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**All Staff Covid-19 Risk Assessment**

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| **Employee Details** | | | |
| Full name |  | Employee number |  |
| Job title |  | Department & Business Unit |  |

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| **INTRODUCING THE RISK ASSESSMENT**  This risk assessment looks to holistically assess all staff, including those who are at most risk of adverse or serious reactions to Covid-19, based on the emerging data and evidence available.  The emerging evidence suggests that alongside a previous list of health-related physical conditions (see page 2) there are key demographic factors that can affect people’s vulnerability, or ‘risk factor’ in relation to COVID-19 health outcomes:   * Age * Gender * Ethnicity   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 on-going. We would encourage you to use this tool, to undertake your individual risk assessment, followed by an open conversation with your line manager, so that you can discuss further support.  This assessment takes into consideration your age, gender, ethnicity and underlying medical conditions – or 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.  Discussion with your line manager should be an honest exploration of your general concerns and risk factors and is an important part of the Trusts support to you and forms an integral part of our ongoing conversations about health and wellbeing. Where there is agreement that the risk factors can be mitigated to everyone’s satisfaction no change is needed. However, if it is clear that there is an increased risk for you, adjustments to support and to mitigate risks will be discussed and put in place. We also understand that this is a personal discussion and you may wish to be supported with it, or would like support to prepare for it. You can access support from a number of avenues, such as from a member of one of our staff networks – BAME, D-Ability or LGBT+, your staff side representative or a member of the human resources teams.  HR and Occupational Health can provide advice and support to employees and managers with regard to assessing risk and advising on adjustments. A manager may need to discuss adjustments with senior colleagues if this may impact on critical services.  **If you or someone in your household becomes ill with COVID 19 symptoms you can access staff testing. In order to access the dedicated Trust service we request that you call the HR Advisory line, which is currently operating 8am – 5pm Monday until Friday and 8am –1pm Saturday and Sunday on 0191 4458297.**  **Completed forms should be scanned and sent to the HR Advisory in box at:** [**ghnt.hr.advisoryteam@nhs.net**](mailto:ghnt.hr.advisoryteam@nhs.net) |

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| **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 clinically extremely vulnerable and clinically vulnerable (see Appendix A):    <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>  <https://www.gov.uk/guidance/new-national-restrictions-from-5-november#protecting-people-more-at-risk-from-coronavirus>  **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. Now over 60’s 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 whitecolleagues. 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:**  There may be some religious observance or events that it would be helpful to consider. For example fasting may have an impact on the ability of individual members of staff to perform their role fully, especially when wearing the highest levels of PPE. Line managers should have a thorough and comprehensive conversation with individual staff about how they will cope in these circumstances and consider what adjustments could be made. |

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| 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 |
| Potential exposure to COVID-19 infection | Staff with underlying chronic health conditionsStaff who are immunocompromised or undergoing treatment that may cause them to be immunocompromisedSome expectant MothersStaff 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 | Greater risk of severe infection from COVID-19Greater risk of picking up the virus and being subject to severe infection from COVID-19Temporary change of environment that may not accommodate previously recommended adjustments | **What can be done to remove or lessen the risk?**   * Can the employee 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?   **What additional actions can you take?**  **What is the risk score?** | The assessment should be reviewed at agreed intervals including reviewing the risk score to take account of any actions taken since the previous risk assessment |

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

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| **PREGNANCY less than 28 weeks with no underlying health condition**  Women who are less than 28 weeks pregnant with no underlying health conditions should practise social distancing but can choose to continue working in a patient-facing role, provided the necessary precautions are taken. | | | | | | | **CATEGORY A or B**  A (tick here)  B (tick here) | |
| **PREGNANCY less than 28 weeks with underlying health condition**  Women who are less than 28 weeks pregnant with an underlying health condition should avoid direct patient contact, and it is recommended that they work from home, or if this is not possible stay at home. | | | | | | | **CATEGORY C**  (tick here) | |
| **PREGNANCY More than 28 weeks**  Women who are more than 28 weeks pregnant should avoid direct patient contact, and it is recommended that they work from home, or if this is not possible stay at home. | | | | | | | **CATEGORY C**  (tick here) | |
| **CLINICALLY EXTREMELY VULNERABLE**  You must refer to Appendix A list of conditions that are automatically deemed clinically extremely vulnerable.  Work from home, or if this is not possible do not attend work for the period of restriction. | | | | | | | **CATEGORY C**  (tick here) | |
| **Risk** | **Score - 1 POINT** | **** | **Score 2 POINTS** | **** | **Score 3 POINTS** | **** | **Score**  **4 POINTS** | **** |
| **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 ethic 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 |  |  |  |
| *No underlying health condition as described on previous page* |  | *Evidence of underlying health condition described on previous page. Condition is mild or well managed*  ***Each condition needs to be scored separately*** |  | *Evidence of underlying moderate or chronic health condition described on previous page, OH COVID-19 Risk Assessment needed*  ***Each condition needs to be scored separately*** |  |  |  |

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| **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 hot Covid environments.  Avoid direct contact with Covid cohort where possible. | | Managers should arrange:   * Home working * Move to lower risk area with appropriate support measures.   \***clinically extremely vulnerable staff must work from home in line with current government guidance.** | |

**In the interests of maintaining the health, safety and wellbeing of our workers, the Risk Category A, B, or C, will be shared with relevant managers.**

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| **Discussion Notes and Agreed Outcomes/Adjustments** |
| 1. Confirm mutual understanding of why the risk assessment was needed and check understanding of risks, refer to the detail on page 2.  2. Talk about risk factors and scores from page 4 above, explore what that now means with your manager.  3. Talk about and explore any concerns or issues concerning the suggested action within the category scored on page 4. Where Category B or C is scored (excluding pregnant workers) & the staff member still insists on working despite trust advice please fully document, stating clearly the reason why the staff member insists on staying in work and kindly escalate to HR.  4. Agree next steps.  5. If there is any doubt in relation to a declared or known health condition/s, consider Occupational Health advice.  NB If you have any other posts with the trust (including the bank) you are encouraged to share this risk assessment with relevant line managers, and you can discuss and agree outcomes/adjustments with them where relevant. |
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| ***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.*** |

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| **Declaration of Understanding** | | | |
| I can confirm that any information contained in this risk assessment is reflective of the conversation held and agreement reached: | | | |
| Line Manager’s Name (Print Name) |  | | |
| Signed |  | Date |  |
| Staff Members Name |  | | |
| Signed |  | Date |  |
| Agreed Review Date |  | | |
| Provide details of any other posts held within the trust here |  | | |

**Appendix A**

**Clinically extremely vulnerable**

Adults with the following conditions are automatically deemed **clinically extremely vulnerable**:

* solid organ transplant recipients
* those with specific cancers:
  + people with cancer who are undergoing active chemotherapy
  + people with lung cancer who are undergoing radical radiotherapy
  + people with cancers of the blood or bone marrow such as leukemia, 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 that 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
* those with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
* those with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
* those on immunosuppression therapies sufficient to significantly increase risk of infection
* adults with Down’s syndrome
* adults on dialysis or with chronic kidney disease (stage 5)
* women who are pregnant with significant heart disease, congenital or acquired
* other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

**Clinically vulnerable**

Those in the following group count as **clinically vulnerable**:

* are 70 or older
* have a lung condition that’s not severe (such as asthma, COPD, emphysema or bronchitis)
* have heart disease (such as heart failure)
* have diabetes
* have chronic kidney disease
* have liver disease (such as hepatitis)
* have a condition affecting the brain or nerves (such as Parkinson’s disease, motor neurone disease, multiple sclerosis or cerebral palsy)
* have a condition that means they have a high risk of getting infections
* are taking medicine that can affect the immune system (such as low doses of steroids)
* are very obese (a BMI of 40 or above)
* are pregnant