

Risk assessments for staff



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This page contains guidance for employers on how to carry out risk assessments particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID-19 and actions which employers can take to keep staff safe. This includes staff returning to work for the NHS, and existing staff who are potentially more at risk due to their race, age, disability or pregnancy.

Trade union colleagues and local partnerships are an invaluable source of support to the organisation and should be used in constructing local approaches.

Other networks such as those for black, Asian and minority ethnic (BAME) or disabled staff will also be an important area of support to organisations.

In terms of deploying staff returning to the NHS, risks should be assessed at the occupational health screening stage and deployment decisions should take account of this.

Guidance produced by the **Health and Safety Executive** (HSE) will help organisations identify who is at risk of harm and how this guidance should be closely followed. It includes templates and examples that organisations can adopt, along with specific guidance on some vulnerable groups. HSE's guidance on **vulnerable workers** should also be used where appropriate.

There are specific sections in this COVID-19 guidance which are useful cross-reference points for those responsible for risk assessment:

- Occupational health
- Supporting vulnerable staff
- Staff returning to work
- Workforce supply and deployment
- Enabling staff movement

In addition to this, it is recommended that organisations consider the following issues in relation to people in their workforce who might potentially be at higher risk of contracting COVID-19, or of becoming more unwell if they do contract COVID-19. The assessment of risk should be done in discussion with staff, recognising some elements will require sensitive discussions.

Black, Asian and minority ethnic staff

Emerging evidence that is currently being reviewed by Public Health England shows that black, Asian and minority ethnic (BAME) communities are disproportionately affected by COVID-19. This concerning evidence suggests that the impact may also be higher among men and those in the higher age brackets. The reasons for this are not yet fully understood, but the health inequalities present for BAME communities have long been recognised. One hypothesis is that people from BAME communities have higher rates of underlying health conditions, such as type 2 diabetes and hypertension, and this may increase their vulnerability and risk.

Within the NHS, 40 per cent of doctors and 20 per cent of nurses are from BAME backgrounds, as are substantial numbers of health care support workers and ancillary staff. The exposure faced by frontline health and care workers puts them at a greater risk of catching COVID-19.

There may be other factors which are identified, and employers will need to update their local policies and approaches in light of the ongoing work and advice of PHE.

Employers should ensure that line managers are supported to have thorough, sensitive and comprehensive conversations with their BAME staff. They should identify any existing underlying health conditions that may increase the risks for them in undertaking their frontline roles, in any capacity. Most importantly, the conversations should also, on an ongoing basis, consider the feelings of BAME colleagues, particularly with regard to their safety and their mental health. Managers should also seek and follow occupational health advice where appropriate.

Age

There is evidence that COVID-19 has a greater impact in older age groups. Therefore, older staff may be more at risk as a result of increased age and likelihood of long-term conditions. Employers will need to consider this and take into account government advice on vulnerable workers and **shielding**. All new staff should be encouraged to **disclose** any medical condition that might compromise their health.

Disability

Disabled staff working across the NHS are likely to manage their disability through the application of **reasonable adjustments**. Some of these adjustments will be formally agreed and some informally adopted by staff to suit their own circumstances. It is likely the current situation of the COVID-19 pandemic will bring further challenges for disabled people at work.

Some disabled staff members may have a weak immune system, leaving them more vulnerable to getting an infection. There may be issues associated with personal protective equipment (PPE) and those with a mental health condition may feel increased levels of anxiety and stress.

Government advice on vulnerable workers and **shielding** should be followed and every effort made to encourage all staff to **disclose** any medical condition that might compromise their health.

For existing staff, undertaking a risk assessment will enable mitigating factors and additional support to be explored.

Gender

There is some emerging evidence to suggest that COVID-19 may impact more on men than women, so employers may need to review the approach they have taken in relation to risk assessment and deployment of returners.

Pregnancy

Pregnant women at whatever stage of pregnancy are classed as at risk. The Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Faculty of Occupational Medicine have developed **specific guidance** for healthcare workers who are pregnant. In addition, staff who are returning from maternity leave should be assessed against **government advice**.

Religion or belief

The current situation will coincide with religious events, most notably Ramadan, which will require staff to fast. This 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. Advice and **guidance** is available on supporting staff during Ramadan.

Employers should also consider the need for staff generally to be able to take time to conduct spiritual/religious reflection away from the frontline.

Outputs and actions

Line managers should gather the relevant information as outlined above, through one-to-one conversations with their staff. Managers should listen carefully to staff concerns and provide support and consider adjustments or redeployment for any staff who are identified as being at greater risk. Adjustments may include moving to a lower-risk area, undertaking lower-risk tasks, limiting exposure (for example through reducing shift lengths) and remote working.

Additional support through employee assistance programmes, occupational health or chaplaincy teams may also be appropriate. Managers should seek and follow occupational health advice where appropriate.

NHS England and NHS Improvement is also providing NHS employees with free access to psychological and practical support:

- A free wellbeing support helpline 0300 131 7000 available from 7am to 11pm seven days a week, providing confidential listening from trained professionals
- A 24/7 text alternative to the above helpline - simply text FRONTLINE to 85258.
- An online portal with peer-to-peer, team and personal resilience support.

Ongoing actions

Executive teams should keep their assessments updated and ensure managers engage regularly with employees identified as being at higher risk. The following steps can also be taken to ensure ongoing review of the deployment of staff from higher risk groups:

- Consultation and dialogue with trade union representatives through local partnership forum, including health and safety representatives.
- Ongoing engagement with relevant staff networks to ensure that there is an ongoing awareness of any concerns, questions and advice.
- Advice from the freedom to speak up guardian to ensure that colleagues from higher-risk groups can candidly raise any concerns about the application of the risk assessment process.

Assessment of data about the local incidence of COVID-19, particularly as more information becomes available through greater employee access to testing.

This guidance is designed for statutory NHS organisations (trusts, foundation trusts, CCGs, CSUs). It is of course applicable in other settings, sectors and organisations. Further specific advice for primary care settings is being explored with NHS England.

