**Risk Assessment**

**Underlying Health Conditions, Black Asian and Minority Ethnic (BAME) and Pregnant Workers – COVID-19 (Version 10 – Updated 19th June 2020)**

The detailed guidance from the Scottish Government for healthcare workers with underlying health conditions is available on our dedicated web pages at [www.nhsggc.org.uk/covid19](http://www.nhsggc.org.uk/covid19). This form is intended to assist with assessing and recording risks of staff members in high risk groups to determine course of action. **Appendix 1 provides further opportunity to expand and record the discussion.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employee |  | Directorate |  |
| Job Title |  | Manager |  |
| Location |  | Date Completed/Reviewed |  |

1. **Severe Diseases**

If the staff member has any of these conditions you should arrange for them to work from home if possible, transferred to duties that could be undertaken at home, or asked to remain away from work (practising social distancing and/or self–isolation) until the outbreak has abated.

|  |  |  |
| --- | --- | --- |
| **Condition** | **Yes/No** | **Comments** |
| Shielding as per Scottish Government advice. |  |  |
| Solid organ transplant recipients. |  |  |
| People with specific cancers:   * People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer * 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 6 months, or who are still taking immunosuppression drugs. |  |  |
| People with severe respiratory conditions including all cystic fibrosis, severe asthma (requiring regular hospital admissions) and severe COPD.   * Severe asthma: Anyone receiving high dose long term steroid (see appendix 1 in risk assessment), methotrexate, azathioprine, MMF, omalizumab, mepolizumab or benralizumab, or three times a week azithromycin; or has had 3 or more short courses of steroids for exacerbations in the past year. |  |  |
| People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell). |  |  |
| People on immunosuppression therapies sufficient to significantly increase risk of infection (see guidance for more details). |  |  |
| People who are pregnant with significant congenital or acquired heart disease. |  |  |
| People with an absent spleen or have had their spleen removed. |  |  |
| People who are receiving renal dialysis treatment |  |  |
| Aged over 70 years. |  |  |

1. **Other Underlying Health Conditions**

Healthcare workers with the following underlying conditions **can** continue to work as long as they practice strict hygiene measures. In addition:

* You should not work face to face with confirmed or suspected cases of COVID-19, and will be relocated to areas where COVID-19 patients are not cared for or assessed and in which they can practice social distancing \*.
* If you work in a crowded environment, i.e. continual close working (within 1 m) of other staff members for prolonged periods of time (> 1 hr) you will be relocated into less crowded environments, as much as possible\*.

*\* There are exceptions where healthcare workers with underlying health conditions can work with patients with confirmed or suspected COVID-19 and these are detailed below.*

| **Underlying condition/ Other factors** | **Exceptions** | **Yes/No** | **Comments** |
| --- | --- | --- | --- |
| Chronic (long-term) respiratory diseases, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis. | Those with stable asthma should continue to take their regular medication and do not require any additional precautions beyond maintaining strict hygiene measures. |  |  |
| Chronic heart disease, such as heart failure. | No exceptions. |  |  |
| Chronic kidney disease stages 4 and 5. | No exceptions. |  |  |
| Hypertension, together with other chronic health conditions. | Those who have well controlled hypertension on one medication and no other chronic health conditions described in this list do not require any additional precautions beyond maintaining strict hygiene measures. |  |  |
| Chronic liver disease requiring immunosuppressive medication or having progressed to severe fibrosis or cirrhosis. | Those with viral hepatitis without severe fibrosis do not require any additional precautions beyond maintaining strict hygiene measures. |  |  |
| Chronic neurological conditions requiring regular treatments, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy. | Those with epilepsy need not be excluded from work.  Those with learning disabilities, no other comorbidity that increases the risk and able to comply with strict hygiene measures.  Those with dyslexia can work safely. Healthcare workers with cerebral palsy who have Gross Motor Function Classification System Grades 1 and 2 can work safely. |  |  |
| Diabetes | Diabetes has clearly been identified as a risk factor but potential variations between Type I and type II diabetes and age are not clear. Individual risk assessment for staff with diabetes is required. |  |  |
| Splenic dysfunction | Those with splenic dysfunction or asplenia do not require any additional precautions beyond maintaining strict hygiene measures. |  |  |
| A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or immunosuppressants. | Those with HIV who have an undetectable viral load and CD4> 350 do not require any additional precautions beyond maintaining strict hygiene measures.  Immunomodulatory drugs vary widely in the degree of immunosuppression produced. We have adapted advice on immunosuppression from the Infectious Disease Society of North America that was produced for guidance on administering live vaccines. Healthcare workers on drugs producing low level immunosuppression or low dose steroids as safe to work. See Appendix One for details. |  |  |
| Being seriously overweight (a BMI of 40 or above). | Those with a BMI > 40 but no other chronic health conditions described above do not require any additional precautions beyond maintaining strict hygiene measures. |  |  |

1. **Black, Asian, Minority Ethnic**

Black, Asian and Minority Ethnic (BAME, used in this report), or Black and Minority Ethnic (BME) refer to individuals from various ethnic backgrounds other than White. We recognise that within BAME groups, there are some groups which may be more at risk than others, and data is emerging on this issue. The disproportionately high death rates in BAME staff appear to be only partially explained by age, gender, socio-demographic features and underlying health conditions.

Further information can be found within this article: <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>

This is an opportunity to ensure that all aspects of the work environment have been discussed and any changes which need to be made can be recorded and implemented. Ensure your staff members are included in any decision making about them and that the conversation is culturally sensitive - taking into account their culture and traditions, religion or beliefs and language.

Please see the guiding points below to help facilitate conversation and changes that would be helpful.

|  |  |  |
| --- | --- | --- |
| **Record any comments made and changes which have been agreed** | | |
| Issue | Guidance | Record of discussion |
| **Are there any cultural considerations to be made in relation to your work environment?**  **Does any of this impact on your home/family life?** | Ensure that staff members are included in any decision  making about them and that the conversation is culturally  sensitive - taking into account their culture and traditions,  religion or beliefs and language.  See helpful table entitled: “Paradigm for understanding the impact of inequalities on BAME staff produced by Royal College of Psychiatry (2020) – page 3 reference link below1 |  |
| **How can your work environment support your physical health and wellbeing?**  **Any additional comments**  **to those listed above.** | Please note: Currently there is no evidence to suggest  that Vitamin D confers specific protection towards COVID –  19 or prevents respiratory complications of COVID-19. Low  levels of Vitamin D may predispose to severe infections.  BAME staff may be over-represented in those with lower  Vitamin D levels in the population.1 |  |
| **How can your work environment support your psychological wellbeing?**  **(both within and out with work)** | Promote an organisational culture that values Psychological  wellbeing for its staff members.  Remind staff of access to range of supports including  (not exclusive) to own line management/supervision  structures, reflective practice groups, NHS GGC COVID-19  staff support services & BME staff network. |  |

1. <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>
2. **Those who are pregnant**

The Royal College of Obstetrics and Gynaecology provides guidance on what health care workers should do if they are pregnant. The central aspect of this protection is based on risk assessment of each individual pregnant worker’s working environment and the role they play.

The recommendations, summarised below, have been made by the RCOG, the Royal College of Midwives and the Faculty of Occupational Medicine to assist pregnant healthcare workers, line managers, and occupational health teams in conducting this risk assessment:

Every pregnant worker should have a risk assessment with their manager, which may involve occupational health. Employers should modify the working environment to limit contact with suspected or confirmed COVID-19 patients to minimise the risk of infection as far as possible.

| **Gestation Period** | **Advice** | **Yes/No** | **Comments** |
| --- | --- | --- | --- |
| Up to 28 Weeks | In the light of the limited evidence, pregnant women can only continue to work in direct patient-facing roles if they are under 28 weeks’ gestation and if this follows a risk assessment that recommends they can continue working, subject to modification of the working environment and deployment to suitable alternative duties. Pregnant women of any gestation should not be required to continue working if this is not supported by the risk assessment, as per the Management of Health and Safety at Work Regulations 1999 (MHSW). If a risk assessment indicates that a pregnant woman under 28 weeks’ gestation can continue to work in a patient facing role, and the woman chooses to do so, she should be supported by her employer.  Following a risk assessment with their employer and occupational health, pregnant women should only be supported to continue working if the risk assessment advises that it is safe for them to do so. This means that employers must remove any risks (that are greater in the workplace than to what they would be exposed to outside of the workplace), or else they should be offered suitable alternative work.  Some working environments (e.g. operating theatres, respiratory wards and intensive care/high dependency units) carry a higher risk of exposure to the virus for all healthcare staff, including pregnant women, through the greater number of aerosol-generating procedures (AGPs) performed. When caring for suspected or confirmed COVID-19 patients, all healthcare workers in these settings are recommended to use appropriate PPE. Where possible, pregnant women are advised to avoid working in these areas with patients with suspected or confirmed COVID-19 infection. |  |  |
| After 28 weeks, or with underlying health condition | For pregnant women from 28 weeks’ gestation, or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. Women in this category should be recommended to stay at home. |  |  |
| New mothers wanting to return to the workforce | Any mother thinking of returning early from maternity leave should be allowed provided she is fit and healthy to work, subject to any employment law restrictions, and following the same infection control and strict hygiene measures. |  |  |

**Appendix 1**

**Risk and Mitigation Consideration**

This document is to assist in discussion with line manager and member of staff as part of the risk assessment and intended to facilitate a structured one to one conversation with the staff member to seek a pragmatic and safe working arrangement.

|  |  |  |
| --- | --- | --- |
| **INTERVENTIONS** | **CURRENT POSITION** | **ADDITIONAL ACTIONS TO REDUCE RISK** |
| Can thiswork be done at home? |  |  |
| Could alternativework be undertaken at home or elsewhere in the organisation (reassignment)? |  |  |
| Can face to face interactions be limited? |  |  |
| PPE (the appropriate PPE for the clinical setting) including FIT testing. |  |  |
| What arrangements are you going to put in place to ensure regular contact/wellbeing? |  |  |
| Referral to Occupational Health, access to counselling and support or Wellbeing support services through the national hub: <https://www.promis.scot/> |  |  |
| Is there anything else that would support your physical and psychological well-being? |  |  |
| Other Considerations |  |  |

**Appendix 2**

**Level of Immunosuppression**

Assessing the degree of immunosuppression is difficult. The information below is for guidance only. The infectious Diseases Society of America have defined different levels of immunosuppression:

**High level of immunosuppression is receiving:**

* Chemotherapy.
* Daily corticosteroid (see below).
* Biologics
* Haematopoetic stem cell transplant.

**Low level of immunosuppression is receiving:**

* Low dose corticosteroid (see below).
* Methotrexate < 0.4mg/kg/week.
* Azathioprine < 3mg/kg/day.
* 6-mercaptopurine < 1.5mg/kg/day.

**Types of Immunosuppressant Drugs**

Different Immunosuppressant drugs target different parts of the immune response and hence their effects are variable and additionally are influenced by the underlying disease state.

**Prednisolone**

There is no consensus as to what constitutes a low dose of steroid, but in general:

* Low dose steroid:
  + <20mg prednisolone for <14 days.
  + Alternate day treatment with short-acting steroids.
  + Topical//intraarticular/soft tissue injection of steroid.
  + Replacement treatment at physiological doses.
  + Long term low dose steroid, <10mg/day prednisolone.
* High dose steroid:
  + A dose of 20mg of prednisolone daily for > 14 days or 40mg daily for > 1 week is considered to cause significant immunosuppression.