
Immuno-suppression	Any indication (other than already identified above)	2		
Health factors subtotal				
Total of personal and health characteristics				

Interpretation:

	Score
Low Risk	Less than 3
Medium Risk	3 to 5
High Risk	6 or higher

<p>Pregnancy Guidance</p>	<p>Pregnant workers who are more than 26 weeks gestation can continue to work until the commencement of their maternity leave if they are in a non-patient facing role, and in most circumstances continue to work in their normal patient facing role.</p> <p>We recommend patient-facing pregnant workers approaching their 26th week repeat their individual Covid Risk Assessment with their line manager, seeking input from Occupational Health if the pregnant worker has any significant underlying health conditions, is unvaccinated or any concerns with their pregnancy. In some circumstances following the outcome of an Occupational Health risk assessed review it may be recommended that a pregnant worker:</p> <ul style="list-style-type: none"> • Continues working in their role and area using higher level PPE; or • Be restricted to working in Covid low risk areas where the Covid status of the patient is known to be negative;, or • Exceptionally, be moved to a non-patient facing role or to working from home. <p>Pregnant workers who are less than 26 weeks gestation who have any significant health problems are advised to seek advice from Occupational Health on safe working.</p> <p>NOTE: Previous Covid-19 advice for pregnant employees, as issued by the Government, HSE, Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives, which had restricted workers from patient-facing roles has been withdrawn by those bodies, returning arrangements for pregnant employees to normal practice. UHB's advice above has been updated in line with that withdrawn advice.</p>
<p>Anxiety Guidance</p>	<p>It should be respected that many staff will have levels of anxiousness ranging from general concern to significant anxiety about their personal health risks when coming to work as they may be exposed to a higher level of risk at work than if they were to choose to isolate at home. Staff members' personal concerns should be taken into consideration when risk assessing work placement and job activities, and where anxiety is a factor active steps taken by the manager and the individual to reduce the level of anxiety.</p>

Workplace Risk Plan Considerations:

Guidance	Clinical	Non-Clinical
Low Risk <3	<p>Can work in all areas without restrictions, wearing appropriate PPE relevant to the area and patient/procedure as per PHE and Trust guidelines.</p> <p>Follow all other prevailing IPC guidelines in place which may at times indicate a need to wear a fluid resistant type IIR surgical face mask in specified clinical and/or non-clinical areas, and/or specify social distancing. High level hand hygiene is continued safe practice in our workplace.</p>	
Medium Risk 3 - 5	<p>Work from home if and when possible.</p> <p>Work with screened Covid-negative or clinically assessed Covid-unlikely patients, wherever possible and practicable. Wear appropriate PPE relevant to the area and patient/procedure as per PHE and Trust guidelines.</p> <p>If necessary to work with Covid-positive or Covid-likely patients (including febrile children) or where the Covid status is unknown, wear a higher level face mask protection when in close patient contact (within 2 metres for more than 15 minutes or 1 metre for more than 15 seconds) – fit-tested higher level PPE/RPE FFP3 masks or hoods. Revert to type IIR surgical face mask in clinical areas when not in close patient contact.</p> <p>When doing high risk exposures such as AGP, wear higher level PPE including FFP3 or hood.</p>	<p>Work from home if and when possible.</p> <p>Avoid Covid-positive clinical/ward areas wherever possible and practicable.</p> <p>When in Covid-negative clinical/ward areas, wear standard level PPE as per PHE and Trust guidelines.</p> <p>If necessary to work with Covid-positive or Covid-likely patients (including febrile children) or where the Covid status is unknown, wear a higher level face mask protection when in close patient contact (within 2 metres for more than 15 minutes or 1 metre for more than 15 seconds) – fit-tested higher level PPE/RPE FFP3 masks or hoods. Revert to type IIR surgical face mask in clinical areas when not in close patient contact.</p>
	<p>Follow all other prevailing IPC guidelines in place which may at times indicate a need to wear a fluid resistant type IIR surgical face mask in specified clinical and/or non-clinical areas, and/or specify social distancing. High level hand hygiene is continued safe practice in our workplace.</p>	
High Risk >6	<p>Work from home if and when possible.</p> <p>Work with screened Covid-negative patients, wherever possible and practicable. Wear appropriate PPE relevant to the area and patient/procedure as per PHE and Trust guidelines.</p> <p>When doing high risk exposures such as AGP, wear higher level PPE including FFP3 or hood.</p> <p>If clinical work with Covid-unknown cases cannot be avoided, then fit tested higher level PPE must be worn. Higher level PPE would include FFP3 respirator masks or hoods.</p> <p>Avoid high risk exposures such as AGP.</p>	<p>Work from home if and when possible.</p> <p>Avoid clinical areas if possible, <u>or</u> work in clinical areas where patients have been screened Covid-negative or clinically assessed Covid-unlikely.</p> <p>If Covid-unknown cases or areas cannot be avoided, then fit-tested higher level RPE must be worn. Higher level RPE would include FFP3 respirator masks or hoods.</p>

	<p>Follow all other prevailing IPC guidelines in place which may at times indicate a need to wear a fluid resistant type IIR surgical face mask in specified clinical and/or non-clinical areas, and/or specify social distancing. High level hand hygiene is continued safe practice in our workplace.</p>
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Individual Covid-19 Risk Assessment Form

This form will be used to assess the residual risk of Covid-19 infection to the member of staff due to workplace factors. Please ensure all sections of this form are completed. Please consult the “Guidelines for Staff Risk Assessment for Covid-19”, the “Covid Risk Assessment Form Guidance”, all available on the Trust Covid website, before completing this form.

Employee Name (Full Name)			
Job Title/ Role			
Date of Birth		Ethnicity	Gender
Contact Telephone Number (Home)			
Contact Telephone Number (Mobile)			
Contact Address Details	Post Code:		
Email Address			
Ward/Department/Directorate			
Manager’s Name			
Job Title/ Role			
Site/Location			
Contact Telephone Number (Mobile)			

Please provide details of the employee’s job
<p>Work Pattern: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Job Share <input type="checkbox"/> Night Worker <input type="checkbox"/> Other <input type="checkbox"/> On call <input type="checkbox"/></p> <p>Site: QE <input type="checkbox"/> Heartlands <input type="checkbox"/> Good Hope <input type="checkbox"/> Solihull <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Length of time in post:</p> <p>Duties:</p>
Personal Risk Factors

Please attach a completed Covid-19 Risk Matrix. If the member of staff does not wish to disclose that form to the line manager, it should be sent separately to Occupational Health.

Attached **Yes**

OR

To be sent separately to OH by member of staff **Yes**

Previous Shielding? **Yes** **No**

Shielding letter from Government/ GP? **Yes** **No**

Previous advice from Occupational Health? **Yes** **No**

If yes, please provide details and include any relevant documents:

Workplace Exposure Risk Factors

1.

2.

3.

Actions that have been taken to minimise risk

1.

2.

3.

What are the perceived residual risks and risk significance?

What further actions are planned?

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Questions for Occupational Health and Risk Assessment Panel

1.
2.
3.

Declaration by Manager

Please SIGN this box to confirm that the employee has been made aware of this referral.

I confirm that I have discussed this referral with the employee and they agree to the information being forwarded to Occupational Health and the Risk Assessment Panel.

Authorised by: <i>(Print Manager's name)</i>		Date	
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Once completed, please return the form **along with a copy of the Covid-19 Risk Matrix Form** to OHEnquiries@uhb.nhs.uk

For Occupational Health Use

Occupational Health Summary Report

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Risk Assessment Panel Report

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Individual Covid-19 Risk Assessment Form – Guidance Document

Preserving and protecting the health, safety and wellbeing of our staff is critical for the Trust. The aim is to ensure that our staff are physically and mentally healthy, and to protect their colleagues, patients and families.

During this Covid-19 pandemic it should be appreciated that many members of staff have a high level of anxiety about various aspects of work, including their own vulnerability to infection and also that of their family at home. Discussions should be confidential, and take place with appropriate understanding, empathy and sensitivity, listening with full curiosity and open-mindedness to seek to address the concerns raised – however best that can be achieved.

The purpose of the risk assessment is to adjust the work environment to minimise risk to the individual member of staff. In the interests of staff confidence levels, this risk assessment and associated actions are always best agreed between the member of staff and the line manager, reinforcing for the member of staff that the line manager has heard their concerns and protected their safety at work. Please only refer for assessment by Occupational Health where direct agreement between the member of staff and the line manager cannot be achieved.

Duties

It would be helpful to identify tasks which may bring the member of staff in close proximity to patients. Also identify any procedures they may perform on patients such as clinical examination, taking of bloods, setting up of drips etc.

Of particular importance, please identify if they perform any Aerosol Generating Procedures (AGP). The following procedures are currently considered to be potentially infectious AGPs for Covid-19:

- intubation, extubation and related procedures: e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract);
- tracheotomy or tracheostomy procedures (insertion or open suctioning or removal);
- bronchoscopy and upper ENT airway procedures that involve suctioning;
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract;
- surgery and post-mortem procedures involving high-speed devices;
- some dental procedures (e.g. high-speed drilling);
- induction of sputum;
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP);
- High Frequency Oscillatory Ventilation (HFOV);
- High Flow Nasal Oxygen (HFNO).

Personal Risk Factors

There are a number of personal factors which increase either the risk of acquiring a Covid infection or the severity of the resultant disease, including the risk of it being fatal.

Age

Increasing age increases the risk of a fatal outcome. Those over 60 have double the risk and those over 70 have over four times the risk. In the Black, Asian and minority ethnic population the risk elevates from age 55.

Gender

Being male doubles the risk.

Ethnicity

The Black, Asian and minority ethnic population have an increased risk greater than the white population.

Underlying Health Problems

A number of chronic medical conditions are associated with an increased risk of acquiring the infection or risk of the infection being fatal. These include some common conditions such as diabetes and asthma. However, the risk very much depends on the severity of the underlying condition. When discussing this with a member of staff please be understanding that their health problems are confidential to them. If they wish to share the conditions, please include them in this section. If they do not wish to detail their conditions, but their primary concern is to do with their health, then just indicate “yes” in the box and Occupational Health will follow this up with a detailed and confidential discussion with the member of staff.

Previous advice from Occupational Health

Many members of staff have previously discussed their health problems with Occupational Health and been advised about risk reduction such as through relocation or possibly shielding. It would be useful for it to be highlighted if Occupational Health has given previous advice to the member of staff.

Workplace Exposure Risk Factors

At present, workplace exposure will either be from staff or patients. Remember, closeness to sources of exposure and length of time exposed are significant factors to be aware of. The risk factors should be discussed with the member of staff as their perceptions of likely sources of exposure are important and should contribute to this assessment. Does the member of staff work in a “Hot” zone, “Amber zone” or “Cold zone”? How long do they work in these areas? Do they work directly with known Covid patients? Do they work with unscreened patients? Are patients masked? Are staff masked? Have staff been previously screened? Is social distancing achievable?

Actions taken to minimise risk

Many control measures are in place in the Trust to eliminate or control exposure to Covid-19. This ranges from hygiene measures and PPE to reducing the density of staff in certain areas, along with other measures to achieve social distancing. Measures that have been taken in the member of staff's specific area to minimise risk should be identified, including details of PPE provided.

What are the perceived residual risks and risk significance

Please identify what sources of exposure risk remain despite the above actions being taken. If there is disagreement about the perceived risk, then the member of staff's perception and outstanding areas of concern must be highlighted. For risk significance, please summarise whether this is considered high, medium or low as per the Trust's usual risk assessment matrix on likelihood and consequence.

What further actions are planned

If further actions are planned to reduce the risk, such as relocation of the member of staff to a "Cold zone", or plans to increase the level of PPE, then please identify them. If there are organisational or practical problems with implementing any further local risk reduction, then please state what these are and why.

Questions for Occupational Health and Risk Assessment Panel

Please be as specific as possible as to the questions you wish Occupational Health to answer.

Once the form has been completed and agreed with the member of staff, please forward it to OHEnquiries@uhb.nhs.uk.

Approaching the risk assessment conversation – guidance for managers

The Covid-19 risk assessment is for ALL staff, but will be particularly significant for those staff from identified higher-risk groups, and those who have caring responsibilities for others who may be in a higher risk or vulnerable group.

We want risk assessments to be undertaken as wellbeing conversations. These will be safe and inclusive conversations.

The most important advice we can offer on how to approach the risk assessment discussion at Tier 2 is to ask your staff how they are and what they need help with.

We are all anxious to varying degrees about Covid-19, but being in a higher risk group – or living with someone who is at higher risk – can amplify those anxieties. Managers should tune in to those anxieties, and not make judgements about any of the health factors that lead to that risk – it is troubling and stressful for people to learn that they are at higher risk simply for being who they are. It is also stressful for their families, and people carry the burden of that stress in to the workplace.

So to start with ask, “How are you?”. Care about the answer and seek to understand. Use questioning techniques to really explore what the member of staff is concerned about.

Here are some more examples of questions you can ask to progress the wellbeing conversation in a way that makes staff feel valued, engaged, open and safe:

To open...	<ul style="list-style-type: none"> • What outcome would you like from this risk assessment? • What would make this time we have together for the risk assessment feel really valuable? • What's on your mind about risks at work?
How are you feeling...?	<ul style="list-style-type: none"> • How is the current situation with Covid-19 impacting on you? • How are you feeling about your role at this moment in time? • On a scale of 1-10, how safe do you feel at this moment in time? What could you/we do to move it forward by 1? How do you think this score impacts on your role currently?
Team support	<ul style="list-style-type: none"> • On a scale of 1-10, how supported by the team to be safe at work do you feel at this moment in time? What could we all do in the team to move your score forward by 1?

<p>The Risk Assessment...</p>	<ul style="list-style-type: none"> • Have you shared everything you need to on the Risk Matrix for us to understand your risk score? • How are you feeling about the impact of Covid-19 on your health risks? • What actions are already in place to reduce your risks? • What more can you do to reduce your risks? • What more can we do to reduce your risks? • Do you feel safer with the risk reduction actions we have in place?
<p>To understand how someone is feeling about change...</p>	<ul style="list-style-type: none"> • How are you feeling about the impact of Covid-19? How would you describe your response to it? • What concerns do you have about this situation? • Do you feel involved? Is there anything we can do to make you feel more involved? • Do you feel safe? • What does it feel like to be brave? What impact is this having on you?
<p>To close the wellbeing conversation...</p>	<ul style="list-style-type: none"> • During this time of uncertainty and worry, it's so important that we support one another and look after our health and wellbeing. • It's understandable that you may feel anxious during this pandemic. • Please remember to access the Occupational Health and the Staff Wellbeing resources. These include in-house Occupational Health clinical support and confidential counselling, the Wellbeing Hubs, and the Freedom to Speak Up Guardian and Confidential Contacts. You can download the Babylon app to undertake a health check to see what lifestyle changes you could make to further optimise your health – having some control in this period is important for us.

Use the Trust Values as the framework for your wellbeing conversations:

Collaborative:

Work collaboratively with the member of staff to address their concerns and reduce the risks. Work collaboratively with departments who may be able to support your risk plans – Occupational Health for clinical assessments and safe working, Infection Control for PPE advice, Health & Safety for departmental risk assessments, Estates for support in creating safe working environments.

Honest:

Some staff may feel anxious about discussing their own health or their home situation with you. Create an open, inclusive and safe space, and encourage them to be honest with you. Be honest with the member of staff about the risks and what can be done to reduce those risks.

Accountable:

Recognise our accountability for our own safety, and promote to staff their accountability for their own safety and the safety of others. As Managers we are accountable for the safety of our staff. Check that all staff have assessed their risk at Tier 1. Make sure all staff know to raise any concerns with you. And ensure you are aware of any Tier 2 assessments that your staff need.

Innovative:

In most instances, the risk reduction plans will be straightforward and easily implemented, without any need to adjust a role or location. In some cases, it will be necessary to really innovate in your approach to the risk reduction plans. Think about what work the member of staff can do, rather than focusing on what they cannot do. Be creative in how you look at ways for staff to undertake their work. And be resourceful in seeking opportunities within your own Division or the wider Trust for other tasks they could meaningfully do.

Respect:

Staff may well be sharing very sensitive personal information with you; treat it confidentially, and treat it respectfully. Be respectful for the concerns that the member of staff is raising with you. There will be times when the perceived risks are not actual risks, but be respectful that even perceived risks feel real to the individual and work with them to help manage their heightened anxiety and make them feel reassured and safe.

COVID19 Staff Risk Assessment – Panel Referral Form: for cases where staff concern relates to underlying condition / vulnerability of household member

Name of employee:	
Name of line manager:	
Date of birth:	
Role:	

For risk assessment where concern relates to underlying condition / vulnerability of household member	
What is the underlying condition / vulnerability of household member?	
What is the age of household member?	
What is the current status of underlying condition / vulnerability?	
What is the level of dependency on employee of the household member?	
What care arrangements and practical arrangements are in place?	
Has the household member had Government letter for shielding?	
Can staff member be accommodated outside household?	

Once completed, please forward to OHEnquiries@uhb.nhs.uk

Frequently Asked Questions

Q. Why do we need to do risk assessments?

A. It is critical that we ensure all staff are safe at work. It is becoming increasingly evident that the Covid-19 pandemic is having a disproportionate effect on some sections of the population and on some sections of the NHS workforce: this is impacting our BAME colleagues, and there are also greater risks for staff with certain underlying conditions, and based on age and gender. The Trust is committed to ensuring that those risks are assessed and plans put in place to keep staff safe.

Q. Are risk assessments for all staff or just for BAME staff?

A. Risk assessments are for all staff. We expect most staff will conclude their risk assessment with a self-assessment at Tier 1 with no further need to progress through the Tiers. Some staff are more at risk, and so the risk assessment framework at all tiers will be particularly relevant to BAME, pregnant and other at-risk groups, and those staff who have been shielding; managers are to pay particular attention to ensuring that these staff have risk assessed and to prioritise any risk assessments that progress to Tier 2.

Q. Are managers required to undertake a risk assessment on all their staff?

A. All staff are required to undertake a self-assessment of their risks at Tier 1; that is personal responsibility for each member of staff. The manager is required to ensure that their staff are aware of the Risk Framework and that they self-assess at Tier 1. Where staff at Tier 1 have concerns about their risks and raise this with their line manager, the manager is required to undertake a risk assessment at Tier 2. The manager is also responsible for escalating concerns to Tier 3 and/or Tier 4, where relevant – but the member of staff may also escalate to these Tiers.

Q. Who initiates a risk assessment at Tier 2 – is it the manager or the member of staff?

A. The member of staff must raise with their manager the need for a Tier 2 risk assessment, having identified outstanding risks in their Tier 1 self-assessment. Managers should also be opening discussions with their staff about the risk assessments to ensure that they are undertaking them at Tier 1, and to encourage openness in staff escalating where necessary to Tier 2.

Q. What is the timeframe for completing risk assessments?

A. The risks are real, and the risks are now. The timeframe for completing risk assessments is therefore now. Where a member of staff raises a concern to a manager at Tier 2, we would expect the risk assessment to take place within no more than 5 working days.

Q. Are risk assessments for bank staff?

A. Risk assessments are for all staff, including bank staff. Any risk assessment outcomes for bank staff will need to be factored in to any bank work allocated.

Q. Can a risk assessment be referred straight to Tier 3 or Tier 4?

A. Our expectation is that all staff undertake a risk assessment at Tier 1, and having done so discuss any concerns they may have about their risk factors with their manager at Tier 2. We expect managers to engage openly and constructively in these conversations with their staff. It is of paramount importance that staff feel safe at work. If managers simply escalate straight to Tier 3 or 4, whilst the member of staff's risks will be assessed and planned for, that does not entirely alleviate the risk anxieties of the member of staff who may be left feeling that when they in their work area they may not be confidently safeguarded from any immediate risks that arise by their line manager. Trust is vital in the relationship between the member of staff and the manager, and it is vital to an assurance on safety.

Risk assessments related to concerns for household members can escalate straight to Tier 4 as we recognise that the manager's responsibility is for the safety of the member of staff at work.

Q. Can managers ask questions about a member of staff's health to assess the risk?

A. Managers would typically only seek health information from staff related to their functional capabilities. However, due to the seriousness of this pandemic it is necessary for managers to ask questions about health factors of a member of staff in order to assess the risks; it would not be practical for Occupational Health to undertake health assessments of all Trust staff if the risks are to be assessed in a timely way. But managers need to be aware that in the same way as they have the right to ask a question about a member of staff's health, the member of staff has the right not to disclose personal and sensitive information related to their health. Staff who choose not to disclose relevant information must self-assess or disclose information separately to Occupational Health. Managers should help staff to feel safe to disclose, and should make staff aware that risk assessments can only be completed on the basis of known information.

Q. Does the risk assessment need to be reviewed and updated regularly?

A. The risk assessment should be reviewed whenever there are relevant changes to health, duties or location that may impact on the original risk reduction plan.

Amendment Record from Previous Version

Amendments from Version 1.0 published 18 May 2020

1. Cover page – emphasised applies to ALL staff, and not just for those in patient-facing areas, and now made applicable to shielding staff preparing for a potential return to the workplace.
2. Added in a Contents section to reflect the expanded guidance.
3. Risk Matrix scoring tool added.
4. Individual Covid Risk Assessment Form revised and updated.
5. Household Risk Assessment Form updated with request for line manager name.
6. Guidance added for staff on approaching the risk assessment.
7. Added in frequently asked questions.

Amendments from Version 2.0 published 08 June 2020

8. Risk Matrix scoring tool updated.

Amendments from Version 3.0 published 08 March 2021

9. Risk Matrix scoring tool updated

Amendments from Version 4.0 published 16 July 2021

10. Guidance for staff who are pregnant
11. Information about Shielding removed
12. Email address for occupational health amended

Amendments from Version 4.0 published 20 June 2022

13. Guidance for staff who are pregnant.