

- Agreed advice or recommendations will be submitted to Andrew Goodall, NHS Wales Chief Executive & be published.

Deliverables

- Recommend appropriate precautionary principles for use by NHS and Social Care employers in Wales, in consultation with WG, employers and unions.
- Recommend a workplace Risk Assessment tool for staff with co-morbidities and encourage BAME colleagues to utilise this route, to promote best practice in health and safety at work.
- Consider approaches under consideration in the other UK countries and recommend any additional interventions to protect against Covid, including implications for workforce and safe, effective PPE usage.
- Recommend ongoing data collection and further analysis to monitor progress and outcomes and learn lessons for the future.

Scientific Subgroup meetings and creation of the risk assessment tool.

5th May 2020

6. The first meeting of the sub group took place and the group agreed to the first draft of the risk assessment tool as given below

Welsh Risk Assessment Tool Covid-19 (WRATC) discussed on 5th May 2020

Risk factor	Score
<u>Age</u>	
50-59	1
60-69	3
<u>Sex at birth</u>	
Male	1
<u>Comorbidity</u>	
Cardiovascular disease (including HTN, previous MI, heart failure)	1
Diabetes Mellitus	1
Chronic pulmonary disease (including asthma, COPD, interstitial lung disease)	1

Risk factor	Score
Chronic kidney disease	1
BAME	1
Obesity (BMI >30)	1

Maximum possible score is 10

Risk Stratification

- 0-3** Low risk - Continue current duties with adherence to infection control
- 4-6** High risk - Consider enhanced PPE & modification of duties
- >7** Very High-Risk - Work from home/ non patient facing roles

Current Duties	Score 0-3	Score 4-6	Score 7 or more
Community	Continue with caution	Enhanced PPE	Very High risk, Work from home if possible
Primary care	Continue with caution	Enhanced PPE	Very High risk, Work from home if possible
Secondary care Non AGP	Continue with caution/Enhanced PPE	Modified duties and enhanced PPE	Very High risk, Work from home only
Secondary care with AGP	Enhanced PPE	Redeploy out of AGP areas	Work from home only

7. Our approach was different to that adopted by the other UK Nations who relied on a data intensive approach. The RA Sub-group was however conscious about the need of developing the RA Tool at pace to save lives and decided to rely on the abundance of data already available to quickly produce a simple to use tool. The guidance provided with the risk tool provided advise about social distancing and use of masks
8. The group met weekly at formal meetings and would work on a daily basis in its urgent efforts to prepare a definitive tool as soon as possible.