**Guidance for Managers**

The Hospice wishes to take all steps to support the safety and wellbeing of staff and volunteers during the Covid-19 pandemic. A number of vulnerable groups have been identified in relation to Covid-19; vulnerabilities relate to health conditions, age, sex, ethnicity, pregnancy and disability.

Our aim is to ensure that every member of staff and returning volunteer is offered the opportunity to undertake a Risk Assessment with their manager. The following process should be followed:

1. A letter will be given to every staff member offering them the opportunity to undertake a Risk Assessment. A similar offer should be made to all returning volunteers. Where possible, Managers should hand deliver this letter to staff who they know fall into a vulnerable group (HR will provide support with identifying these individuals) and / or speak to them before they receive the letter.
2. Managers should:
* Hold open staff meetings to bring teams together where appropriate (virtually where possible)
* Complete a Risk Assessment for each Staff Members falling into a vulnerable group / where risks are known unless the staff member indicates they do not want such a Risk Assessment. Where an individual declines an assessment please document this conversation and provide this to HR
* Complete a Risk Assessment for any other Staff Member who requests one
* Seek any and all support they need from senior colleagues including HR
1. Any conversation with a staff member with regard to the various risks to them should be framed within the uncertainty that exists. We can say that we have reviewed the evidence but that there are gaps in what we know and that things continue to change.
2. It is important to ensure that any staff member feels confident and empowered to disclose any underlying risks and to share their anxieties. This should be a consideration in deciding who should have a conversation with teams and with each individual and whether staff should be offered options around who they speak to. We should bear in mind the power dynamics that exist relating to gender, ethnicity etc.
3. It is acknowledged that some of these risk discussions may already have taken place but we would still like you to fill in the documentation to record these.
4. The document should either be physically signed (hard copy) or email confirmation of agreement by the Staff Member and Manager should be attached.
5. Managers should identify the risks and mitigation to ensure minimisation of exposure to Covid-19 risks. If any concerns (for the Staff Member or the Manager) remain at the end of this Risk Assessment process they should be highlighted to HR as soon as practicable and any urgent steps identified as necessary should be taken. HR will support any further discussions or decision making.
6. Where staff are redeployed or work from home, consideration should be given to their responsibilities and duties, and what support and environment they need. Key documents and information can be found at https://www.st-gemma.co.uk/coronavirus-team-info including guidance on working at home and the Wellbeing Hub.
7. All Risk Assessments should be forwarded to HR once completed OR they can be uploaded to the “Document” screen on Cascade. HR can provide support in uploading documents, if required.
8. Managers should continue Risk Assessments on an ongoing basis as circumstances and guidance change.
9. Please speak to your HOD, HLT member or HR about any concerns or issues.

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| Staff / Volunteer Name:  | Role:  |
| Manager Name: | Department: |
| Date of Assessment: | Date Planned for Review (if agreed needed): |

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| **Section A – Clinically Extremely Vulnerable Staff** |
| Have you been notified that you are in an Extremely Vulnerable group? In case of any concerns or confusion, please speak to HR or refer to government website. <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19> | Y | N |
| Please provide any comments required: |
| **Manager Action:** If the staff member is in this group, they should be shielding at home. If this is not the case, please speak to HR urgently. |

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| **Section B – Other Risk factors** |
| **Risk Factor** | **Indicator** | **Adjustment** | **Individual Score** |
| **Age** | Under 50 | 0 |  |
|  | >50 | 1 |  |
|  | >60 | 2 |  |
|  | >70 | 3 |  |
|  | >80 | 4 |  |
| **Sex at Birth** | Female | 0 |  |
|  | Male | 1 |  |
| **Ethnicity** | Black African, Indian, Asian, Mixed Race and Other Non-White | 1 |  |
|  | White | 0 |  |
| **Obesity/Over Weight** | BMI 30-39.9 | 1 |  |
| BMI 40 or more | 2 |  |
| **Diabetes** | Type 1 or 2 – well-controlled | 1 |  |
|  | Type 1 or 2 – complicated | 2 |  |
| **Heart Disease** | Angina or previous heart attack | 1 |  |
|  | Heart failure Stroke and stroke treatment | 2 |  |
| **Lung disease** | Asthma, COPD, bronchitis, emphysema | 2 |  |
| **Chronic Liver Disease** | Hepatitis, Alcoholic Liver disease | 2 |  |
| **Chronic Kidney Disease** |  | 2 |  |
| **Neurological Disorders** | Parkinson’s Disease, MS, MND | 2 |  |
| **Cancer** | Active cancer | 2 |  |
|  | Cancer in remission | 1 |  |
| **Rheumatological illnesses** | Actively treated conditions | 2 |  |
| **Immunosuppressed state or treatment** | HIV AIDSAny treatment that reduces immune system e.g. steroid medication, chemotherapy | 2 |  |
| **Disease of the spleen** | No spleen, Sickle cell disease | 2 |  |
| **TOTAL** |  |  |  |

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| **Interpretation** | **Score** |
| **Low Risk** | 0-2 |
| **Medium Risk** | 3-5 |
| **High Risk** | 6 or More |

**Based on: (1)** *Risk Stratification tool for Healthcare workers during the Covid-19 Pandemic & (2) OpenSAFELY: factors associated with Covid 19 related hospital deaths (SAGE).*

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| **Section C - Current Working Situation**  |
|  | Working from home | No patient contact / Office working with social distancing & / or PPE | Face to face patient / public contact (but not providing care) with unknown Covid-19 status | Face to face patient care not including aerosol generating activities | Face to face patient care including aerosol generating activities |
| Tick as applicable |  |  |  |  |  |
| Risk level | 1 | 2 | 3 | 4 | 5 |

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| **Section D - Staff Wellbeing**  |
| Do you feel that your personal vulnerabilities have been considered?  | Y | N | n/a |
| Do you feel happy with your current working situation and working environment?  | Y | N | n/a |
| Do you know how to access information about the Hospice’s services to support your wellbeing? | Y | N | n/a |
| Do you want to highlight and discuss any other social or family issues of concern, for example, does someone in your household fall into the clinically extremely vulnerable group or do you have caring responsibilities? | Y | N | n/a |
| Do you have any other risk factors which should be considered, for example pregnancy, disability or another underlying health condition? | Y | N | n/a |
| Are you happy with the actions taken and additional measures put in place to help with any of the issues talked about? | Y | N | n/a |
| Detail any further comments:  |

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| **Section E - Personal Protective Equipment (PPE) Considerations** **(To be completed by Manager and Staff Member)** |
| Staff member is trained to use PPE where required | Y | N | n/a |
| Staff member is confident and competent in using appropriate PPE | Y | N | n/a |
| Staff member is fit tested if required | Y | N | n/a |
| Detail any further comments (attach sheet if necessary):  |
| **Manager Action:** If the answer is ‘No’ to one or more of the above, immediate action must be taken to rectify the situation. This may be through additional training, instruction and information or escalation to the relevant Head of Department. |

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| **Additional Information**  |
| Are you participating in the Lateral Flow testing programme within the Hospice? | Y | N | n/a |
| Are you participating in the PCR testing programme within the Hospice? | Y | N | n/a |
| Have you received your Covid-19 vaccine date 1st dose | Y | N | n/a |
| Have you received your Covid-19 vaccine date 2nd dose | Y | N | n/a |

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| **Summary Risk Assessment** |
| Managers should use the summary matrix below to assess what further action, if any, needs to be taken as a result of the risk assessment, in addition to any other actions identified by the Staff Member and Manager.  |

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|  | **Working environment (Section C)** |
| **1** | **2** | **3** | **4** | **5** |
| **Risk Stratification (Section B)** | **Low** |  |  |  |  |  |
| **Medium** |  |  |  |  |  |
| **High** |  |  |  |  |  |

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|  | No further action expected to be required |
|  | Individual risk mitigation plan required |
|  | Combined clinical and HR risk assessment & mitigation plan required |

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| Please describe or append mitigation plan where required: |

 Consider if the mitigation plan changes the risk score and document any change, Please note there may not be a change in score if risk level was low/medium.

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|  | **Working environment (Section B)** |
| **1** | **2** | **3** | **4** | **5** |
| **Risk Stratification (Section C)** | **Low** |  |  |  |  |  |
| **Medium** |  |  |  |  |  |
| **High** |  |  |  |  |  |

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| --- | --- |
|  | No further action expected to be required |
|  | Individual risk mitigation plan required |
|  | Combined clinical and HR risk assessment & mitigation plan required |

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| **Section F – Staff Member & Manager Sign off** |
| **To be completed by the Staff Member:** Are there any adjustments and/or other support that have not been discussed with you that you consider would support you in your role?Do you have any remaining concerns? Signed by Staff Member:Date: |
| **To be completed by the Manager:** Please provide further details of any additional actions that have been agreed. Do you have any remaining concerns? Signed by Manager:Date: |

**Please share this Risk Assessment with the staff member to ensure that all actions and relevant information have been captured.**

**This Risk Assessment must be reviewed if there is a change in government advice or a change in the staff member’s personal circumstances**. **Staff members must alert their manager to any changes or any concerns they may have in connection with this Risk Assessment.**

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| **Section G – Staff Member Declaration – Declining Assessment** |
| **I have read the contents of the Covid Risk Assessment and I have declined to complete the assessment.** **I have discussed Section D – Staff Wellbeing and Section E – PPE Considerations with my manager and confirm I have raised any issues requiring action.**Signed:Date:Signed by Manager: |