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| Risk Assessment Title: Generic risk assessment for managers to assess staff with health conditions, as NHS Grampian de-escalates from the COVID-19 pandemic. This risk assessment must be tailored for individuals and in some cases, specific advice may be required from other organisational departments, e.g., Occupational Health Services and/or Human Resources.  May 2022 | | **Date of Risk Assessment: To Be Completed (TBC)** | |
| **Date of next Review: TBC** | |
| **Department / Ward / Area controlling the activity: Be specific in identifying the location of the risk assessment** | **Location of Activity: Be specific in identifying the location of the risk assessment** | | |
| **Responsible Manager Job Title: List the name of the line manager or individual who is responsible for the risk assessment** | **Print Name and Sign: TBC**  **(Assessment Completed Actions Outstanding)** | | |
| **Risk Assessor Job Title: Add in the job title of the Risk Assessor** | **Print Name and Sign: TBC** | | |
| **Responsible Manager Job Title: Add in the job title of the Responsible Manager** | **Print Name and Sign: TBC**  **(Assessment and All Actions Completed)** | | **Date: TBC** |
| **Task / Activity/ies Being Risk Assessed:**  NHS Grampian has been experiencing a pandemic of COVID-19 since early 2020 and continues to manage hazards and risks associated with COVID-19.  NHS Grampian staff fulfil a number of roles, including but not limited to: non-clinical roles such as administrative, domestic, portering, catering roles; and clinical roles such as face-to-face communication with patients, assisting in patient care, therapeutic care, clinical observations, assessment, history taking, clinical examinations and/or procedures such as aerosol generated procedures (AGP).  In March 2020, the Scottish Government introduced the shielding programme to protect those individuals at the highest risk of COVID-19. Shielding staff were advised to work from home where possible, or remaining at home where working from home was not possible. Non-shielding staff with a particular vulnerability to Covid-19 (including age, ethnicity, pregnancy, BMI or underlying health conditions) were referred to Occupational Health Service (OHS) for advice.  Effective from 1 August 2020 shielding staff and others with a particular vulnerability to COVID-19 were asked to complete an individual risk assessment with their manager. Following this risk assessment, some staff were able to return to their usual role although others continued working elsewhere in another role, working from home, or remaining at home where working from home was not possible.  Shielding resumed on January 4th 2021 when staff members who had received a shielding notification or had been assessed as very high risk by Covid age risk assessment or by OHS, were advised that they should not attend the workplace. On April 26, 2021, shielding ended and these individuals were advised they could return to the workplace, if unable to work from home, on the provision that an appropriate risk assessment was completed and put in place.  In November 2021, the red, amber, and green pathways ended and were replaced by respiratory and non - respiratory pathways in all settings signalling a partial return to business as usual.  In March 2022 the Chief Nursing Officer advised of further de-escalation of some COVID-19 infection prevention & control measures as per [DL(2022)07](https://www.sehd.scot.nhs.uk/details.asp?PublicationID=7583) followed by changes to Health & Social Care staff testing in May 2022 in [DL(2022)13](https://www.sehd.scot.nhs.uk/dl/DL(2022)13.pdf)  In April 2022 the director of Health Workforce and the Director of Social Care and NCS development released [DL(2022)10](https://www.sehd.scot.nhs.uk/dl/DL(2022)10.pdf#:~:text=DL%20%282022%29%2010%20The%20Scottish%20Government%20Health%20Workforce,based%20on%20staff%20preference%20during%20the%20transition%20period.) which outlines the access of FFP3 masks based on personal preference.  On 30th of April 2022 further COVID-19 advice was issued including clarification of those who are at highest risk of COVID-19. The refreshed guidance provides [Advice for People Who are Immunosuppressed](https://www.gov.scot/publications/covid-highest-risk/pages/guidance-for-immunosuppressed-people/) and [Advice for people on the Highest Risk List](https://www.gov.scot/publications/covid-highest-risk/pages/guidance-for-people-previously-at-highest-risk/).  On 31 May 2022 Public Health Scotland will securely delete all data from the Highest Risk List and the Chief Medical Officer will write to everyone on the list, to advise if they are still considered at higher risk from Covid-19 or not, and tell them what this means for them.  For the majority of people on the highest risk list, they are no longer considered to be at higher risk than the general population. This is because, a review of clinical evidence shows that most people who were identified as being at highest risk from Covid-19 are now well-protected after receiving their vaccination and boosters. There are also medicines available now, such as antivirals and monoclonal antibodies, which can successfully treat people if they do catch Covid-19.  Those who are considered to be immunosuppressed because they have a medical condition, or are undergoing treatment, which means their immune system is weakened may not get the same level of protection from vaccination as the majority of the population.  They continue to be considered at a highest risk from Covid-19.  Employers should continue to consider the needs of people at highest risk, including their preferences for home based, hybrid or flexible working where this is possible, or discussing any further adjustments supported by an individual risk assessment.  **Key Points:**   1. **Covid-19 risk assessments are dynamic and should be reviewed as per the level of risk or a change in circumstances, such as:**  * **Emerging evidence and/or national guidance** * **Work/commute transmission risk (e.g., new pathway, prevalence of virus or new strains);** * **Role or tasks;** * **Control measures, e.g., provision of PPE, ventilation, staff and patient COVID-19 testing, bed spacing, etc.;** * **Health status of member of staff (e.g., new medical condition, pregnancy, improvement in health condition, change of treatment or vaccination).**  1. **Vaccinated populations have fewer hospitalisations, serious consequences and mortality related to COVID-19, and there is evidence of reduced community transmission.** 2. **Highest risk staff who are currently able to work at home and can continue to do so are encouraged to continue working in this capacity. Where working at home has not been possible and a safe return to work has been agreed by the staff member and manager, a risk assessment should be carried out.** 3. **NHS Grampian Staff working in non-NHS premises should follow NHS Grampian guidance unless the restrictions within their place of work are stricter.** 4. **For NHS Grampian staff. Where no agreement can be reached between manager and staff member, an onward referral to Occupational Health should be made using the** [**COVID-19 Enquiry Form**](http://nhsgintranet.grampian.scot.nhs.uk/depts/Occupational%20Health%20Service/Occupational%20Health%20Service%20Documents/COVID-19%20Occupational%20Health%20Advice%20template.docx)**. Until the OHS assessment has been completed, these staff should continue to work in their current working arrangement.** 5. **If workplace adjustments unrelated to COVID-19 have previously been recommended by OHS, managers should continue to consider this advice.** The [OHS website](http://nhsgintranet.grampian.scot.nhs.uk/depts/Occupational%20Health%20Service/Pages/default.aspx) contains further guidance and advice.   This generic risk assessment reviews hazards and control measures, thereby supporting managers to assess risks for staff with health conditions during the COVID-19 pandemic. | | | |

| Hazard | **Who** Might be Harmed &  **How** might they be harmed (type of injury / ill-health) | Existing Control Measures | Initial Risk | | | Additional Control Measures  (*if action required add within the control measure*) | Residual Risk | | | Any Actions Required | | |
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| Likelihood | Consequence | Risk Rating | Likelihood | Consequence | Risk Rating |
| Owner | Target Date | Completed Date and Initials |
| **Consider the following hazards and remove any that is not relevant to your area and add what is relevant.** | **Consider who may be affected by each of the hazards and list in here and how they might be harmed.** | **Consider the following control measures. Any control measures not in place but are needed then add to the next box for Additional control measures or actions.**  **Add any other control measures that you do have in place.**  **Then complete the initial level of risk** | **TBC** | **TBC** | **TBC** | **Add any Additional control measures that are needed.**  **Any actions required may be added in this box.**  **Then complete the residual level of risk.** | **TBC** | **TBC** | **TBC** | **Name the person responsible and complete for all rows.** | **TBC for all rows** | **TBC for all rows** |
| COVID-19 – staff becoming infected with this virus | Staff and in particular staff identified by OHS at increased risk of COVID-19 and its complications | All staff have been offered the vaccine.  Fully vaccinated definition for COVID-19 is 3 doses of MHRA approved vaccine; either 2 course doses and a booster or 3 doses with the last dose administered at least 14 days ago.  **Advice for Managers:** Some staff may decline the vaccine or have a health condition which contra-indicates vaccination. Some vaccinated staff may not respond effectively to the vaccine. This should be considered when assessing overall risk.  For the majority of people on the highest risk (previously shielding) list, they are no longer considered to be at higher risk than the general population. This is because, a review of clinical evidence shows that most people who were identified as being at highest risk from Covid-19 are now well-protected after receiving their vaccination and boosters. There are also medicines available now, such as antivirals and monoclonal antibodies, which can successfully treat people if they do catch Covid-19.  Those who are considered to be immunosuppressed because they have a medical condition, or are undergoing treatment, which means their immune system is weakened may not get the same level of protection from vaccination as the majority of the population.  They continue to be considered at a highest risk from Covid-19.  Where a staff member is not sure about whether their condition or treatment means that they are immunosuppressed, they should seek advice from their specialist clinician, GP or OHS.  Staff identified as **highest risk** of developing complications following infection with COVID-19, **ideally** should work from home. This includes:   * Staff who have identified specific underlying medical conditions/treatments deemed to be at highest risk. * Staff deemed to be at highest risk following OHS review. * Pregnant staff considered to have high risk pregnancies, regardless of gestation.   **For all other pregnant staff please refer to the guidance in Section 3 of the** [**HR Q&A**](https://www.nhsgrampian.org/covid-19/information-for-nhs-grampian-staff/subpages/hr-qas/)  **Advice for Managers: The accepting of the risk to remain in the workplace must be mutually agreed between yourself as the manager and the staff member noted above. After joint discussion you may agree to accept this risk but must ensure that a robust individualised risk assessment is in place.** Staff members identified as highest risk must not work in a respiratory pathway.  For all other staff with health conditions:  If there is uncertainty about the impact of a health condition, then further assistance or advice could be sought from occupational health using a [COVID-19 Enquiry Form](http://nhsgintranet.grampian.scot.nhs.uk/DEPTS/OCCUPATIONAL%20HEALTH%20SERVICE/Pages/COVID-19.aspx)  The staff member can attend work if required to do so for their role.  Clinical work including in areas where COVID-19 patients are **expected** to be seen, assessed, or admitted and care work and working closely with others may be possible by keeping the risks as low as possible.  A robust risk assessment of their role and duties should be undertaken. These risk assessments should be written in conjunction with the staff member, management and the risk assessor.  No additional control measures or restrictions are required but making changes to the type of work carried out where possible, ensuring physical distancing is maintained, or by wearing personal protective equipment (PPE) such as FFP3 mask (only wear an FFP3 mask that they have a pass for in a fit test) may be considered.  A slightly higher risk of infection may be accepted in the workplace, by mutual agreement, if it is hard to reduce some risks for the staff member’s role. This includes clinical work with higher hazard and risk levels, or roles where physical control or restraint is required.  Staff who were previously considered at higher risk of Covid-19 (or on shielding list) but are no longer considered such, may have concerns about their health, safety, physical and psychological wellbeing, as well as personal views/concerns about risks. Wellbeing support should be promoted and further assistance or advice could be sought from occupational health if required.  You must ensure that you have followed the [SOP: Respiratory & Non-Respiratory Pathway Guidance](http://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/Documents/Respiratory_and_non_respiratory_SOP.pdf) for the areas of work that you are accountable.  All staff have been advised to follow IPC guidelines.  [National Infection Prevention and Control Manual: Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum (scot.nhs.uk)](https://www.nipcm.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/) |  |  |  | Staff who have not taken up the offer to receive the vaccine are encouraged to do so. |  |  |  |  |  |  |

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| Staff who are infectious with COVID-19 (asymptomatic or symptomatic) who are in the workplace. | All staff working in close proximity with these infected staff and in particular staff identified by OHS as within the highest risk group. | Staff who are symptomatic (further guidance can be found in the [Coronavirus (COVID-19): staying at home - gov.scot (www.gov.scot)](https://www.gov.scot/publications/coronavirus-covid-19-getting-tested/pages/health-and-social-care-staff/)) have been advised to remain out of the workplace.  [Staff Testing Flow Chart](https://www.nhsgrampian.org/covid-19/information-for-nhs-grampian-staff/)  **Asymptomatic patient facing staff** are encouraged to undertake twice weekly Lateral Flow Testing and record all results at [www.covidtestingportal.scot](http://www.covidtestingportal.scot).  If an asymptomatic patient facing member of staff tests positive through LFD they no longer need to take a PCR test to confirm their positive status. They should record their result at [www.covidtestingportal.scot](http://www.covidtestingportal.scot) and be managed as a confirmed positive case of COVID-19 following the guidance in the [Staff Testing Flow Chart](https://www.nhsgrampian.org/covid-19/information-for-nhs-grampian-staff/).  All **non-patient facing staff** are no longer required to undertake routine workplace asymptomatic staff testing.  **Symptomatic staff** (regardless of role or vaccination status) that have symptoms of a respiratory infection, a high temperature or do not feel well enough for work should undertake a LFD test and follow the guidance on the [Staff Testing Flow Chart](https://www.nhsgrampian.org/covid-19/information-for-nhs-grampian-staff/).  If symptomatic, staff should not come into work.  If become symptomatic at work, staff go home.  Staff wear a FRSM/FFP3 as per Winter (2021-2022), Respiratory Infections in Health and Care settings, IPC addendum.  FRSM use continues in all clinical areas.  NHSG will continue to utilise FRSMs for all healthcare workers, visitors, patients and attendees mobilising within their clinical and hospital sites and will provide donning and doffing stations at all appropriate entry and egress points to enable this.  Those who work solely within non-clinical buildings, within which clinical care is not provided can exercise professional judgement or personal choice and continue to utilise FRSMs and / or face coverings but they are no longer mandatory.  Buildings such as GP practices, community pharmacy, dental offices, etc. are considered clinical areas. It is recognised there may be zones within these premises that would be considered non-clinical. For e.g., an upper floor with administrative offices.  Movement from nonclinical buildings or zones to clinical requires the individual to don an FRSM upon entry  The requirement to physically distance in health and care settings has been removed. However, staff at increased risk of Covid-19 due to underlying health reasons, or those with personal views/concerns about the risks may continue to implement 2m physical distancing and should be supported to do so.  **Advice for Managers**  The Distance Aware scheme offers an easily recognised shield symbol which can be worn to signify to others the need for extra distance. Free badges and lanyards are available in council libraries, ASDA stores and a small number are available for staff at Lateral Flow Test collections points. Additional details can be found here:  [Coronavirus (COVID-19): distance aware scheme - gov.scot (www.gov.scot)](https://www.gov.scot/publications/coronavirus-covid-19-distance-aware-scheme/?utm_source=redirect&utm_medium=shorturl&utm_campaign=distanceaware) |  |  |  |  |  |  |  |  |  |  |
| Patients who are infectious with COVID-19 (asymptomatic or symptomatic) and present for clinical care. | All staff and in particular staff identified by OHS as within the highest risk group who may come in close contact with these patients. | All inpatients require to have a COVID-19 LFD test undertaken on admission.  All elective patients require to have a COVID-19 LFD test undertaken prior to admission unless they are unvaccinated (not fully vaccinated) in which case a PCR test is required to enable adequate clinical decision making in conjunction with the current version of the Elective Surgery IPC principles.  [National Infection Prevention and Control Manual: Appendix 19 - Elective Surgery IPC Principles (scot.nhs.uk)](https://www.nipcm.hps.scot.nhs.uk/appendices/appendix-19-elective-surgery-ipc-principles/)  Respiratory and non-respiratory pathways are segregated.  All staff wear appropriate PPE in all clinical areas.  Winter preparedness information available at the following links:  <https://learn.nes.nhs.scot/59070/infection-prevention-and-control-ipc-zone/sipcep-intermediate-layer/general-ipc/winter-respiratory-preparedness>  [National Infection Prevention and Control Manual: Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum (scot.nhs.uk)](https://www.nipcm.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/)  Clinical risk assessment is undertaken for all admissions by application of the  [NHSG Patient Placement Tool](http://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/SICP/Pages/PatientPlacement.aspx)  Staff working in areas or undertaking tasks where National Guidance deems the wearing of an FFP3 mask not to be necessary **may request** access to fit testing and FFP3 mask, on the basis of their own personal choice.  **Staff must only wear the FFP3 mask they have a pass for in a fit test.**  In this situation, an individual risk assessment should be carried out by the line manager, in line with current guidance and with consideration of the staff member’s overall health, safety, physical and psychological wellbeing, as well as personal views/concerns about risks.  Wellbeing support services should also be promoted. Staff should be supported through the process if they request an FFP3 based on their personal preference. The purpose of the risk assessment is not to determine whether staff are allowed or denied an FFP3, rather it is to identify and consider any other concerns they may have. If there is uncertainty about the impact of a health condition, then further assistance or advice could be sought from occupational health  Consultations can be done by “Near Me” or “Attend anywhere”.  COVID-19 triage questions are completed prior to outpatient clinics. |  |  |  |  |  |  |  |  |  |  |
| COVID-19 and the possible lack of availability of appropriate PPE for staff who are working face to face with patients | All staff and in particular staff identified by OHS as within the highest risk group. | PPE supply is carefully monitored and supplies are robust.  Staff provided with PPE.  Staff have received donning and doffing PPE training.  Staff wear the appropriate PPE as advised by IPC.  Staff are being offered face fit testing. |  |  |  |  |  |  |  |  |  |  |
| Unvaccinated staff due to:   * Staff not receiving the vaccine yet * Staff unable to receive the vaccine * Or staff who may not have good immune response to the vaccine | Unvaccinated staff are more at risk for contracting Covid-19 virus.  Unvaccinated staff who are more at risk of transmitting covid-19 to other staff and patients. | All staff have been offered the vaccine.  Vaccinated populations have fewer hospitalisations, serious consequences and mortality of COVID-19.  Some staff are unable to receive the vaccine, and may need to continue to work from home depending on the Covid-19 Age Risk Assessment. |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | **ACTIONS:**  Staff deemed **highest risk** should remain out of the workplace. They should only return to the workplace if it’s mutually agreeable between the manager and staff member with a robust risk assessment in place.  **These staff members must not work in the respiratory pathway.**  Staff deemed at highest risk must not participate in AGPs and must leave the area and remain out of the area for at least 20 minutes after an AGP.  Managers must consider the following for all settings:   * The type of role the staff member is fulfilling, i.e., clinical versus non-clinical; * If the role is clinical, then the manager must consider the type of clinical role and type of patient contact, including: * Frequency of exposure; * Length of time of exposure; * Distance from patient during exposure. * Whether staff have been fit tested and if they haven’t arrange a fit test appointment if they want to wear a FFP3 mask.   Staff are to limit duration of close interaction with patient, e.g., preparations in advance of patient interactions to aid limiting duration.  Appropriate PPE, i.e., face masks, must be worn as per IPC guidance.  Consideration to be given for staff to move to non-patient facing role.  Consideration to be given for remote working for staff member, which may require provision of equipment such as a laptop.  **For all other staff with health conditions:**  There are no additional restrictions for staff in this category but managers must ensure that the [SOP: Respiratory & Non-Respiratory Pathway Guidance](http://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/Documents/Respiratory_and_non_respiratory_SOP.pdf) has been followed for the areas of work that they are accountable for.  Staff with health conditions but NOT in the highest risk group undertaking an AGP in a non-respiratory pathway may use FFP3 masks that they have been fitted for. |  |  |  |  |  |  |