**Risk Assessment Algorithm for Potential Occupational Exposure to Coronavirus for Volunteers with Patient Contact**

*NOTE: If a volunteer who is over 70 ticks the box that they have a long term condition (LTC), or any volunteer of any age ticks the box that*

Volunteers 70+ with a LTC can ONLY volunteer at home.

*they have an LTC, but insists on returning to volunteer please complete a new referral to OH. We want to try to avoid this route.*

**Please refer to the 4 boxes on the right in red before proceeding with any volunteer.**

Volunteers 70+ with NO LTC can ONLY volunteer at home or at a SECURE site.

Work in outpatient/clinic services No or other community based

services.

Work in:

 Minor Injuries Unit

 Intermediated Care Unit

 Urgent Treatment Centre

 Patient Homes

ANY volunteer 69 or under with a LTC can ONLY volunteer at home or at a SECURE site.

**Yes**

Any volunteer advised to shield can ONLY volunteer at home.

Patients being seen in these work areas should be advised not to attend if symptomatic with COVID-19. *Unlikely* exposure to patients with COVID-19.

Work in areas/patient homes where patients with

COVID-19 not routinely expected to be treated

Work in areas where patients with possible COVID-19 will be treated or admitted.

*Potential* regular exposures to patients with COVID-19

Not involved

in patient care e.g. receptionists

porters,

housekeepers etc.

Involved in patient care WITHOUT Aerosol Generating Procedures

**Involved in patient care WITH Aerosol Generating Procedures**

**Involved in patient care WITH Aerosol Generating Procedures**

Involved in patient care WITHOUT Aerosol Generating Procedures

Not involved

in patient care e.g. receptionists

porters,

housekeepers etc.

Not involved

in patient care e.g. receptionists

porters,

housekeepers etc.

Involved in patient care WITHOUT Aerosol Generating Procedures

**Involved in patient care WITH Aerosol Generating Procedures**

**A B A C**

**(Note – volunteers who come within 2 metres of patients are classed as “Involved in patient care WITHOUT Aerosol Generating Procedures” for the purpose of this Risk Assessment)**

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| **RISK ASSESSMENT FOR PREGNANT OR AT-RISK STAFF WITH REGULAR PATIENT CONTACT (see guidance notes on page 6)****OCCUPATIONAL****EXPOSURE TO Tick Things to consider****CORONAVIRUS** |
|
|  | **A** |  |  Provide advice on standard and transmission-based infection control precautions, including the use of setting appropriate PPE. Staff to be reminded of the importance of [social distancing b](https://www.nhs.uk/conditions/coronavirus-covid-19/staying-at-home-to-avoid-getting-coronavirus/staying-at-home-and-away-from-other-people/)oth in the workplace and outside of it. |
| Outcome of Algorithm for role | **B** |  |  Reiterate standard infection control precaution and PPE requirements for aerosol generating procedures. Ensure awareness of additional precautions required for care of patients with possible or confirmed COVID-19. Staff to be reminded of the importance of [social distancing b](https://www.nhs.uk/conditions/coronavirus-covid-19/staying-at-home-to-avoid-getting-coronavirus/staying-at-home-and-away-from-other-people/)oth in the workplace and outside of it. |
| Which level of infection control measure is required? Please tick | **C** |  |  Discuss with the individual how their medical condition currently affects their abili their role; taking into account any existing reasonable adjustments. Discuss modification of work practices, to avoid exposure to patients with possible or confirmed COVID-19, in the current work area and their practicality e.g. caring for non-infectious patients, performing temporary administrative duties, teaching/training of temporary staff, supervision of staff If work restrictions are not considered to be operationally practical - consider temporary redeployment to an alternative work area where exposure risk is lower. If required further support is available from Human Resources |
| **Further actions to be taken to reduce risks – please note what risk level of role is possible for** **volunteer – to discuss with volunteer.** e.g. Details of role modifications. To discuss low/medium/ risk roles as highlighted in roles/monthly reportingCurrently not recruiting to high risk roles | **By whom** | **By when** | **Date completed** |
|
|  |  |  |  |  |  |  |

**Once checklist complete provide a copy to the individual and file in the individual’s personal file. It is the manager’s responsibility to keep this under review. Close when no longer applicable.**

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| **Signature of Manager** |  |

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**GUIDANCE NOTES**

**Shielding / Extremely Vulnerable staff**

The government guidance on shielding applies to any staff member who is extremely vulnerable as described by Public Health England. These staff should work from home and, where this is not possible, should be placed on paid special leave.

**Higher Risk Groups**

If your staff member is in a higher risk group (outlined on page 1 above), ways to support them may include moving them to a different work area where the risk of exposure to COVID-19 is lower, asking them to undertake lower-risk tasks, limiting exposure (e.g. reducing shift lengths) and remote-working.

**Lower risk staff**

Even if a staff member is not in a higher risk group, it is still important to consider and respond to their individual concerns and needs. People may understandably be worried by the pandemic and reports in the media, and may have concerns about colleagues, family members, and loved ones.

An environmental risk assessment should be completed for **all** work environments to help protect all staff regardless of their circumstances.

NOTE Managers should request these from services

Actions to support staff in this category may include:

 Reminding of good practice around infection prevention and control (eg handwashing)

 Reviewing the environmental risk assessment to ensure that social distancing is maintained within our work places

 Reassurance about the availability of PPE and how to follow the guidance around this

 Ensuring all staff who perform aerosol generating procedures (AGPs) have been tested for face masks (‘fit testing’)

 Reassurance that no one will be penalised for taking sick leave or special leave due to COVID-19 and it will not affect their job role or future progress

 Making reasonable adjustments. If the member of staff discloses a disability or long term condition, discuss with them what they need from you in

order to overcome any barriers and remain well at work.

Managers are encouraged to be flexible and accommodate arrangements to support staff wherever possible, even if they do not fall within a higher risk group.

Risk assessments and conversations with staff should be revisited on an ongoing basis. Staff should be signposted to the support available to them and seek Occupational Health advice where appropriate.

**Staff who develop symptoms of COVID-19**

Anyone who develops symptoms (or lives with someone who develops symptoms) should follow guidance on self-isolating and arrange to be tested for

COVID-19 (via Occupational Health).

**APPENDIX ONE: Protection for pregnant healthcare workers**

All pregnant healthcare workers should be offered the choice of whether to work in direct patient-facing roles during the COVID-19 pandemic. This choice should be respected and supported by their employers. Suitable alternative duties might include remote triage, telephone consultations, governance or administrative roles. This is in line with the national guidance that workers, including healthcare professionals, who are also identified by the Government as vulnerable to COVID-19 should be able to participate in their own risk assessment.

**Choices for pregnant healthcare workers prior to 28 weeks’ gestation**

Pregnant workers who choose to work in patient facing roles after occupational health risk assessment, prior to the third trimester of pregnancy, should be supported to do so by minimising risk of transmission through established methods.

It may not be possible to completely avoid caring for all patients with COVID-19. As for all healthcare workers, use of personal protective equipment (PPE) and risk assessments according to current guidance will provide pregnant workers with protection from infection. The arrival of rapid COVID-19 testing will significantly assist in organising care provision, and this guidance will be updated appropriately when such tests are commonly available.

**Healthcare workers after 28 weeks’ gestation or with underlying health conditions**

For pregnant workers from 28 weeks’ gestation, or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. People in this category should be recommended to stay at home. For many healthcare workers, this may present opportunities to work flexibly from home in a different capacity, for example by undertaking telephone or videoconference consultations, or taking on administrative duties.

All NHS employers should consider how to maximise the potential for homeworking wherever possible.

Staff in this risk group who chose to and attend the workplace must not be deployed in roles where they are working with patients. Services may want to consider deploying these staff to support other activities such as education or training needs.

These measures will allow many pregnant healthcare workers to choose to continue to make an active and valuable contribution to the huge challenge facing us, whether at home or in the workplace, until the commencement of their maternity leave.

**APPENDIX TWO: Protection for BAME staff**

Evidence suggests that COVID-19 is having a disproportionate effect on people from BAME backgrounds. At the moment the reasons aren’t fully

understood, though a review is being led by NHS England and NHS Improvement and Public Health England with a report expected in May.

This risk assessment supports you to identify the needs of BAME staff members who may be at higher risk and record the outcome of these supportive conversations. Staff should be encouraged to identify any existing underlying health conditions that may increase the risks for them in undertaking their frontline roles, in any capacity, and any concerns they have about their safety and wellbeing.

The ‘supportive conversations across cultures tool’ may help with having these discussions with staff. The conversations should be revisited on an ongoing basis. Signpost staff members to the support available to them and seek Occupational Health advice where appropriate.

Even for staff who do not have increased risk factors, it is important to consider and respond to their individual concerns and needs. People may understandably be worried by the pandemic and reports in the media, and may have concerns about colleagues, family members, and loved ones. Sadly, as highlighted in the media, BAME staff appear to be over-represented among the health and care professionals who have died from COVID-19 across the UK.

**Support for BAME staff:**

In addition to the support and wellbeing resources available to all staff (see The Pulse), the following is available for BAME staff:

 The BAME Network **online drop-in** is open to all for informal support. This is a weekly video chat which can be accessed by [clicking here](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_OGU5NDRiOTAtOTI3ZS00MzZkLThlYTEtM2VmMjE0OGIxNTk5%40thread.v2/0?context=%7b%22Tid%22%3a%2237c354b2-85b0-47f5-b222-07b48d774ee3%22%2c%22Oid%22%3a%22bb21c70f-bbb2-4ee1-bbf5-0c331d5fb115%22%7d) every Thursday, 9am-12pm

 The BAME Network area representatives provide a local link for staff:

|  |  |
| --- | --- |
| **East Area** | Maureen Downes, maureen.downes@nhs.net |
| **West Area** | Debbie Francis, debra.francis@nhs.net |
| **Central Area** | Lisa Tyler, lisa.tyler4@nhs.netAnton Ebanks, anton.ebanks@nhs.net |
| **All areas** | Debra Lewis, debralewis@nhs.netVincent Hau, vincent.hau@nhs.net |