COVID-19 Risk Assessment for BAME, Vulnerable and Pregnant Staff and Staff returning to work following shielding

The aim of this risk assessment is to ensure staff who are more vulnerable to COVID-19 and/or who are returning to work following shielding, are, as far as reasonably practicable, protected against exposure to the virus in the workplace.

- It is important to highlight that every attempt should be made for staff who have been shielding identified in the very high-risk groups including pregnant women >28 weeks gestation to work from home.
- For staff identified as being in medium risk, exposure to the virus should be reduced as far as reasonably practicable.
- For staff from a BAME background and aged over 55 years old or with underlying health conditions, exposure to the virus should be reduced as low as possible.

The Chief Medical Officer for Northern Ireland has updated guidance for those who are shielding during COVID as a result of underlying health condition. This means that from 1st August 2020 staff will not have to shield so their return to work must be risk assessed.

Who should complete the risk assessment?

The line manager can undertake the risk assessment in conjunction with the staff member.

❖ When should the risk assessment be carried out?

The risk assessment should be carried out as soon as a member of staff has been identified as more vulnerable to COVID-19 or prior to an individual returning to work and thereafter regularly updated. As shielding is ending on 31st July 2020, this should be undertaken as soon as possible and BEFORE staff return to work.

- What measures in the workplace can ensure COVID- safety and assist vulnerable staff in patient/ client-facing roles?
- Consider non-patient / client facing roles
- Consider adjustments in start/finish/break times to avoid busy times if required to use public transport
- Consider adjusting case load
- Consider providing surgical masks for all interactions with patients/clients/public/staff or specimens
- Where practicable, limit duration of close interaction with patients / clients (e.g. prepare as much as
 possible in advance away from patients/clients).
- Where practicable, maintain distance of 2m from the patient/client
- Where practicable, consider asking patients /clients to wear masks for staff member's interactions.
- Where practicable and for home visits, request that only one patient is in a room.
- Any other measures?

How do I identify areas in the workplace and community settings which have high/low likelihood of COVID-19 exposures?



Areas / community settings where:*Aerosol generating Procedures, AGP *are carried out on suspected/confirmed Covid-19 patients / clients.

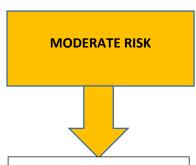


Consider redeployment to lower risk area if possible or adjust patient / client caseload

Ensure COVID safe environment – (see measures in the workplace page 1)

If not able to redeploy to a lower risk area, staff member should not perform the AGP.

- Staff member should leave the area whilst AGP is being performed and wait for a period of time** after AGP is completed before returning to the area.
- If not possible to leave the area, the staff member must wear a FFP3 mask whilst AGP is being performed and for a period of time** after AGP is completed.



Areas where patients / clients with COVID-19 are expected to be assessed or admitted OR community settings where there are suspected / confirmed Covid-19 patients / clients



Consider redeployment to lower risk area if possible or adjust patient / client caseload

Ensure COVID safe environment-(see measures in the workplace page 1)



Areas where patients / clients with COVID-19 are unlikely to be assessed or admitted OR community settings where it is unlikely that there are suspected / confirmed Covid-19 patients / clients



No need to restrict however be aware there may be risk of exposure e.g. with infected patients / clients who have not been identified. If this is a likely occurrence, consider the area as moderate risk.

^{*}Aerosol Generating Procedures AGPs are procedures that stimulate coughing, promote the generation of aerosols and convey higher risk of transmission*

^{**}Time required before entering a room following AGP is dependent on ventilation conditions. Further advice can be sought from IPC.

CONFIDENTIAL RISK ASSESSMENT TOOL FOR STAFF DURING COVID-19

Guidance Notes for completion of risk assessment tool:

- 1. The tool is intended to facilitate a structured one to one conversation with the staff member to seek a pragmatic and safe working arrangement.
- 2. It can be used in conjunction with but does not replace Occupational Health Assessments of pre-existing health conditions.
- 3. The Risk Assessment must be completed by a Line Manager, and co-signed by the member of staff.
- 4. HR / Occupational Health support is available for managers to contact to assist with completion of risk assessment tool and for advice on supporting staff to return to work.
- 5. For staff members who are pregnant, managers should note that the normal H&S risk assessment for new and expectant mothers should also still be completed.
- 6. Please also refer to the latest NI advice on shielding. https://www.nidirect.gov.uk/articles/coronavirus-covid-19-pausing-shielding-extremely-vulnerable-people

GENERAL INFORMATION:					
Staff Member Name:		Job Title:			
Line Manager Name:		Line Manager Job Title:			
Work Location / Ward / Area / Community Setting:		Working hours:			
Date of Assessment: Review Date:	/ /2020 / /	Has the member of staff been shielding?	Yes No No		
Is staff member: BAME with underlying health condition and/or 55 years plus >28 weeks gestation Aged 70+		What is the level of risk for COVID-19 exposure in the workplace?	High Moderate Low		
 Reporting underlying moderate or high risk medical condition? 					
Comments on above:					

Is staff member: • BAME without underlying moderate or		What is the risk for COV exposure in	ID-19	High Moderate	
high risk health		workplace?		Wioderate	
condition and/or aged				Low	
under 55 years					
• <28 weeks gestation? Comments on above:					
If pregnant - details of the preg Stage of pregnancy - <28	-				
weeks gestation	o weeks of >28				
❖ Is it multiple pregnancy?	?				
❖ From BAME community					
It is a higher risk pregna underlying health condi					
anaci, ing neam condi					
Is staff member trained to use I	PPE?	Yes 🗆	No 🖂	N/A 🔲	
		Comments:			
Is staff member confident and cusing appropriate PPE?	competent in	Yes Comments:	No 🖂	N/A 🔲	
using appropriate FFL:		Comments.			
Has staff member been fit teste	ed?	Yes 🗆	No 🔲	N/A 🔲	
		Comments:			
What concerns does the staff m		Comments:			
about being in the workplace o work?	r returning to				
WOIK:					

Does the staff member require any support to maintain their health and wellbeing? (Ensure Trust and other information on staff support for psychological wellbeing is shared with the staff member)	Comments and any agreed actions:
AGREED AC	CTION PLAN
Interventions:	Comment where applicable and note
	agreed actions:
Can the work be done from home, and does the staff member have access to all necessary equipment / wifi?	
In the community setting, if applicable, can the caseload be adjusted to minimise the risk of exposure to confirmed or suspected cases of Covid-19?	
Can 2 metres distance be maintained in the workplace from patients/clients / others? Refer to workplace risk assessment.	
Can duration of close interaction with the patient/client be limited? (e.g. prepare everything in advance away from the patient /client)	
Could patient / client be asked to wear a mask when staff member is interacting with them?	
Could only the patient/client be asked to be in attendance for home visits / outreach, where possible?	
Could surgical masks for staff member be provided to use for all interactions with patients / clients/ public / staff and / or specimens?	
Can the area be left when an AGP is undertaken on suspected / confirmed COVID patients/clients and for the necessary period of time afterwards**?	

Can staff member wear FFP3 mask in the area				
where AGP is undertaken on suspected /				
confirmed COVID patient/clients and for the				
necessary period of time afterwards**?				
Can staff member's start and finish time, if				
using public transport, be changed to avoid				
rush hour? Can break times be staggered to				
avoid busy times / queues?				
Is redeployment to a lower risk area possible				
within your wider team?				
Any other interventions / adjustments?				
ASSES	SMEN	Т		
Please tick appropriate box:		Monitoring / fur	ther action:	
Actions agreed above reduce the risk to the		Line manager to	keep under review and	
staff member		monitor.	•	
		Staff member ca	n return to work.	
Actions agreed above do not fully reduce the		Contact your aligned HR support for		
risk to the staff member and some concerns		further advice ar	nd support.	
remain				
ADDITION	NAL NO	OTES		
Please add any additional notes as appropriate	after d	iscussion with you	ır aligned HR support	
contact.	uitei u	inscussion with you	and inca in support	
Contact.				
Staff member name:		Staff member		
		signature:		
		Date:		
Line manager name:		manager		
		signature:		
	Date			
	Date			

^{*}Following completion provide staff member with a copy of this risk assessment and file in their personal file. It is the manager's responsibility to keep this under review. If on completion of the risk assessment, the staff member wishes to continue working in a moderate risk area despite vulnerability, this should be documented in the risk assessment. Managers should be aware that this risk assessment contains personal / sensitive information, and therefore should be stored securely to maintain confidentiality.*