Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Risk Assessment for Black, Asian and Minority Ethnic and High Risk Staff in Primary Care

Primary Care Commissioning Committee meeting

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23 July 2020

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Purpose of Paper

The purpose of this paper is to provide assurance to PCCC on steps taken by SCCG to facilitate risk assessment and support for both BAME and high risk staff in primary care and to ensure that all risk assessments are undertaken in a timely manner.

Key Issues

Evidence confirms that black, Asian and minority ethnic people (BAME) are at greater risk of contracting COVID-19, experience greater morbidity and mortality. Although the reasons for this are complex, it is clear that NHS organisations should take steps to address the disproportionate impact of the disease on both BAME and other high risk staff groups.

NHS England and Improvement (NHS E/I) published guidance on 25 June 2020setting our requirements for all NHS organsiations to meet their duty of care to the staff they employ in assessing and addressing the risks to staff presented by COVID-19. CCGS have been asked to support colleagues in primary care to achieve these requirements.

This report set out actions taken in Sheffield and the current status of practice risk assessments.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to Consider the actions taken to provide support for BAME and high risk staff working in primary care and the steps taken to ensure all staff who consent receive a risk assessment by the end of July 2020.

What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?

Which of the CCG's Objectives does this paper support?
4. To ensure there is a sustainable, affordable healthcare system in Sheffield

Does this report relate to a formal statutory / delegated Primary Care responsibility of the CCG?

If so please state which function?
Yes – planning

Are there any Resource Implications (including Financial, Staffing etc)?
Not for this paper
Have you carried out an Equality Impact Assessment and is it attached?
Please attach if completed. Please explain if not, why not Not applicable
Have you involved patients, carers and the public in the preparation of the report?
Not applicable

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Sheffield
Clinical Commissioning Group

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1. Introduction

There is growing evidence of the disproportionate effect of COVID-19 on certain population groups in the United Kingdom and world-wide. BAME groups are more likely to contract COVID-19 and experience greater morbidity and mortality and although the reasons for this are complex, a recent review, Public Health England, *Beyond the data: Understanding the impact of COVID-19 on BAME groups*, 2020, found that:

'individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure. They are more likely to use public transportation to travel to their essential work. Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk.'

On 25 June 2020, NHS England and Improvement (NHS E/I) wrote to all NHS organisations to set out requirements for risk assessment for BAME and other at risk staff groups to be completed within four weeks, this also included a suggested risk reduction framework (RRF) and other reporting and publication requirements. A copy of the letter is attached at Appendix 1 to this paper.

NHS E/I are monitoring compliance with these requirements through the weekly Primary Care Situation Report submitted by CCGs every Friday.

The purpose of this paper is to provide assurance to PCCC on steps taken by SCCG to facilitate risk assessment and support for both BAME and high risk staff in primary care and to ensure that all risk assessments are undertaken in a timely manner.

2. Position in Sheffield

SCCG has been pro-active in identifying the need to support practices and their staff and wrote to all practices via the Primary Care COVID Bulletin on 17 June 2020 to provide resources to undertake risk assessment for both staff and estate in general practice.

The resources include general advice and guidance, a risk assessment framework and confirmation of Occupational Health arrangements to support staff and employers. The guidance is attached at appendix 2 to this paper.

SCCG collected and submitted data on practice compliance to NHS E/I on 17 July 2020 and will resubmit on 24 July 2020.

To date returns have been received from 48 practices (61%). All those reporting were compliant with the requirements and had offered risk assessment as a minimum all BAME and high risk staff. It should be noted that not all staff offered an assessment have chosen to take this offer up.

5 Further Steps

Working with Locality Management Teams the Primary Care Team are contacting all practices who have yet to submit a return to offer support to ensure assessments are completed.

SCCG has asked practices to share their completed premises risk assessments. These will be reviewed to identify common themes and issues in order to identify any additional support that the CCG can offer to primary care.

6 Action for Primary Care Commissioning Committee / Recommendations

The Primary Care Commissioning Committee is asked to:

- Consider the actions taken to provide support for BAME and high risk staff working in primary care and the steps taken to ensure all staff who consent receive a risk assessment by the end of July 2020.

Paper prepared by: Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning

Date 17 July 2020

Publications approval reference: 001559

To:
Chairs and CEOs of NHS Trusts / Foundation Trusts
CCG Accountable Officers
GP Practices, General Dental Practices, Community Pharmacists, Primary Care Optometrists

cc:
Directors of Workforce
Primary Care Network Leads
ICS/STP Chairs
Regional Directors

24 June 2020

Dear colleague

Risk assessments for at-risk staff groups

As employers, we each have a legal duty to protect the health, safety and welfare of our own staff. Completing risk assessments for at-risk members of staff is a vital component of this. Thank you to the many of you who have completed risk assessments and continue to provide support for your at-risk staff during this challenging period.

Some staff, however, are reporting that they are yet to have their risk assessment completed.

All employers need to make significant progress in **deploying risk assessments within the next two weeks** and complete them – **at least for all staff in at-risk groups – within four weeks**.

We are asking organisations to **publish the following metrics from their staff reviews**, until fully compliant:

- Number of staff risk-assessed and percentage of whole workforce.
- Number of black, Asian and minority ethnic (BAME) staff risk assessments completed, and percentage of total risk assessments completed and of whole workforce.
- Percentage of staff risk-assessed by staff group.
- Additional mitigation over and above the individual risk assessments in settings where infection rates are highest.

This information should be made available to all staff either via the intranet, all-staff briefings, or similar. We also ask that these data become part of your Board Assurance Framework (or equivalent in a primary care context) and receive board-level scrutiny and ownership. For primary care providers, this would be a senior partner or the business owner as the employer with overall responsibility for their workforce.

Primary care

All primary care organisations remain legally responsible for securing appropriate occupational health (OH) assessments (including staff risk assessments) for their employees. Access to OH services based on the national occupational health specification published in 2016 has been commissioned by NHS England & NHS Improvement and may be via a local NHS trust OH department or an independent OH provider. We ask commissioners, primary care networks and practices to work together to:

- ensure local primary care staff know how to access support from their OH provider
- review OH service providers' current capacity and access to it
- share available OH capacity, or commission more to complement existing OH services via this Dynamic Purchasing Solution, if additional capacity or access outside normal working hours is needed

CCGs are asked to assure that this is happening comprehensively and speedily in their areas.

Support on risk assessments

After asking local NHS employers in April to begin risk assessing staff at potentially increased risk, the Faculty of Occupational Medicine published a risk reduction framework outlining risk factors in light of available scientific evidence. NHS Employers issued updated guidance in May, signposting useful materials. The NHS England/Improvement website contains practical tools and case studies on deploying risk assessments in primary and secondary care. Human Resource Directors (HRDs) have access to the HRD repository. Organisations may continue to use customised tools developed locally with their BAME networks.

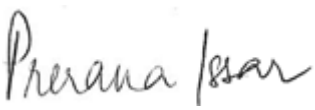
In addition, we have launched educational webinars for HRDs on risk assessments, and dedicated help: nhsi.ournhspeopleleaders@nhs.net

We recognise the sensitive nature of conversations around individual health and wellbeing. But these conversations must take account of the urgency with which we have to ensure our colleagues' safety. Risk assessments should not be viewed in

isolation – satisfactory deployment brings organisation-wide benefits including less absenteeism and sickness, fosters a safety-first culture, and helps ensure trust and engagement with staff. We know trusts and CCGs are working actively with Regional Directors and they will follow up with you including to share best practice.

Thank you again for your continued commitment to staff safety and wellbeing.

Best wishes



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Annex: Strategies for deploying individual risk assessments

Examples of good practice in individual risk assessment deployment include:

- Understanding the role of workplace assessment alongside individual risk assessments
- Creating a strategic risk stratification of the workforce – to target those at increased vulnerability first
- Working across the ICS/STP and with PCNs to manage any impact on staffing levels to meet anticipated demand and maintain services
- Clear direction that this is an organisational priority by the leadership team, including CEO ownership and making it a standing item at board meetings (or equivalent in other settings)
- Consistent messaging through all channels on the availability of risk assessments
- Co-production with local BAME networks
- All staff briefings, online training, and support sessions for line managers in deploying high quality risk assessments
- Creating a crib sheet for line managers on having conversations on risk assessments
- Ensuring OH services are adequately resourced to provide appropriate levels of support and that line managers know how to access this in all settings
- Using online and/or smartphone-enabled risk assessments to achieve better adoption
- Co-locating risk assessment meetings with staff facilities (eg staff rooms) or COVID-19 testing sites
- Setting dedicated days in the week for risk assessments
- Creating trained risk assessment helpers within organisations.

COVID-19 Guidance on Risk Assessment for Staff and Premises for Practice Managers and the Management of New Infections in Staff

This guide is designed for practice managers to use as a means of undertaking risk assessment of the primary care workplace and staff during Covid-19 as well as information on following government guidance on reducing the risks of transmission and track and trace.

Please note that this document is issued as GUIDANCE for use in Primary Care. Other tools and documents may be used or have been used which are of equal value in determining risk in both premises and staff.

Extract from Risk Assessment of Premises and Staff – COVID-19 - PHE Bulletin 9.6.20

All other staff including BAME staff and people identified as clinically vulnerable who are asked to apply stringent Social Distancing should be risk assessed to consider if they should see patients face to face.

Staff may be referred to an occupational health professional (* see 3 below) for further advice and support (contact your commissioner for details of your local occupational health service if not known).

1. Risk Assessment of the Workplace and Staff

There are numerous guides to undertaking a risk assessment which covers the premises and staff working within it – they are in the main designed to identify where the risks are and how through actions these can be mitigated. The key principles are detailed with the 5 Step Approach as follows: -

1.1 How to do an Overall Risk Assessment of the Practice

There are no fixed rules on how a risk assessment should be carried out, but there are a few general principles that should be followed.

Five steps to risk assessment can be followed to ensure that your risk assessment is carried out correctly, these five steps are:

1. **Identify the hazards**
2. **Decide who might be harmed and how**
3. **Evaluate the risks and decide on control measures**
4. **Record your findings and implement them**
5. **Review your assessment and update if necessary**

Step 1: Identify the hazards

In order to identify hazards you need to understand the difference between a ‘hazard’ and ‘risk’. A hazard is ‘something with the potential to cause harm’ and a risk is ‘the likelihood of that potential harm being realised’.

Hazards can be identified by using a number of different techniques such as walking round the workplace, or asking your employees.

Step 2: Decide who might be harmed and how

Once you have identified a number of hazards you need to understand who might be harmed and how, such as ‘people with underlying health conditions or based on the diversity (age, gender, ethnicity), or members of the public.

Step 3: Evaluate the risks and decide on control measures

After ‘identifying the hazards’ and ‘deciding who might be harmed and how’ you are then required to protect the people from harm. The hazards can either be removed completely or the risks controlled so that the injury is unlikely.

Step 4: Record your findings

Your findings should be written down it’s a legal requirement where there are 5 or more employees; and by recording the findings it shows that you have identified the hazards, decided who could be harmed and how, and also shows how you plan to eliminate the risks and hazards.

Step 5: Review your assessment and update as and when necessary

You should never forget that few workplaces stay the same and as a result this risk assessment should be reviewed and updated when required.

A detailed overall risk assessment template is attached as Appendix 1.

2. Process to Follow Post Overall Assessment

Review premises and try to accommodate the current advice regarding 2 metre social distancing where possible.

Review premises and where possible have clinical staff working in isolation.

PPE to be worn by all patient facing staff as per latest PHE guidance and face covering to be worn by patients unless very young or where it would cause distress.

Surgical masks to be worn by front of house reception staff when in contact with patients,if a 2m distance can not be maintained.

Shielding staff should not return to work until government advice allows this and should where possible work from home – where this is not possible based on a review of the role full pay should apply.

3. Staff Risk Assessments

3.1 Assessment of Staff Pre-Return to Work

Where staff are off work due to COVID-19 related issues and are due to return to work in the near future it is essential that a risk assessment of their conditions and issues is undertaken in conjunction with the overall risk assessment of the workplace.

This risk assessment of staff should be based on the following risk criteria: -

- Age
- Ethnicity
- Gender
- Obesity
- Pregnancy
- Underlying health condition
- Vitamin D levels if known (we are not advocating checking levels if not known)

The Safety Assessment and Decision Tool (SAAD) Score template and guidance are attached as Appendix 2.

Based on this assessment and any revised working conditions agreed by both sides (employer and staff) the staff member may be able to return to normal duties or revised duties. Where duties are revised this should be reviewed on a regular basis.

Where despite all possible risk reductions the staff member is not agreeable to a return to work advice from Occupational Health should be sought, this is open to all staff working in primary care and not just clinical staff.

There is an understanding of the right to an employer to ask the employee to work as normal where ever possible. We recognise the need to risk assess any member of staff deemed at higher risk at this time and feel therefore the use, where a conflict exists, and in the context of changing and complex Government advice, of independent clinical and binding advice from Occupational Health is both useful and necessary.

Their advice should be considered as binding by both the employer and employee and if their decision is the staff should not return to work (Shield) then this will be on normal full pay. If their advice is a return to work is possible this would be actioned in line with any agreed adjustment to duties and reviewed on a regular basis.

A standard referral letter to Occupational Health is attached as Appendix 3.

Occupational Health's telephone number is – (0114) 271 4737

Where the staff member still does not feel able to comply with this they would be placed on un-paid leave. This should be reviewed on a regular basis and in periods no longer than 1 month. Additional specialist advice may need to be sought in such circumstances.

It may be necessary to ask Occupational Health to undertake additional reviews where staff do not return to work either based on the original Occupational Health advice or the decision of the member of staff.

The flowchart attached as Appendix 4 provides sources of support for staff whose conditions may affect their return to work or who may feel the need to access additional external sources of help and support.

3.2 All Staff

It is recommended to carry out, and record the findings of, the SAAD risk assessment (or other available tool) for all staff.

4. Management of Staff in the Workplace with Symptoms, who Test Positive or Who are Contacted by the Track and Trace Service

4.1 Staff with Symptoms of COVID-19

If a health or social care worker develops symptoms of COVID-19:

- they should follow the stay at home guidance
- while at home (off-duty), they should not attend work and notify their line manager immediately
- while at work, they should put on a surgical face mask immediately, inform their line manager and return home
- comply with all requests for testing

If a member of staff develops symptoms, they should be tested for SARS-CoV-2. Testing is most sensitive within 3 days of symptoms developing. Guidelines on who can get tested and how to arrange for a test are available via the practice manager.

If their symptoms do not get better after 7 days, or their condition gets worse, they should use the NHS 111 online coronavirus service. If they do not have internet access, they should call NHS 111. For a medical emergency, they should call 999.

Staff who have previously tested positive (either by polymerase chain reaction (PCR) or antibody test) should still self-isolate and be tested again if they become symptomatic.

4.2. Staff's Return to Work Criteria

4.2.1 If staff are symptomatic when tested

Staff who test negative for SARS-CoV-2 can return to work when they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment. Interpret negative results with caution together with clinical assessment.

Symptomatic staff who test positive for SARS-CoV-2 or who have an inconclusive test result, and symptomatic staff who have not had a test, can return to work

- no earlier than 7 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 7 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

All members of a household or social bubble of the individual should self-isolate for 14 days from the day the individual's symptoms started. However, if any household/bubble member develops symptoms of COVID-19, they should isolate for at least 7 days from the onset of their symptoms, in line with the stay at home guidance.

4.2.2 If Staff are asymptomatic when tested

Staff without symptoms may also be tested where there is a clinical need to do so, in line with NHS England, PHE, Department of Health and Social Care or Devolved Administration guidance.

Staff who test negative for SARS-CoV-2 and who were asymptomatic at the time of the test can remain at work or return to work immediately as long as they remain asymptomatic if they were tested as part of routine testing

Staff who test positive for SARS-CoV-2 and who were asymptomatic at the time of the test must self-isolate for 7 days from the date of the test. If they remain well, they can return to work on day 8.

If, during the 7 days isolation, they develop symptoms, they must self-isolate for 7 days from the day of symptom onset. They can return to work:

- no earlier than 7 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 7 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

All members of a household/bubble shared with the individual should self-isolate for 14 days from the day the individual's test was taken. However, if any household member develops symptoms of COVID-19, they should isolate for at least 7 days from the onset of their symptoms.

4.2.3 If staff have been notified that they are a contact of a confirmed case in the community

Staff who have been notified through the NHS Test and Trace contact tracing service that they are a contact of a confirmed case of COVID-19 in the community (outside the health or social care setting or their place of work) they should inform their line manager and self-isolate for 14 days.

This advice should be followed regardless of the results of any SARS-CoV-2 antibody testing. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

4.2.4 If staff have been notified that they are a contact of a co-worker who is a confirmed case

If a staff member has been notified that they are a contact of a co-worker who has been confirmed as a COVID-19 case, and contact with this person occurred while not wearing PPE, or who are unable to confirm they have maintained appropriate social distancing with the infected staff member the 14-day isolation period also applies (as in section 2.3 above).

The Practice Manager and a nominated GP should undertake this review as soon as possible.

If the staff contact develops symptoms they should access the swabbing service from Primary Care Sheffield:

http://www.primarycaresheffield.org.uk/coronavirus/pcs-and-ccg-primary-care-covid-updates/community-swabbing-service-referral-proforma-v1-1/

4.3. Risk assessment for staff exposures in the workplace

If a health or social care worker has come into close contact with a confirmed COVID-19 patient, resident or service-user or a symptomatic patient, resident or service-user suspected of having COVID-19 while not wearing PPE, or had a breach in their PPE while providing personal care to a patient, resident or service-user with confirmed or suspected COVID-19, then the staff member should inform their line manager.

In assessing whether a health or social care worker has had a breach of PPE, a risk assessment should be undertaken. Take into consideration:

- the severity of symptoms the patient/resident has
- the length of exposure
- the proximity to the patient/resident
- the activities that took place when the worker was in proximity (such as aerosol-generating procedures (AGPs), monitoring, personal care)
- whether the health or social care worker had their eyes, nose or mouth exposed

If the risk assessment concludes there has been a significant breach or close contact without PPE, the worker should remain off work for 14 days.

Examples that are unlikely to be considered breaches include if a health or social care worker was not wearing gloves for a short period of time or their gloves tore, and they washed their hands immediately, or if their apron tore while caring for a resident and this was replaced promptly.

4.4. Associated legislation

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work Act 1974.

5. RIDDOR reporting of Covid 19 cases

Updated guidance has been published regarding RIDDOR reporting, on whether some or all cases of covid-19 in staff should be reported.

The HSE covid-19 page is at https://www.hse.gov.uk/news/coronavirus.htm

Practices should consider the section on 'reasonable evidence of occupational exposure' at https://www.hse.gov.uk/news/riddor-reporting-further-guidance-coronavirus.htm which says:

There must be reasonable evidence linking the nature of the person's work with an increased risk of becoming exposed to coronavirus.

Factors to take into account when making this decision could include:

- Whether or not the nature of the person's work activities increased the risk of them becoming exposed to coronavirus?
- Whether or not there was any specific, identifiable incident that led to an increased risk of exposure?
- Whether or not the person's work directly brought them into contact with a known coronavirus hazard without effective control measures, as set out in the relevant PHE guidance, in place such as personal protective equipment (PPE) or social distancing

Practices should consider breaches in clinical staff wearing of PPE when caring for known positive covid-19 patients and the extent to which physical or social distancing has been adhered to outside of the immediate patient bedside such as clinical circulating areas or staff rest areas.

6. Review

This document was produced on 16th June 2020 and is subject to change at any time.

The nature of this pandemic means that Government, Public Health England, NHS England, the CCG and other agencies are being reviewed on a regular basis.

This document will be reviewed on at least a weekly basis based on the above and revised where ever necessary.

Version1. 16th June 2020

Appendix 1

Covid-19 is a new illness that can affect your lungs and airways. It is caused by a virus called Coronavirus. Symptoms can be mild, moderate, severe or fatal.

This is a draft copy of a **generic Risk Assessment** for dealing with the current Covid-19 situation in the workplace. It is not likely to cover all scenarios and each employer should consider their own unique circumstances. Much more specific assessments, such as that for health care workers, may look quite different although many of the principles would still be relevant. To keep up to date with HSENI advice to workplaces in this fast changing situation visit https://www.hseni.gov.uk/news/coronavirus-covid-19-and-hseni-contact-details-updateo

What are the hazards?	Who might be harmed	Controls Required	Additional Controls	Action by who?	Action by when?	Done
Spread of Covid-19 Coronavirus	• **Staff** • **Visitors to your premises** • **Cleaners** • **Contractors** • **Drivers** • **Vulnerable groups – Elderly, Pregnant workers, those with existing underlying health conditions** • **Anyone else who physically comes in contact with**	**Hand Washing** • Hand washing facilities with soap and water in place. • Stringent hand washing taking place. • See hand washing guidance. • https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/ • Drying of hands with disposable paper towels. • https://www.nursingtimes.net/news/research-and-innovation/paper-towels-much-more-effective-at-removing-viruses-than-hand-dryers-17-04-2020/ • Staff encouraged to protect the skin by applying emollient cream regularly	Employees to be reminded on a regular basis to wash their hands for 20 seconds with water and soap and the importance of proper drying with disposable towels. Also reminded to catch coughs and sneezes in tissues – Follow Catch it, Bin it, Kill it and to avoid touching face, eyes, nose or mouth with unclean hands. Tissues will be made available throughout the workplace. Encourage staff to report any problems and carry out skin checks as part of a skin surveillance programme https://www.hse.gov.uk/skin/professional/health-surveillance.htm To help reduce the spread of coronavirus (COVID-19) reminding everyone of the public health advice - https://www.publichealth.hscni.net/news/covid-19-coronavirus			

	you in relation to your business	• https://www.nhs.uk/conditions/emollients/ • Gel sanitisers in any area where washing facilities not readily available	Posters, leaflets and other materials are available for display. https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19			
		Cleaning Frequently cleaning and disinfecting objects and surfaces that are touched regularly particularly in areas of high use such as door handles, light switches, reception area using appropriate cleaning products and methods.	Rigorous checks will be carried out by line managers to ensure that the necessary procedures are being followed.			
		Social Distancing Social Distancing -Reducing the number of persons in any work area to comply with the 2-metre (6.5 foot) gap recommended by the Public Health Agency https://www.publichealth.hscni.net/news/covid-19-coronavirus https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people Taking steps to review work schedules including start & finish times/shift patterns, working from home etc. to reduce number of workers on site at	Staff to be reminded on a daily basis of the importance of social distancing both in the workplace and outside of it. Management checks to ensure this is adhered to.			

		any one time. Also relocating workers to other tasks. Redesigning processes to ensure social distancing in place. Conference calls to be used instead of face to face meetings. Ensuring sufficient rest breaks for staff. Social distancing also to be adhered to in canteen area and smoking area. **<u>Wearing of Gloves</u>** Where Risk Assessment identifies wearing of gloves as a requirement of the job, an adequate supply of these will be provided. Staff will be instructed on how to remove gloves carefully to reduce contamination and how to dispose of them safely. **<u>PPE</u>** *Public Health guidance on the use of PPE (personal protective equipment) to protect against COVID-19 relates to health care settings. In all other settings individuals are asked to observe social distancing measures and practice good hand hygiene behaviours*	Staff to be reminded that wearing of gloves is not a substitute for good hand washing. To minimise the risk of transmission of COVID-19 during face-fit testing the following additional measures should be carried out – Both the fit tester and those being fit tested should wash their hands before and after the test. Those being fit tested with non-disposable masks should clean the mask themselves before and immediately after the test using a suitable disinfectant cleaning wipe (check with			

		Where RPE is a requirement for risks associated with the work undertaken the following measures will be followed- Tight-fitting respirators (such as disposable FFP3 masks and reusable half masks) rely on having a good seal with the wearer's face. A face fit test will be carried out to ensure the respiratory protective equipment (RPE) can protect the wearer. Wearers must be clean shaven. **<u>Symptoms of Covid-19</u>** If anyone becomes unwell with a new continuous cough or a high temperature in the workplace they will be sent home and advised to follow the stay at home guidance. Line managers will maintain regular contact with staff members during this time. If advised that a member of staff or public has developed Covid-19 and were recently on our premises (including where a member of staff has visited other work place premises such as domestic premises), the management team of the workplace will contact the Public Health Authority to discuss the case, identify	manufacturer to avoid damaging the mask). Test face pieces that cannot be adequately disinfected (e.g. disposable half masks) should not be used by more than one individual. Fit testers should wear disposable gloves when undertaking cleaning of the tubes, hoods etc. and ensure they remove gloves following the correct procedure (PDF) Reference https://www.hse.gov.uk/news/face-mask-ppe-rpe-coronavirus.htm Internal communication channels and cascading of messages through line managers will be carried out regularly to reassure and support employees in a fast changing situation. Line managers will offer support to staff who are affected by Coronavirus or has a family member affected.			

		people who have been in contact with them and will take advice on any actions or precautions that should be taken. https://www.publichealth.hscni.net/				
		Drivers Procedures in place for Drivers to ensure adequate welfare facilities available during their work - Reference https://www.hse.gov.uk/news/drivers-transport-delivery-coronavirus.htm COVID-19-guidance on freight transport. Persons should not share vehicles or cabs, where suitable distancing cannot be achieved.	Communicate with companies we deliver to/from to ensure welfare facilities will be available to our drivers. Allowing delivery drivers adequate breaks to avail of proper welfare facilities.			
		Mental Health Management will promote mental health & wellbeing awareness to staff during the Coronavirus outbreak and will offer whatever support they can to help Reference - https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/ www.hseni.gov.uk/stress	Regular communication of mental health information and open door policy for those who need additional support.			

Appendix 2

Safety Assessment AND Decision (SAAD) Score

COVID-19 Pandemic Infection in General Practice

In the current climate with the COVID-19 pandemic there is significant concern amongst all clinicians around the potential consequences of being infected, this being exaggerated in the Black, Asian and Minority Ethnic (BAME) community due to the excess deaths faced by this cohort.

In compiling this score card, the co-authors have approached the task with both a personal and professional responsibility. Some of the co-authors have suffered and recovered from a COVID-19 infection, some have buried a local colleague and friend who was a General Practitioner (GP) and some have expressed concern related to the disproportional deaths in the BAME community.

This scoring system has been constructed following a review of many research papers and guidance available. In some cases, there has been a lack of available data to make a clear recommendation and accordingly the group has reflected on the data available and used their clinical experience to propose a pragmatic approach**.**

The system has been developed for all staff within General Practice including both clinical and non-clinical staff. This is also applicable to all ethnicities within the practice.

The recommendations and scoring below are guidance and, where required, the staff member and manager can with mutual agreement list alternative conditions that support the needs of the GP practice, whilst ensuring a safe work environment for the staff member.

In using this score card the practice manager or responsible clinician should:

- Print the score card and pass to staff member
- Allow staff member to review the score card in advance of the meeting
- Arrange meeting to jointly go through the score card
- Record the findings by circling/ticking all relevant boxes
- A staff member having any one of the four risks in the 'high' risk category will automatically

fall into the 'high' risk category irrespective of other variables

- Discuss mental health and well-being concerns with staff member (no score for this, tick the box once concerns discussed and any actions agreed)
- Complete each row and then add all rows to provide a total risk figure
- Based on the score, review the relevant roles for the staff member as highlighted below and according to their contractual duties
- Record any decisions made to mitigate/reduce risk
- Record a review date and store in staff file for future review (provide staff member a copy of the score card)

This score card is not for workers that fulfil the government criteria for 'Shielding' – these workers should follow national guidance and stay at home

On the 5th May 2020, a number of the co-authors accompanied a well-loved, and highly respected local GP, Dr Saad Al-Dubbaisi to his final resting place. This scoring system is named after our friend and colleague SAAD

SCORE CARD

Staff name:

Manager Name:
Date:

	Points					
	1	2	3	4	High Risk	Row score
Age	40-49	50-59	60-69		70 and above	
Ethnicity	White Chinese Mixed origin	Indian	Bangladeshi Pakistani Middle East	Black		
	*__BAME Other__: to other ethnicit	Any staff that do not ies above	fall into one of the categories above, score according			
Gender	Female	Male				
Obesity (BMI) Appendix 1	Over 23 (exclude white/ Chinese/ mixed)		Over 30 (white/ Chinese/mixed)	Over 30 (exclude white/ Chinese/ mixed)	Over 40 (All groups)	
Pregnancy		Under 28 weeks			Over 28 weeks	
Medical Conditions- Appendix 2	One condition			Two conditions	Three or more conditions	
Vitamin D level (if known) Appendix 3	30-50	Under 30				
Total score						

Mental Health & Well-being Review: (Appendix 4)

Mild Risk Score: 1-8	Moderate Risk Score: 9-12	High Risk Score: 13 or above

Action taken:

Signed: Staff Manager

Roles and Responsibilities for Clinical and Non-Clinical Staff:

Risk Area	**Clinical Staff within General Practice**
Mild	Roles within General Practice: • F2F Hot sites • F2F Cold sites • Telephone Consultations • Video Consultations • 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc. • Immunisations • Staff training (Video) • Coiling fitting • Cervical Screening • Home visits – COVID-19 • Home visits–non COVID-19 • Urgent phlebotomy • Death Certification Avoid: • Routine medicals e.g. HGV • Routine F2F medication/ Health reviews • Routine phlebotomy for annual reviews (unless related to specific drugs e.g. DMARDS) • Travel Vaccinations • Minor Surgery
Moderate	Roles within General Practice: • F2F Cold sites • Telephone Consultations • Video Consultations • 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc. • Home visits -non COVID-19 • Staff training (Video) Avoid: • Routine medicals e.g. HGV • Routine F2F medication/ Health reviews • All phlebotomy • Travel Vaccinations • Cervical screening • Minor Surgery • Coil Fitting • Any Care Home Visits • All F2F COVID-19 engagement (Video permitted) • Death Certification

High	Roles within General Practice: • Telephone Consultations • Video Consultations • 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc. • Staff training (Video) • Work from home where possible Avoid: • Routine medicals e.g. HGV • Routine F2F medication/ Health reviews • All phlebotomy • Travel Vaccinations • Cervical screening • Minor Surgery • Coil Fitting • Any Care Home Visits • All F2F COVID-19 engagement (Video permitted) • Death Certification
	Non-Clinical Staff within General Practice
Mild	Continue working as normal but following infection control and safety precautions (i.e. masks when moving between rooms within the building, cleaning down work stations before and after use and ensure where possible social distancing both during work and during breaks)
Moderate	Follow infection control and safety precautions Adjust working hours where possible Face masks when working in shared rooms Working in a separate room where possible Minimal F2F patient contact (i.e. no front reception desk work)
High	Follow infection control and safety precautions No direct patient contacts Lone working or working in separate office with minimal movement within the building Working from home where possible

- Regularly review working environment with staff member
- Document actions agreed between staff and manager (Review 6 monthly or earlier if any conditions with staff change or during appraisals after first review)
- Raise any concerns about limitations in implementing safe environment for staff member with employer

Appendix 1: Obesity

Although many score cards available refer to obesity above a BMI of 30, data available is clear for the BAME community this risk increases with a BMI of 23, with further significant risk with a BMI of

27.5 and above.

Appendix 2: Medical Conditions

Each of the conditions below would be considered for the score card. Some of the conditions will be the same as the shielding category but will be 'severe' in the shielding category and 'mild' or 'moderate' for this score card.

Medical conditions in each category should be assessed individually i.e. heart failure with a past history of heart attack would be considered as 2 points.

- Respiratory problems (Asthma (taking daily inhaled steroid)/COPD/Bronchiectasis)
- Heart Problems (Heart Failure, Angina, History of Heart Attack)
- Chronic Kidney Disease (stage 3 and above)
- Chronic Liver Disease including Hepatitis
- Chronic Neurological Conditions (Parkinson's, Motor Neurone Disease, History of Stroke

(CVA), Multiple Sclerosis, Cerebral Palsy)

- Diabetes (Type 1 or 2)
- Reduced Immune Response - AIDS/HIV, regular oral steroids
- Hypertension (on one or more anti-hypertensive medication)
- Ongoing inflammatory bowel conditions (Crohn's, Ulcerative Colitis)

Appendix 3: Vitamin D

At present it would appear that the role played by Vitamin D is unclear in the management of Covid-19.

It is uncertain as to whether it provides specific protection towards Covid-19 or whether it prevents respiratory complications.

There does appear to be evolving evidence to suggest that in people who have Vitamin D levels of insufficiency or deficiency, the outcomes in patients who develop Covid-19 appear to adversely impact both mortality and morbidity. This appears to be level dependent and worse as levels of Vitamin D decline.

On balance, the group are of the opinion that the benefits of taking Vitamin D replacement outweigh the risks associated with this.

Local and national guidance should be followed relating to replacement therapy. http://gmmmg.nhs.uk/docs/nts/NTS-Recommendation-on-Vitamin-D-deficiency-and-insufficiency- adults.pdf

Appendix 4 – Mental Health and Well-being

There could be significant mental trauma for the staff in light of the current situation. The manager should enquire about any support the staff may require with open ended questions such as 'What can I do to help?' or 'How can we help you?' The meeting should take place in a quiet private setting without interruptions to ensure the true feelings and concerns of the staff member can be captured. Any issues raised by staff need to be addressed with a bilateral discussion on what solutions are available to address the concerns raised with a documented plan with time line to implement any solutions.

Additional resources:

Coaching and support for primary care staff psychological well-being
https://people.nhs.uk/lookingafteryoutoo/

Well-being and resilience toolkit: https://beyond-coaching.co.uk/nhs-online-toolkit/

Well-being poster:
https://nshcs.hee.nhs.uk/wp-content/uploads/2020/04/A4-WELLBEING-POSTER.pdf

Health and well-being Response:
https://glosprimarycare.co.uk/wp-content/uploads/2020/04/Health-and-Wellbeing-package-Apr20.pdf

Communication Brief:
https://www.eastmidlandsdeanery.nhs.uk/sites/default/files/comms_brief_v2_07.04.20.pdf

Mental Health Helplines:
https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/

Support Now: https://people.nhs.uk/help/

COVID-19: Guidance on risk mitigation for BAME staff in mental healthcare settings (RCPsych): https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19- guidance-for-clinicians/risk-mitigation-for-bame-staff

Appendix 5 – Work related precautions

Ensure staff are familiar with the following:

- Correct hand washing technique and duration
- Appropriate use of face masks around the building and access to appropriate PPE based on level of risk for clinical staff (both in clinic and for home visits)
- Social distancing in the building both during work and during breaks
- Review practice policy to ensure staff are responsible for reporting any illness to their line manager which could affect the safety of other staff or patients using the premises
- Staff familiar with symptoms of COVID-19 infection
- Staff familiar with how to arrange COVID-19 swab if required
- During the current pandemic staff kept up to date on changes in practice policies and adaptations to work environment

Appendix 6 – Examples of staff and scoring

Male – 2 points Indian – 2 points Age 56 – 2 points BMI 28 – 1 point No medical conditions – 0 point Vitamin D (38) – 1 point Score: 8 points Mild risk category
Female – 1 point Black – 4 points Age 42 – 1 point Diabetic (IDDM) – 1 point Vitamin D (14) – 2 points Score: 9 points Moderate risk category
Male – 2 points Egyptian – 3 points Age 64 – 3 points BMI 36 – 4 points Angina and Diabetic – 4 points No Vitamin D level – 1 points Score: 17 points High risk category

These examples are only for illustrative purpose. The scoring will depend on the individual staff member's views on their scoring within the table and a discussion with their manager on the required interventions to minimise or mitigate risk.

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References

The references below where used to support constructive group discussion and assist in producing this document:

1. BAME COVID-19 Deaths – What do we know? Rapid evidence and data review 'Hidden in plain sight':file:///C:/Users/M%20Jiva/Downloads/BAME-COVID-Rapid-Data-Evidence-Review-Final- Hidden-in-Plain-Sight-compressed.pdf.pdf

2. Faculty of Medicine (2020) Risk Reduction Framework for NHS Staff at risk of COVID-19 infection (2020) https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at- risk-of-COVID-19-infection-12-05-20.pdf

3. Office of National Statistics (2020) Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020

4. Risk stratification for Healthcare workers during CoViD1-19 Pandemic: using demographics, co- morbid disease and clinical domain in order to assign clinical duties. https://www.medrxiv.org/content/10.1101/2020.05.05.20091967v1.full.pdf+html

5. Risk reduction framework for NHS staff at risk of COVID-19 infection: https://www.fom.ac.uk/wp- content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05- 20.pdf

6. NICE Public Health Draft Guidance – Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK: https://www.nice.org.uk/guidance/ph46/documents/bmi-and-waist-circumference-black-and- minority-ethnic-groups-draft-guidance2

7. NICE Obesity - Identification, assessment and management: https://www.nice.org.uk/guidance/cg189/ifp/chapter/Obesity-and-being-overweight

8. GMMMG – Treatment of Vitamin D Deficiency and Insufficiency in Adults: http://gmmmg.nhs.uk/docs/nts/NTS-Recommendation-on-Vitamin-D-deficiency-and-insufficiency- adults.pdf

9. Evidence that Vitamin D supplementation could reduce risk of Influenza and COVID-19 infections and deaths: https://www.ncbi.nlm.nih.gov/pubmed/32252338

Appendix 3

Referral to Occupational Health

LETTER TO GP/OCCUPATIONAL HEALTH PROVIDER

NOTES FOR USE:

- *Ensure you include a copy of the job description and consent form with the letter.*
- *When adding your questions and background information, be mindful that the report may quote the questions you ask and the information you provide so make sure the wording is professional.*
- *Make sure you send the letter by e-mail to XXXXX*
- *Follow up with a phone call after a few days to confirm receipt and ask when you can expect to receive the report.*

Strictly Personal and Confidential
Date
GP name/OH contact
Address

Dear

Medical report for [name, address, date of birth]

I am writing to request [a medical report/an occupational health report] for the above member of staff. They have provided their written consent which I enclose.

[Name] has been absent since [date] due to COVID-19 with [condition or underlying reason BAME, Pregnant etc].

They are employed as a [job title] and a copy of their job description is attached for your reference or list duties if not available to attach.

They are/are not clinical and they do or do not have a face to face role with patients.

[Name] has advised us of the following:

- [insert the facts the employee has told you about their condition; symptoms; and the reasonable adjustments made to accommodate return; next steps]

We have undertaken the SAAD Risk Assessment with them and their score is XXX and a copy of this is attached.

Despite the above, unfortunately the member of staff does not feel able to return to their normal or the re-allocated role for the following reason(s):

- [list any reasons staff are still not happy to return]

Please can you advise us on the following:

- Can you confirm if our assessment is correct based on their conditions or illnesses ??
- Based on the assessment are they able in your opinion to return to their normal or re-allocated role?
- If yes when could they return to work?

- If you do not agree with the assessment what are the reasons for this and based on this when should a return to work be considered?
- Are there any [further] reasonable adjustments you feel the practice should consider?

In the meantime, if you have any queries in relation to the content of this letter, please do not hesitate to contact me.

Yours sincerely,

[Your name]
[Job title]
[Direct telephone number]
[email]

Enc. Consent form
Job description

Appendix 4

COVID19 Individual Staff Impact Assessment (June 2020) - REFERRAL AND SIGNPOSTING GUIDE

Organisation	Details	Contact
Support for Practice Staff		
Maternity Action	COVID-19 FAQs about rights and benefits during pregnancy and maternity	https://maternityaction.org.uk/covidmaternityfaqs/
NHS England and NHS Improvement	Guide to support key workers in having difficult conversations, including when is the best time to talk to children about their role, and how to explain why they are still working when other parents might be at home.	https://people.nhs.uk/uncategorized/communicating-with-children-about-covid-19/
MENTAL HEALTH AND WELLBEING LINKS FOR PRACTICE STAFF		
Vivup	24 hour telephone counselling service and 19 CBT self-help guides	03303 800658 or visit www.vivup.co.uk http://sharepoint.sth.nhs.uk/Collaboration/Wellbeing/SitePages/24hr%20confidential%20support%20service.aspx and available at www.vivup.co.uk
The Mindfulness Initiative	A credible curated list of free mindfulness resources for NHS and care workers	https://www.themindfulnessinitiative.org/covid-19-mindfulness-resources-for-health-and-care-staff
Mind	A – Z of mental health, links to wide variety of resources, shared stories and local support groups	www.mind.org.uk
Vivup	24 hour telephone counselling service and 19 CBT self-help guides	03303 800658 or visit www.vivup.co.uk
Headspace App	Helps you to focus, breathe, stay calm, perform at your best, and get a better night's rest through the life-changing skills of relaxation, meditation and mindfulness	www.headspace.com/nhs and use your nhs.net email address to register

Unmind and the Unmind App	Mindfulness and meditation app that offers tools and training to improve wellbeing at work, and signposts to support	Join at www.nhs.unmind.com using your Google Chrome Browser
NHS People Website	A new website has been launched to help support NHS Staff Wellbeing during this challenging time offering: A range of guides to work through from 10 – 20 minutes long on topics such as personal and team resilience Quick reference notes on team working during COVID-19 and exercises to help us pause and re-charge Information about free apps for NHS staff	Website: https://people.nhs.uk/
Listening Line and Text Helpline from NHSPeople	Confidential staff support line for NHS staff, operated by the Samaritans and free to access from 7.00 am – 11.00 pm, seven days a week or you can text for 24/7 support via Text	Call: 0300 131 7000 Text: FRONTLINE to 85258
NHS Every Mind Matters	Every Mind Matters gives you simple and practical advice to get a healthier mind and get more out of life – from how to deal with stress and anxiety, to boosting our mood or sleeping better. It will help you spot the signs of common mental health conditions, get personalised practical self-care tips and information on further support. You'll also learn about what you can do to help others.	https://www.nhs.uk/oneyou/every-mind-matters/
One You	Highlights the importance about health and encourages you to make changes to manage and maintain mental health.	https://www.nhs.uk/oneyou/about-one-you/

Advice for Staff to give patients		
STH Staff Network Group	Disabled SNG	The Chair is Clare Coyne clare.coyne1@nhs.net Tel: 0114 271 4985 or 07388 997 623
Department for Work and Pensions (DWP) - DirectGov	Access to Work – support for employees with workplace adjustments	https://www.gov.uk/access-to-work Apply online: https://www.gov.uk/access-to-work/apply **Access to Work helpline:** Telephone: 0800 121 7479 Textphone: 0800 121 7579
Bradford Talking Media	Free to access Easy Read and British Sign Language interpreted information and video	https://www.btm.org.uk/resource-category/accessible-information-about-coronavirus/
Easy Read Online	Easy Read version, including the recent Stay at Home rules	https://www.easy-read-online.co.uk/erdocs/easy-read-online/
Sheffield's Domestic Abuse Helpline	Provided by IDAS and is free to call from mobiles and landlines	Tel: 0808 808 2241 https://sheffielddact.org.uk/domestic-abuse/ https://sheffielddact.org.uk/domestic-abuse/get-help/support-for-women/
Public Health England	COVID-19 and Domestic Abuse	https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse
Sheffield Domestic Abuse Helpline	0808 808 2241	
Local authority Adult First Contact Team	Out of hours for urgent safeguarding matters	0114 2734908 (24 hours) Safeguarding children concerns can be referred to or discussed with the Children's Safeguarding Hub on 0114 273 4855 (24 hours) Please dial 999 for imminent danger to a person at risk of abuse, neglect or exploitation. Please dial Police number 101 to report things like slavery, trafficking, forced marriage, radicalisation etc.
Carers Centre	Range of support for carers	Carer Advice Line (for all enquiries 0114 272 8362, available 9-6 weekdays) support@sheffieldcarers.org.uk. www.sheffieldcarers.org.uk/contact-us

COMMUNITY/ETHNICITY RESOURCES		
Doctors of the World	Written information in 36 languages with more being added	https://www.doctorsoftheworld.org.uk/coronavirus-information/
MEND Muslim Engagement & development	An infographic has been produced with guidance around Muslim burials for those who passed away due to COVID-19. This includes guidance on who should attend and social distancing.	http://burial.mend.org.uk/