**Managers’ risk assessment for staff at risk of severe COVID-19 ill health**

NES has a responsibility to ensure staff health and safety at work. There are two groups of people considered to be at risk of severe COVID-19 illness. This risk assessment will assist managers in assessing and controlling the risks to health specifically for those in these groups. This risk assessment should be undertaken with the member of staff. Occupational Health can be contacted on nss.occupatioanlhealth@nhs.net. if required and HR should be informed if the person is working from home for health reasons

**Defining Risk factors for severe diseases**

To date, the following have been defined as the highest risk factors for severe disease. HSCEWs with these conditions should be asked to work from home if possible, transferred to duties that could be undertaken at home, or asked to remain away from work (practising social distancing and/or self –isolation) until the outbreak has abated.

**People in this highest risk group include:**

**1.       Solid organ transplant recipients**

**2**.       **People with specific cancers**

* People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
* People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
* People having immunotherapy or other continuing antibody treatments for cancer
* People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
* People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.

**3**.       **People with severe respiratory conditions including all cystic fibrosis, severe asthma (requiring regular hospital admissions) and severe COPD**

**4**. **People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)**

**5.      People on immunosuppression therapies sufficient to significantly increase risk of infection see below**

 **Level of Immunosuppression**

 Assessing the degree of immunosuppression is difficult. The information below is for guidance only. Further support can be obtained from Occupational health

 **High level of immunosuppression is receiving:**

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

 **Low level of immunosuppression is receiving:**

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

 **Types of Immunosuppressant Drugs**

 Different Immunosuppressant drugs target different parts of the immune response and hence their effects are variable and additionally are influenced by the underlying disease state. . Further support can be obtained from Occupational health

**6.       People who are pregnant with significant congenital or acquired heart disease see below for further guidance**

 **Pregnant women**

 **Healthcare workers prior to 28 weeks’ gestation**

 It may not be possible to completely avoid caring for all patients with COVID-19. As for all healthcare workers,

* use of PPE and risk assessments according to current guidance will provide pregnant workers with protection

 from infection.

* The arrival of rapid COVID-19 testing will significantly assist in organising care provision, and this guidance will be updated appropriately when such tests are commonly available.
* Some working environments (e.g. operating theatres, respiratory wards and intensive care/high dependency
* Where possible, pregnant women are advised to avoid working in these areas with suspected or COVID-19 patients.

 **Healthcare workers after 28 weeks’ gestation or with underlying health conditions**

* For pregnant women after 28 weeks’ gestation, or with underlying health conditions such as heart or lung disease, a more precautionary approach is advised.
* Women in this category should work from home where possible, avoid contact with anyone with symptoms of COVID-19, and significantly reduce unnecessary social contact.
* For many healthcare workers, this may present opportunities to work flexibly in a different capacity, for example by undertaking telephone or videoconference consultations, or taking on administrative duties

**Definition of Underlying Health Conditions with a raised (but not highest) risk of severe disease**

HSCEWs with the following underlying conditions can continue to work as long as they practice strict hygiene measures. These HSCEWs should not be working face to face with confirmed or suspected cases of COVID-19, but should be deployed to areas where COVID-19 patients are not cared for or assessed. HSCEWs who work in a crowded environment, i.e. continual close working (within 1 m) of other staff members for prolonged periods of time (> 1 hr) should be relocated into less crowded environments as much as possible. We have highlighted exceptions where HSCEWs can work with patients with confirmed or suspected COVID-19. These guidelines are not definitive and may be varied by occupational health in individual cases.

Underlying health conditions include:

* chronic (long-term) respiratory diseases, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis.
	+ **Exception:** HSCEWs with stable asthma (‘reliever’ inhalers only) do not require any additional precautions beyond maintaining strict hygiene measures.
* chronic heart disease, such as heart failure
* chronic kidney disease
* hypertension is a clear risk factor, often together with other chronic health conditions. We propose that HSCEWs who have well controlled hypertension on one medication should not be excluded from working with suspected/proven COVID-19
* chronic liver disease
* chronic neurological conditions requiring regular treatments, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy.
	+ **Exception:** HSCEWs with epilepsy need not be excluded from work.
	+ **Exception:** HSCEWs with learning disabilities, no other health conditions that increases the risk and able to comply with strict hygiene measures.
	+ **Exception**: HSCEWs with dyslexia can work safely. HSCEWs with cerebral palsy who have Gross Motor Function Classification System Grades 1 and 2 can work safely.
* diabetes
	+ Diabetes has clearly been identified as a risk factor but potential variations between Type I and type II diabetes and age are not clear. We would propose individual risk assessment for staff with diabetes is required. In general all those with type 1 diabetes should be assessed by occupational health Those people with type 2 should be assessed if the have any underlying health condition
* Splenic dysfunction
* a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or immunosuppressants
* being seriously overweight (a BMI of 40 or above)

**Exception:** HSCEWs with a BMI > 40 but no other chronic health conditions described above do not require any additional precautions beyond maintaining strict hygiene measures

**Pregnant women**

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**Managers’ risk assessment for employees at risk of severe COVID-19 ill health**

**Please outline/highlight or tick outcome box that is the result of your risk assessment**

|  |  |
| --- | --- |
| Manager name |  |
| Colleague name / DOB |  |
| Date of assessment |  |

 High Risk for **severe disease?**

**Yes**

Confirmation of adjustments

Managers Signature Date:

Can be moved to new role, but must be advised to refrain from work if develop any symptoms e.g. fever and/or a new continuous cough, or any other symptom of concern (symptoms of COVID-19 might vary in those with underlying health conditions)

They **must not** be redeployed from this post without further risk assessment and risk assessment **MUST** be reviewed if there are any changes to the current role.

Add any additional info here and date of next review:

Can continue at work subject to all normal precautions. (inc.social distance of 6 feet ‘Review risk assessment if anything changes. Must refrain from work if becomes symptomatic.

**No**

**No**

**No**

**No**

**No**

**No**

Must be advised to stay at home.

If work from home is possible then at manager’s discretion this can be arranged.

A short home-working self-risk assessment may need completed.

If becomes unwell and is no longer able to work, must inform manager at first opportunity.

**Yes**

**Yes**

**Yes**

**Yes**

**Yes**

Are hand-washing / alcohol gel readily available in alternative role?

Can ‘social distancing’ measures be effectively and reliably implemented in this alternative role?

Can they be removed from this role i.e. in order to have no contact with patients?

Do they have a patient facing role or are likely to come into contact with patients?

 Raised Risk for Severe disease