

Covid-19 Response - BAME Staff Support and Risk Assessment Toolkit

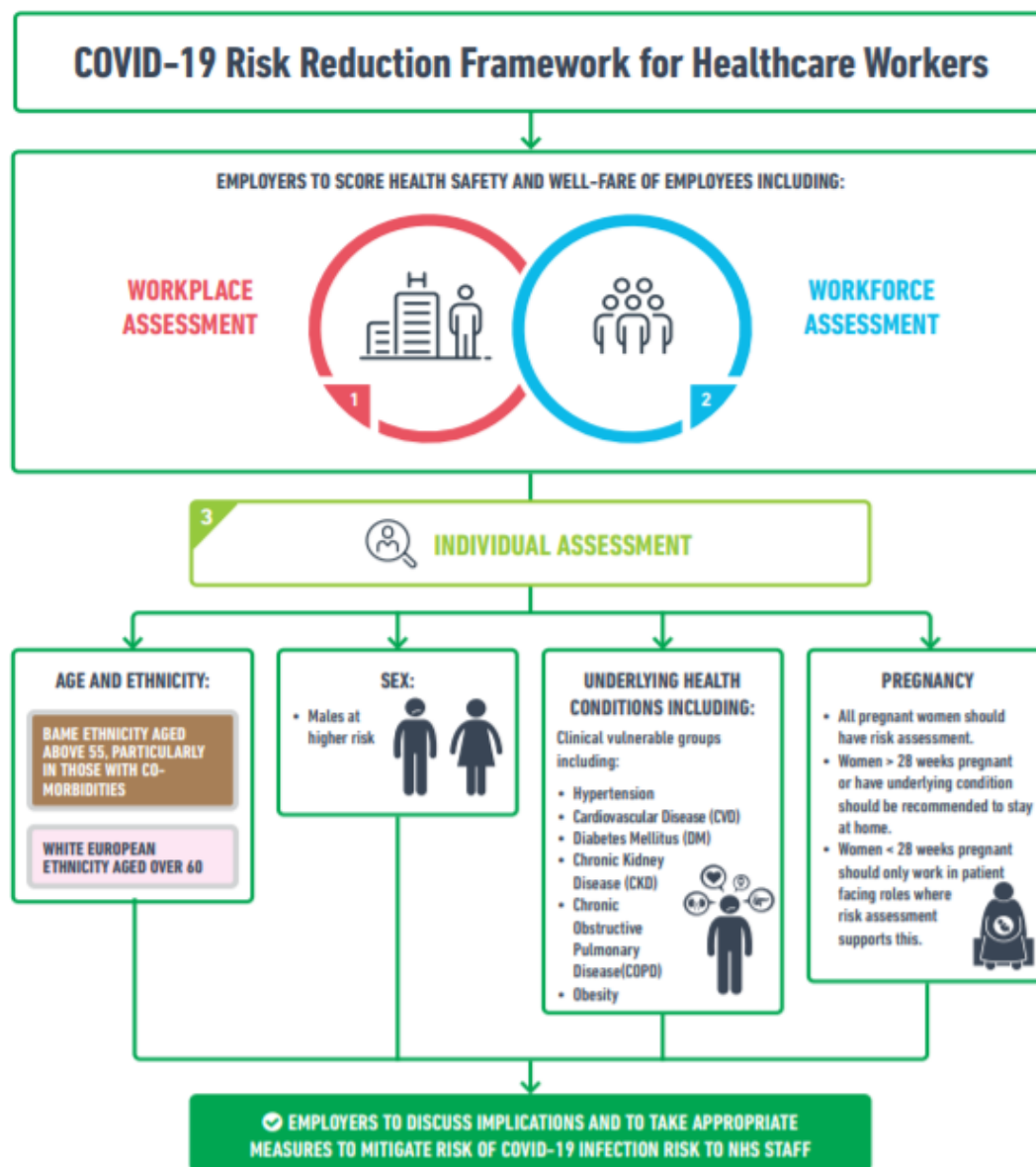
Guidance for Optical Practices
NHS England and NHS Improvement - Midlands

June 2020



Background References

NHS Employers Framework for risk assessment of workplace, workforce and individuals



Source: <https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf>

- A. Risk Reduction Framework needs to be used in conjunction with NHS Employers Guidance
- B. Employers need to take into consideration health care setting such as Primary or Community Care, Hospital setting or environment where Aerosol Generating Procedures are performed

- Communicate to all workers the approach being taken and what support is available.
- Share the risk assessment toolkit and guidance (examples provided) with all team members to help them identify whether they are in an at-risk group
- Explain the need for staff to discuss with their manager/employer any concerns regarding the process.
- Consider alternative routes through which individuals might raise concerns or flag the need for a risk assessment discussion
- Review and repeat risk assessments as necessary in line with individual circumstances, emerging evidence, and/or national guidance

Examples of mitigation

Immediate steps that can be taken by organisations to mitigate risks for all staff including BAME, older male and pregnant staff.

- Redeployment
- Working from home
- Aids for remote working
- Health and wellbeing support
- Safe rotas/staffing
- PPE
- HR policies/staff reporting of symptoms/testing

Source: https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings_assessment-and-management-of-risk_13052020v2.pdf?sfvrsn=1068965_2

Outcome and actions for individuals



Managers should listen carefully to concerns and provide support and consider adjustments or redeployment for any staff who are identified as being at greater risk.

Adjustments may include:

1. Limiting duration of close interaction with the patient (for example, preparing everything in advance away from them).
2. If possible, maintaining a two-metre distance from the patient.
3. Avoiding public transport/rush hour through adjustments to work hours.
4. Asking patients to wear a mask for staff member interaction.
5. Asking that the patient attends alone where possible.
6. Providing surgical mask for staff members for all interactions with patients.
7. Redeploying staff to a lower risk area.
8. Encouraging remote working where possible.
9. Varying working patterns.

Maintaining social distancing in a practice setting

Work area

You should think about how you can organise your work area so that you can keep people 2 m apart, where possible:

- physically arrange work areas to keep people 2 m apart;
- mark areas using floor paint or tape to help people keep a 2 m distance;
- provide signage to remind people to keep a 2 m distance;
- avoid people working face-to-face, for example working side-by-side.

Where you cannot keep a 2 m physical distance, you should think about:

- assigning one person per work area;
- reducing the number of people in the work area;
- assigning and keeping people to shift teams (sometimes known as a cohort), that is people on the same shift working in the same teams, to limit social interaction;
- keeping the number of people working less than 2 m apart to a minimum;
- using screens to create a physical barrier between people.

You need to think about how to keep the work area clean and prevent transmission by touching contaminated surfaces. You should consider the following:

- decide on how frequently you need to clean the work area, equipment and vehicles, for example cleaning at the end of each use if equipment is shared between people or between shift changeovers;
- identify objects and surfaces that are touched regularly and decide how frequently you clean them;
- provide hand sanitiser .



Advice on conducting conversations



- A risk assessment should be carried out for all BAME staff as a priority so that a personalised risk mitigation plan can be put in place.
- This requires an **open collaborative conversation** between the staff member and the manager.
- An open-ended question like “What can I do to help, how can we help you?” is a good starting point.
- A risk assessment tool should support a structured conversation and explore all potential risks.
 - No template can fully capture the sensitivity of the discussion and it must avoid becoming rigid, reductionist or a tick-box exercise.
 - Regular review which addresses concerns will promote respect and confidence in the process.

Source: https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings_assessment-and-management-of-risk_13052020v2.pdf?sfvrsn=1068965_2

- Practices should keep their workplace and workforce risk assessments updated and ensure managers engage and communicate regularly with workers identified as being at higher risk.
- Maintain open dialogue to ensure that there is awareness of any concerns.
- Personnel in higher-risk groups need to be able to raise any concerns about how the risk assessment process is being applied
- Risk assessments should be repeated when new information becomes available or where an individual requests a review.
- Assess data about the local incidence of COVID-19, particularly as more information becomes available through greater access to testing.
- Practices should continue to consider any updates to national or local guidance regarding the testing of staff

Examples of Best Practice

- Any issues raised by staff need to be discussed, so that solutions can be explored. This should result in a documented plan with a time line and review date
- The employee should be offered the opportunity to have an assessment done by someone other than their manager if they do not want to disclose certain issues to them.
- Staff need reassurance about the risk assessment process and that anything noted on the assessment will not adversely affect their current or future working conditions

Support available to practices in managing impact

If risk assessments and adjustments for staff are likely to have a significant impact on the ability of the service to provide care to patients then action will need to be taken:

- Consider your practice business continuity plan and ensure you have undertaken a prioritisation of activities and are implementing a phased approach to resuming services
- Consider “buddying” arrangements or mutual aid from other local practices - you may have staff who can undertake remote triage and they may have surplus staff unable to work due to social distancing restrictions and reduced throughput in the practice
- Seek support or advice from your professional body or Local Optical Committee
- Discuss with NHS England and NHS Improvement Midlands if you need to change your opening hours or are unable to provide GOS services

NHS Health and Wellbeing Resources



- **Support Helpline** - A free wellbeing support helpline 0300 131 7000 available from 7am to 11pm seven days a week, providing confidential listening from trained professionals
- **Wellbeing apps** - NHS staff have been given free access to a number of wellbeing apps from now until the end of December 2020 to support their mental health and wellbeing. Apps include SilverCloud, Sleepio, Daylight, Unmind and Headspace <https://people.nhs.uk/help/support-apps/>
- **#LookingAfterYouToo** - Individual coaching support for primary care staff - Register at <https://people.nhs.uk/lookingafteryoutoo/> and book individual coaching in a way and at a time of day that suits them.

Source: <https://people.nhs.uk/help/>