

Manager's Guidance: Coronavirus (COVID-19) Risk Assessment (21/12/2020)

What is a risk assessment?

Risk assessment, is a careful examination of what, could cause harm to people, whether you have taken enough precautions or should do more to prevent harm. It will help you identify and prioritise putting in place, appropriate and sensible control measures to ensure the best possible reduction of the risk of harm.

What are the principles of risk assessment?

You should:

1. Identify **what** can cause harm to staff members in the workplace
2. Identify **who** might be harmed and how
3. Evaluate the risks and decide on the **appropriate controls**, taking into account the controls that are already in place
4. **Record** the completed risk assessment
5. **Review** and update the risk assessment if there is a change

How does this relate to COVID19?

Step 1 of the principle: (what can harm)

This is already known. COVID19 is caused by a virus and therefore is classified as a biologic hazard. It spreads through contact with respiratory droplets produced by an infected person. This may be directly, for example if the infected person coughs within a 2 metre range or indirectly through touching surfaces where an infected droplet has landed , if they reach mouth, nose or eye of another person.

The droplets pose a risk within 2 metres except for those that are generated through **aerosol generating procedures** (AGP) which can travel further and remain airborne in the area for up to 20 minutes.

Step 2 of the principle (who might be harmed)

This has already been identified. In respect to COVID19 there are three risk groups.

1. No additional risk
2. At risk (please see section three to five of [the OH guidance](#)): these are people who, because of their age, underlying medical condition, pregnancy (<28 weeks gestation) or ethnic background are known to be at increased risk of severe complications should they contract the virus.
3. Clinically Extremely Vulnerable (CEV) also referred to as shielding group (please see section three of [the OH guidance](#)): these are people with certain conditions that make them more susceptible to contracting the virus and at higher risk of severe illness.

It is important to note that group 1 (no additional risk) do not require the **risk assessment matrix** and the generic risk assessment is adequate. Group 3 (CEV) are currently being

advised to shield and are therefore working from home wherever possible. If it is not possible to work from home, CEV staff should not attend work so in effect there is no requirement to perform the risk assessment unless they choose to attend work despite the advice to shield.

Step 3 (evaluation and control measures)

The [risk assessment matrix](#) is designed to assist you to evaluate the risk and identify what control measures should be implemented to reduce the risk.

Step 4 (record)

As with all risk assessments, you must keep a record of the risk assessment in the staff member's personnel file

Step 5 (review)

If there is a change in a) personal circumstances of the staff member (for example the staff member notifies you that they are pregnant), b) work practices (e.g. the work area is designated as a COVID-19 area) or c) new information becomes available (e.g. evidence suggests there are further risk factors), you may have to review and update the risk assessment.

What does [risk management](#) mean?

Risk management is about taking practical steps to protect people from real harm and suffering. It does not necessarily mean stopping a certain activity but to identify the most reasonable way to eliminate or reduce the harm.

You might have heard the concept of [hierarchy of control](#) which means taking preventative measures to reduce the risk to the lowest reasonably practicable level. The list below is the Hierarchy of Control which sets out measures in the order you should consider them:

1. Elimination – is it possible to remove or eliminate the risk altogether?
2. Substitution – is it possible to use a different process which is less hazardous?
3. Engineering controls – is there equipment or methods to control the exposure to the risk?
4. Administrative Controls – are there other procedures to reduce the exposure risk e.g. signage and education about the risk?
5. Personal protective equipment(PPE) – what PPE is available to eliminate or reduce any residual risk not eliminated using the previous measures

How does the risk management principle apply to COVID19?

You should go through the hierarchy of control with the staff member to identify the most reasonable and practicable solution.

Here are some examples of adjustments that could be considered to manage the risk of exposure to COVID19:

1. Elimination – is it possible for the staff member to work from home?

2. Substitution – is it possible for the staff member to work in a non-patient facing area? Is it possible for the staff member to work in non-COVID-19 designated area? Can the staff member avoid working in an area where AGPs are performed?
3. Engineering controls – are all engineering methods (e.g. side room, air circulation) in place? Is it possible for the staff member to avoid entering side rooms where COVID-19 patients are being cared for?
4. Administrative Controls – Is it possible to triage patients (e.g. in community) so that the staff member subject of the risk assessment, can avoid having close contact with them? Is it possible to ensure social distancing measures e.g. 2 m distance are complied with in the workplace? Is it possible to reduce the duration of face to face contact with patients?
5. Personal protective equipment – What is the correct PPE for the particular interaction? If the staff member requires FFP3, have they been fit tested?

PLEASE NOTE THAT PPE SHOULD BE USED FOR ANY PATIENT INTERACTION AS ADVISED BY INFECTION PREVENTION AND CONTROL

What does ‘reasonable’ mean in terms of risk management?

This means balancing the level of risk against the measures needed to control it.

Frequently Asked Questions:

Q. As a manager, should I contact all my Black, Asian, and minority ethnic (BAME) staff members to complete the risk assessment with them?

A. You must ensure that all staff are informed by all appropriate means including verbal update and team emails that the risk assessment is available and they can arrange with you or a delegated person to complete the risk assessment.

This is a collaborative process and staff members of BAME background as well as those who are classed as vulnerable due to an underlying medical condition or pregnancy are all encouraged to review the risk assessment. The staff member can arrange a meeting with their manager to complete the risk assessment if they wish.

The risk assessment is a legal obligation and you or your delegated person must arrange for the [risk assessment matrix](#) to be completed with the staff member when they ask.

If you have a very diverse workforce and you are unable to undertake all the risk assessment, please see our [guidance](#) regarding different methods to ensure you can reasonably meet the request to complete the risk assessment in a timely fashion. This [guidance](#) also provides top tips in relation to having a conversation within your diverse team.

Q. Does the risk assessment mean all BAME staff members should work from home or change their job role?

A. No, the [risk assessment matrix](#) contains examples of reasonable measures that should be considered in order to reduce the exposure. You should follow the hierarchy of control / risk management options as explained above. This includes whether the staff member can work from home, or be redeployed. If these are not reasonable to implement, then the lower level of risk management hierarchy should be implemented.

Q. Are there any other measures I can consider as part of risk management or does it have to be the options referred to in the [risk assessment matrix](#)?

A. The options referred to in the [risk assessment matrix](#) (on the first page under 'Key Considerations' and on the second page under 'Agreed Action Plan') are typical examples of risk management. This is **not prescriptive or an exhaustive list** and you should consider other options that are reasonable and record them in Box '11. Other' on the [risk assessment matrix](#).

Q. Should all BAME staff members who are 55 years of age be referred to Occupational Health (OH)?

A. No, the [risk assessment matrix](#) should assist you to identify an action plan in most cases. If however you are unable to formulate a reasonable and acceptable action plan, there is the option to refer the staff member to Occupational Health.

Q. How does the [risk assessment matrix](#) work?

A. The first page of the [risk assessment matrix](#) offers the information you need to carry out the risk assessment. The box entitled '**Completing the risk assessment**' clarifies who requires the risk assessment, who can complete it with them and links to the supporting guidance. The middle box entitled '**Key Considerations**' offers common measures to reduce the exposure. The third box provides a link to the definition of the **Aerosol Generating Procedures (AGP)** and additional information to inform your risk assessment.

The '**Area of work**' section, establishes the risk associated with different working areas. The key point is to move the staff member for whom the risk assessment is being undertaken, from the red box (AGP on the right hand side) to the green box (low Risk on the left hand side)

On the second page you should confirm the details of the staff member and the person completing the [risk assessment matrix](#), which staff group they belong to, and which area they will be working in (low, medium or high risk) following the risk assessment.

You must complete the '**PPE/ RPE**' section and follow the advice on the right hand box if not all boxes in this section are ticked.

Finally you should tick which action was agreed to be implemented including a description of other actions if there is any, under number 11.

You must keep a record of the completed [risk assessment matrix](#) in the staff member's personnel file and provide them a copy if they wish.

Q. What measures are in place to reduce the risk to staff who fall within the vulnerable groups and work in an office environment?

A. An environmental risk assessment should be carried out in all offices and work locations to ensure measures are in place to facilitate social distancing. At an individual level, the principle of the hierarchy of control should be followed to identify whether the person can work from home. Other measures should be decided locally for example whether it is possible for the vulnerable or BAME staff members to work in a separate room.

Q. I have completed the risk assessment for a BAME staff member who is 58 years of age. No AGP is performed in the area he works but he does care for patients with COVID-19. Does he need to wear a FFP3 mask for more protection?

A. The decision about PPE is based on how the virus is spread. The PPE offered for different patient activities provides adequate protection for all staff regardless of their vulnerability and ethnic background. The Trust advice on [appropriate PPE in areas that AGP is not performed](#), offers adequate protection for this member of staff and he does not need a FFP3 mask.

Q. Do all BAME staff members over 55 years of age require fit testing?

A. Fit testing is only provided for staff members who need to wear a [FFP3](#) mask because they undertake AGPs and/or work in an area where AGPs are performed. This advice is the same for all staff members irrespective of vulnerability because of underlying condition or ethnic background. Therefore, only staff members who undertake AGPs or work in an area where AGPs are performed require fit testing. This is not dependent on age or ethnicity.

It is imperative that ALL STAFF including those with a vulnerability because of underlying medical conditions, pregnancy and from ethnic background strictly follow the IPC advice regarding hand hygiene and appropriate PPE.

Q. I have completed the risk assessment matrix and we agreed it should be referred to OH. How can I refer the staff member to OH?

A. Please email the completed [risk assessment matrix](#) to OHAdministrator@gstt.nhs.uk including your relevant query and contact details for you and member. In the subject heading (title of email) please use "COVID19 Risk Assessment".

Please confirm in the email that the staff member is aware of the referral and has consented to be referred.

Q. How long will it take for the staff member to be seen in Occupational Health?

A. Provided the staff member is available for an assessment and all the information has been received including the completed [risk assessment matrix](#), evidence of the staff member's consent to be seen in OH, we will make every effort to provide advice within 2 working days.

Q. What should we expect from OH following a referral for COVID19 Risk Assessment?

A. The Occupational Health Physician will carry out a more detailed risk assessment and will advise you and the member of staff of their level of risk within the vulnerable group.

The higher their risk level, the more effort should be made to identify a reasonable action to reduce the risk. This will include considering availability of risk management options (e.g. working from home, or working in non-patient facing roles) and allocating it to staff members with higher degree of risk.

Q. I have had a risk assessment already. Do I need to redo it now the IPC guidance has been updated on 07.09.2020? (New Question 07.09.2020)

The principle for risk assessment remains the same however, if moving to the new IPC pathways results in a substantial difference you will need to repeat the risk assessment.

Q. I manage a ward that has a mixture of green, amber and red pathway patients. Should I move vulnerable staff members to a ward with only LOW RISK/green pathway patients? (New Question 07.09.2020)

A. It is unlikely that there will be a ward with only green pathway patients and most wards will have mixed zones for green and amber patients and side rooms for red patients. Vulnerable staff should provide care to low risk/green pathway patients as far as possible. When this is not feasible, they can care for amber patients strictly following the IPC advice regarding hand hygiene and appropriate PPE.

Vulnerable staff members should avoid entering side rooms where red pathway/high risk patients are being cared for.

Q. What about areas where the separation between COVID-19 and non COVID-19 patients is not always possible e.g. in the Community?

A. In a community setting it is advisable to consider a reasonable way to identify patients or household members that can have COVID-19. This may include triaging in advance to determine whether the patient or household members are symptomatic or isolating or asking only the patient and their carer (if needed) to be present at the time of visit.

If the patient or household members are likely to be symptomatic, you need to consider whether the assessment can be done remotely, or deferred to a later date. If this is not possible you need to consider whether a member of staff from group 1 (no risk) can undertake the visit. These are examples of local solutions you may want to consider in order to mitigate the risk.

Q: Following the change to the IPC guidance on 07.09.2020 and the introduction of the new IPC pathways, do non-clinical staff have to have a risk assessment undertaken? (New Question 07.09.2020)

A: Yes they do. This is especially if they are entering into a clinical area that admits or assesses patients.

Q. A member of my staff has told me that they have a medical condition therefore they are asking for a risk assessment for COVID-19. I did not have any knowledge of his condition and he has never asked for any adjustments. Can I ask him what their condition is?

A: He does not need to disclose his diagnosis and only needs to inform you that he has an underlying medical condition which is classed as a vulnerability in respect to COVID-19. You must not ask any question about the nature of the condition e.g. the diagnosis, symptoms, investigations or treatment that may lead to a disclosure of his medical condition. His declaration that he has a medical condition that categorises him as vulnerable is adequate to warrant the risk assessment if he wishes to have the assessment. If there is a reason to identify the nature of the underlying condition, you can refer him to OH. If any staff member wishes to disclose what their condition is, you must keep it in absolute confidence and there is no need to record it on the risk assessment matrix.

Q: I have undertaken a risk assessment with someone on my team and one of the recommended adjustments was to avoid public transport as much as possible and drive into work. How do I arrange a car parking space for him at the Trust?

A: If travelling into work by car in order to avoid public transport has been identified as a reasonable adjustment following risk assessment, the Trust does have a limited number of car parking spaces available for staff. These spaces are free of charge and must be requested via your HR business partner who will review the request with the car park management team in Essentia.

The risk assessment should be reviewed on a monthly basis.

If in the future, following review of the risk assessment (see step 5 of the principle), the adjustment is no longer recommended please inform the Essentia team immediately so that the car park space can be made available to other staff members whose risk assessment have shown they require them.

Q: I manage a team in the Community. Will the trust provide my staff members with a mask to travel between patients' homes or sites?

A. The Trust advice on [appropriate PPE](#) is based on international and national advice. The PHE does not currently advise to use a face mask during commute therefore the Trust is not suggesting facial mask for travel between patients or sites. As per government advice, if the travel is in confined space and the social distancing cannot be observed, a facial cloth can be used. You should consider whether it is reasonable to arrange the visits when it is quieter and therefore better chance to observe social distancing as a risk management option.

Q. Should I be thinking of carrying out a risk assessment for my staff currently working from home and will be returning soon.

A. In principle yes. Any member of staff who is vulnerable, pregnant or of BAME background must have a risk assessment should they wish. You should consider whether they can continue working from home as the first measure in the hierarchy of control.

Q. I have a number of BAME staff members who are work through the Trust Bank or an External Agency. Should I complete a risk assessment for them to?

A. Yes. In principle the risk assessment is a legal obligation and you or your delegated person must arrange for the [risk assessment matrix](#) to be completed with the staff member when they ask including those who work through the Trust Bank or an agency.

For agency staff, the agency is also responsible to carry out a risk assessment. Therefore if the agency staff ask you to complete a risk assessment, you should ask to discuss with their agency too to ensure the risk assessment is jointly undertaken between the employing agency and the Trust.

For staff member who work through the Trust Bank or agency but cannot identify a line manager, please encourage them to contact the Staff Bank for assistance.

Q. I manage a COVID-19 designated area. I have completed a risk assessment for BAME staff member working through an agency. Is it possible to deploy this staff member to a different location?

A. If you cannot accommodate working in a non-COVID-19 designated area and the agency staff member wishes to work elsewhere, please inform the Staff Bank in order that they can explore whether there are any other suitable positions elsewhere in the Trust, or inform the agency.