**BME Individual Staff Risk**

**Assessment in Response to COVID-19**

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| **Employee Details** | |
| Employee Name |  |
| Area/Team/Department |  |
| Site |  |
| Date of Assessment |  |
| Review Date |  |
| Employee Contact No |  |
| Date of Birth |  |

Employee Self-Assessment: To support the risk assessment process, a BME Individual Self-Assessment form is available for completion prior to the meeting with the line manager. This is not obligatory but, if you choose to do so, the form can be accessed below:

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**\*\*\* Please Read and Understand Prior to  
Undertaking the Risk Assessment \*\*\***

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| **Introducing the BME Individual Staff Risk Assessment**  The emerging evidence that is currently being reviewed by Public Health England (PHE) suggests that, alongside a previous list of health-related physical conditions, Black and Minority Ethnic (BME) communities are disproportionately affected by COVID-19 and 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 one hypothesis is that people from BME communities have higher rates of underlying health conditions, such as type 2 diabetes and hypertension, and this may increase their vulnerability and risk.  This risk assessment looks to holistically assess individual staff risk to safeguard Trust BME staff at most risk of adverse or serious reactions to COVID-19, based on the emerging data and evidence available. There may be other factors which are identified and practices will need to update their local policies and approaches considering the ongoing work and advice of PHE.  The causes of these increased risk factors are not yet fully understood and further research is taking place right now. Even if the causes are not known, it is important that practices respond in a timely way to what the evidence is saying.  It will be the responsibility of the health and safety lead within the practice to ensure the completion of the risk assessment for BME staff, falling into the categories described above. This should take into consideration colleagues’ age, gender, ethnicity risk factors and known underlying health conditions, paying attention to the health vulnerabilities described by the Government.  The risk assessment should be a meaningful conversation and exploration of the risk factors and perception of the colleague. Where there is agreement that the risk factors can be mitigated to everyone’s safety and satisfaction, no change is needed. Where, however, it is clear that there are increased risks for a colleague, the practice must provide support and make necessary adjustments to mitigate those risks.  HR and Occupational Health advisors (if available) can provide advice and support to the those undertaking the risk assessment (both manager and staff member). Support and advice may also be obtained from the Health & Safety Lead and the local Freedom to Speak Up Guardian in conducting an approach that supports the individual. Should any adjustment to staff’s working arrangement place a strain on the delivery of services, these issues must be escalated to ensure support is provided to resolve the issues as quickly as possible. |

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| **Important Information about the BME and**  **Physical Health Risks Associated with COVID-19**  **Are you aware of the health conditions associated with an elevated COVID-19 risk?**  In addition to those in the extremely vulnerable category, the Government are advising those who are in the following groups should take particular care to minimise their social contact through social distancing measures. This group includes those who are clinically vulnerable with an underlying health condition listed below:   * chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis * chronic heart disease, such as heart failure * chronic kidney disease * chronic liver disease, such as hepatitis * chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy * diabetes * problems with your spleen – for example, sickle cell disease or if you have had your spleen removed * a weakened immune system as the result of conditions such as HIV and AIDS or medicines such as steroid tablets or chemotherapy * being seriously overweight (a body mass index (BMI) of 40 or above) * those who are pregnant * aged 70 or older   **Are you aware of the Demographic factors associated with an elevated COVID-19 risk?**  The emerging evidence suggests there are three key elements that can affect people’s vulnerability or ‘risk factor’: age, gender and ethnicity. Put simply, older people, men and people from Black and Minority Ethnic (BME) 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 do not 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. Therefore, the Government measures are in place for the over-70s 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.  **Ethnicity:**  Those of BME appear to be at increased risks, particularly aged above 55 or have comorbidities. Therefore, 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 suggest that BME 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 ethnic minorities, 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. Data from as recently as 22 April 2020 shows that BME 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. The NHS is 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:**  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.  **Pregnancy:** Women who are less than 28 weeks pregnant should practise social distancing but can choose to continue working in a patient-facing role, provided the necessary precautions are taken. Women who are more than 28 weeks pregnant, or have underlying health conditions, should avoid direct patient contact and it is recommended that they work from home where possible. [www.rcog.org.uk/globalassets/documents/guidelines/2020-04-21-occupational-health-advice-for-employers-and-pregnant-women.pdf](https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-21-occupational-health-advice-for-employers-and-pregnant-women.pdf) |

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| Ethnicity: (enter code from list in Appendix 1) | Medium Risk | Gender: | Medium Risk: Male |  |
| Low Risk: Female |  |

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| **Individual’s underlying Health Condition Risk Category/Other Factors** | **Yes** | **No** |
| High – Notified as on 12 weeks shielding (very high-risk group) |  |  |
| High – At risk/vulnerable – underlying health condition as per PHE list |  |  |
| High – Pregnant |  |  |
| High – Age 70 years |  |  |
| Medium – Is there any reason that PPE or IPC may not be able to be applied/fitted correctly due to a cultural or faith reason (e.g. disposable over sleeves)? |  |  |
| Medium – Is there any reason that PPE or IPC may not be able to be applied/fitted or work correctly due to a cultural or faith reason? |  |  |
| Medium – Do you live in the same household as somebody who has been told to ’shield’, who is over 70, has underlying health conditions or is pregnant? |  |  |
| Medium – Do you live in a multi-generational household (e.g. children, parents, grandparents, great grandparents in one household) and/or caring for a vulnerable relative? |  |  |
| Medium – Age 55 years to 70 years |  |  |
| Medium – Do you already have workplace adjustments in place? |  |  |
| Low – Significant concerns regarding impact on mental wellbeing (COVID-19 anxiety) |  |  |
| Low – Minor or moderate concerns regarding impact on mental wellbeing (COVID-19 anxiety) |  |  |
| Low – Journey to work on public transport – should be mitigated |  |  |

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| **Relevant Factors for Consideration** | **Yes** | **No** |
| Caring for patients in a community setting |  |  |
| Currently working from home |  |  |
| Providing a service to other colleagues within the care setting (e.g. cleaning, Estates, IT) |  |  |
| High COVID-19 risk area (if working in another role outside practice) |  |  |
| Low COVID-19 risk area (practice setting) |  |  |
| Providing a service to colleagues but not directly within the care setting (e.g. training) |  |  |
| Are there other roles that could impact on this risk assessment such as carrying out Bank shifts in a different area? |  |  |
| Any other risk-based information not adequately captured above (e.g. Occupational Health advice received) |  |  |

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| **Action Required** | |
| If answered yes in any high risk box | Please lead a discussion to support the BME colleague. This should consider **all** options set out in the Discussion Points section overleaf but might, in some circumstances, include the BME colleague working from home. This should be done in a way that they can still contribute to work either within the practice or in an alternate role. Managers should also be undertaking workplace assessments to ensure adequate control measures. Please see Risk Reduction Framework for Healthcare Workers on final page. |
| If answered yes in two or more medium risk boxes (including gender) | Please lead a discussion to support the BME colleague. This should consider **all** options set out in the Discussion Points section overleaf, but might, in some circumstances, include redeploying the BME colleague to an area with low risk exposure to positive COVID-19 patients. If this is not possible, consideration should be given to BME colleagues working from home. This should be done in a way that they can still contribute to work either within the practice or in an alternate role.. Managers should also be undertaking workplace assessments to ensure adequate control measures. Please see Risk Reduction Framework for Healthcare Workers on final page. |
| If answered yes in any non-high risk box | Please lead a discussion with the BME colleague to ensure that they understand and have access to all infection, prevention and control measures. Please discuss with the BME colleague personal health and wellbeing support that can be available for both “significant” and “minor” issues. Managers should also be undertaking workplace assessments to ensure adequate control measures. Please see Risk Reduction Framework for Healthcare Workers on final page. |

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| **Discussion Points** Where colleagues come under the “high or medium risk categories”, please see detailed below the discussion areas (as appropriate) which should take place | |
| **Options** | **If Applicable, Outcome** |
| Confirm PPE availability/ use in line with PHE and NHSEI guidance |  |
| Support for mental health and wellbeing, e.g. health check, mental health first aid *recognising that colleagues may also be dealing with bereavement or loss outside the work environment and fear within their own situation* Please see last slide of accompanying presentation. |  |
| Working patterns and flexibilities applied to reduce risk, e.g. shifts, rotations, location within the team |  |
| Overall work location, redeployed to a lower risk area, e.g. non patient facing or non-clinical role |  |
| Reduced direct patient contact by working virtually, either by telephone or PC based |  |
| Working from home (with appropriate support available) |  |
| Any other options |  |

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| **The ‘Clinically or Extremely Vulnerable’ List who will have Received a Letter to ‘Shield’** |
| 1. Solid organ transplant recipients 2. People 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 leukaemia, 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 which 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 six months or who are still taking immunosuppression drugs  1. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD) 2. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell) 3. People on immunosuppression therapies sufficient to significantly increase risk of infection 4. Women who are pregnant with significant heart disease, congenital or acquired 5. Solid organ transplant recipients 6. People 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 leukaemia, 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 which 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 six months, or who are still taking immunosuppression drugs  1. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD) 2. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell) 3. People on immunosuppression therapies sufficient to significantly increase risk of infection 4. Women who are pregnant with significant heart disease, congenital or acquired |

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| **Discussion Notes and Agreed Outcomes/Adjustments** |
| Advise member of staff about escalation contact points if they feel uncomfortable with the outcome of the meeting. This will include their professional organisation or local dental committee or a Freedom to Speak Up Guardian.  Information concerning this can be found within the COVID-19 FAQs     1. Refer to the Discussion Points section which deals with risk factors and explore what that now means with your manager. Are any adjustments already in place? Is it necessary for the member of staff to attend a place of work? Is the role patient facing? 2. Have any other risk assessments been carried out (e.g. stress risk assessment, pregnancy risk assessment)? 3. Talk about and explore any concerns or issues concerning the suggested action. Consider staff member’s feelings regarding safety and mental health and wellbeing. Particular attention should be taken as colleagues may be dealing with bereavement or loss outside of the workplace and may be anxious at the point of any meeting. A reminder of what resources are available is given in the last slide of the accompanying powerpoint 4. Agree next steps, including the next review date, which should generally be no more than four weeks, to take account of the potential change in risk throughout the COVID-19 period and any changes that the individual makes you aware of. 5. Advise on staff COVID-19 testing – Please refer to the most recent local advice. 6. If there is any doubt in relation to a declared or known health condition/s, obtain Occupational Health advice (see separate sheet) |

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| **Actions and Outcomes** | **Yes** | **No** | **Monitoring / Further Action** |
| Actions agreed reduce the risks to the colleague |  |  | *Local manager to review and monitor* |
| Actions agreed do not fully reduce the risks to the colleague/some concerns remain. |  |  | *Contact available Occupational Health services for further advice and support* |

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| **Additional notes to specifically include adjustments made** *(Please add any additional notes as appropriate / following discussion with Occupational Health services where necessary)* |
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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: | |
| Manager’s Name (Print Name) |  |
| Signed |  |
| Date |  |
| Colleague’s Name (Print Name) |  |
| Signed |  |
| Date |  |

It is important to acknowledge this area is continuously evolving and this is a working document and will be reviewed and updated in light of any further evidence and as Public Health England and Government guidance changes.

**Appendix 2 (Extract from NHS Employers Guidance)**

A screenshot of a cell phone

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A screenshot of a video game

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