COVID-19 Individual Risk Assessment guidance

The council's COVID-19 Individual Risk Assessment has been developed to support staff identified as having factors that may make them more vulnerable; those who live with someone who is clinically vulnerable/shielding and all other staff that are concerned about returning to work or to their place of work.

This guidance document will advise you on the process of completing the Individual Risk Assessment.

Emerging evidence suggests that alongside a previous list of health-related physical conditions (see Appendix 1), there are other key demographic factors that can affect people’s vulnerability, or ‘risk factor’ in relation to COVID-19 health outcomes.

These include:

- their age
- their description at birth as male
- whether they are from a Black and Minority Ethnic (BME) background.

Given the emerging data and evidence, the Individual Risk Assessment has been revised to holistically assess individual staff risk and safeguard those most at risk of adverse or serious reactions to COVID-19.

The causes of these increased risk factors are not yet fully understood, and further research is taking place nationally. Even if we don’t know the causes, it’s important for us to respond quickly to what the evidence is telling us.

We are also now more aware of the potential personal impacts on staff as lockdown has continued in terms of the impact on home/life balance such as additional or new carer responsibilities, home schooling and childcare. The revised individual assessment includes a ‘staff concerns’ section to help identify where staff may need additional support.

The council therefore requires line managers to not only use this assessment to support staff that are known to be vulnerable (eg because they have previously declared a health condition) but to offer to complete the assessment with all members of staff within their team or service who are considering returning to work or to the workplace.

For some employees, this may be the first time they’ve had to discuss or declare a deeply personal or sensitive issue at work or with their line manager. Some people may feel anxious or
concerned about talking about themselves in this way. Others may be concerned about sharing this information for fear of any potential consequences.

It is therefore vitally important that the conversation about their Individual Risk Assessment is approached in a confidential, kind, respectful, supportive and reassuring way. Each party needs to understand the process and the reason for the assessment, and assurances need to be given about how the information will be used.

This guidance document covers:

- **Section 1**: Completing the Individual Risk Assessment – the purpose of the assessment, who it covers and what information is needed (page 3)
- **Section 2**: Supporting conversations about Risk Assessment within diverse teams – a guide on how to engage in the conversation and to provide a supportive and safe ‘place’ which encourages people to be open about their concerns and to share information that may be sensitive and/or difficult for them to raise (page 9)
- **Appendix 1**: Description of risk groups (page 12).

The Individual Risk Assessment template and this supporting guidance will be reviewed regularly to reflect changes to current government guidance.
Section 1: Completing the Individual Risk Assessment

Purpose of the Risk Assessment

The Risk Assessment is designed to enable managers and employees to:

- agree on and record individual control measures for an employee working during the COVID-19 pandemic who is defined as ‘clinically vulnerable’ (see Appendix 1 for a list of conditions) or has individual factor(s) placing them at a higher risk than others of developing serious or life-threatening symptoms (see categories below)
- agree on and record individual control measures for an employee who is working during the COVID-19 pandemic and living with someone who is defined as ‘at very high risk/extremely vulnerable’ (shielded) or ‘at high risk/vulnerable’.
- use in any other circumstances where particular individual issues or circumstances related to COVID-19 need consideration

There is a separate Risk Assessment process to support ‘extremely vulnerable’ (shielded) staff that due to exceptional personal circumstances are at risk at home and have expressed a wish to return to the workplace. Speak to the HR Advisory or Corporate H&S Team for advice.

Reassuring staff and confidentiality

Staff should be encouraged to share any personal factors relevant to them during the COVID-19 pandemic. It is not necessary for staff to declare all health or personal factors that are not relevant. Where staff raise concerns not relevant to COVID-19, managers should seek to discuss and address these concerns through the usual supervision process.

The conversation and information shared in the discussion and the Risk Assessment itself must be kept confidential. Providing assurance that the discussion is private will help staff feel more able share their concerns safely. The Risk Assessment should be treated like any other individual Risk Assessment and must not be stored on shared network drives unless within a secure folder.

It may be necessary to inform others of some of the additional agreed control measures, eg if there are any work tasks they are prohibited from doing. Where this is the case, what will be shared and how it will be shared must be discussed and agreed between the line manager and employee before communicating the arrangements with others. It may also be necessary to inform others if a safeguarding concern is raised.

It may be helpful for employees to undertake their Risk Assessment with someone other than their line manager, for instance if there has been a relationship breakdown between the two parties or where the employee does not want to declare sensitive information about themselves to their line manager. In these instances, Parts 1 and 2 of the Risk Assessment could be undertaken with another person. Any concerns the employee wants to share must then be communicated to the line manager. This is to enable the line manager to discuss and agree the necessary control measures with the employee.
For support in completing the assessment, contact the Attendance and Wellbeing Team (HRAAttendance@brighton-hove.gov.uk), the relevant Workers Forum or the Health & Safety Team. Employees may wish to have a colleague, Staff Forum Rep, Union Rep or other representative with them at this meeting.

**How to complete the Risk Assessment**

The general principles of Risk Assessment still apply:

<table>
<thead>
<tr>
<th>STEP 1 – Identify the hazards</th>
<th>STEP 2 – Who might be harmed and how?</th>
<th>STEP 3 – Evaluate the risks</th>
<th>STEP 4 – Record your findings</th>
<th>STEP 5 – Regular review of risk assessment</th>
</tr>
</thead>
</table>

Some services may have a significant number of employees who may require a Risk Assessment. Where this is the case, consider the following:

**Prioritisation**

The following two factors can be used to determine whose Risk Assessment should be prioritised:

- individual risk factors: older staff, multiple medical conditions, poorly controlled medical conditions
- workplace risk factors: staff who deliver direct care or have contact with residents/service users/pupils (within 2m) or their environments (eg bed linen), areas where the exposure to COVID-19 is comparatively less well controlled, eg home visits, shared closed space like vehicles (eg Cityclean refuse crew, CityParks gardening teams etc).

**Delegation**

The line manager can delegate the Risk Assessment to another person who is competent (eg has undertaken the council's Risk Assessment training) and has adequate knowledge of the work practices, as long as the individual being assessed has consented to this.

**Completing the sections in the Risk Assessment**

**Collaboration**

All parties should understand the purpose of the Risk Assessment, how it will be completed, what each element relates to and which parts to focus on. A meeting should be set up to complete the Risk Assessment jointly and ensure there is adequate time for an open conversation which is not rushed.

It is helpful for all parties to have sight of the Risk Assessment prior to the meeting so that the employee has an opportunity to consider the factors listed and to identify any issues they would like to discuss and what their personal risks might be.

Consider anyone who does not have access to email and how you can best complete the assessment with them. Wherever possible it should be completed as part of a conversation (on the phone or via Teams/Skype) rather than through email alone.
Section 2 below provides guidance on how to have the conversation in a supportive way. Employees may wish to have a colleague, Workers’ Forum Rep, Union Rep or other representative with them at this meeting.

**Employee details**

- This section is used to record information about the member of staff being assessed, including the location of work if they return to the workplace
- It is helpful to review the assessment after a member of staff returns to the workplace or where they are following new control measures to ensure these are effective (e.g., after the first shift or first week). The Risk Assessment could be reviewed in a separate meeting or form part of usual supervision meetings/121s.

**Part 1: Staff concerns**

- Use this section to have a discussion about individual concerns and to describe any relevant personal circumstances, such as caring for someone who is clinically vulnerable/shielding, providing childcare or delivering home schooling or carer responsibilities. The discussion should be a safe, supportive space to share any personal information that has not previously been declared
- this section prompts you to discuss whether there are any mental health or emotional wellbeing issues and/or any neurodiversity differences to consider. Neurodiversity describes neurological differences recognised and respected as any other human variation. These can include people with Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Dyscalculia, Autistic Spectrum, Tourette Syndrome, and others. The experience of lockdown will have impacted us all differently and may have created anxiety or impacted our mental wellbeing.

Please see Section 2 ‘Supporting conversations about Risk Assessments within your diverse team’ to guide you on how to have sensitive and supportive conversations.

**Supporting staff who have an unpaid caring role at home**

National data about carers during the pandemic estimates a potential increase of unpaid carers from 6.5 million to 13.6 million.

This means our number of staff with a caring role outside of work has moved from 1 in 7 to 1 in 5. If you look at the data regarding statutory workers and age, this would more likely reflect a 1 in 3 of our workforce being in a caring role.

Research has identified that it generally takes up to two years before a carer will seek out support, often at a critical crisis point. Therefore it’s more important than ever to provide an opportunity to have a supportive conversation for employees providing an unpaid caring role.

As many of our staff may be a unpaid carer, the Risk Assessment should consider not only whether there is a health risk of these staff contracting COVID-19 but what wider impact COVID-19 may have on them in terms of balancing work and caring responsibilities.

From a carer’s perspective, the impact of COVID-19 and the restrictions in place can increase the adverse impact of caring on an individual, e.g:
day services/respite provision may be limited/suspended
families may be suspending formal packages of care to reduce the risk of exposure to COVID-19
people they share care with may now be shielding or unable to share responsibility.

These changes may either significantly increase their caring role or mean that they are new to caring. Additionally there is an emotional impact of caring in these circumstances with increased anxiety and concern - for some carers ‘going into work’ is their respite from potentially challenging and difficult home circumstances, or helps them to reduce social isolation.

Undertaking the Risk Assessment is an opportunity to discuss the impact of a caring role during the pandemic and any measures that may be agreed in order to provide support. Additional support is available for staff who are carers, including:

- the Carers Employment Passport
- a Carers Assessment (under the Care Act).

Part 2: Individual factors

This section lists various individual factors that current national research indicates may increase vulnerability to COVID-19. This includes personal demographics such as age, gender and ethnicity as well as medical vulnerabilities. Record in the table all personal factors that apply. The conversation should be supportive and open - the purpose of the assessment is to try to assess the risk and to provide any support the employee needs.

The more factors are identified, the greater the potential risk to that individual and managers will need to consider what control measures need to be in place to support them at work. The risk assessment includes suggested control measures that can be put in place to manage the risk.

Employees must never be forced to share personal and sensitive information and line managers must not use their own personal judgement/perception to complete any of the personal factors.

Shielding/extremely vulnerable staff

The government guidance on shielding applies to any staff member who is extremely vulnerable as described by Public Health England (see Appendix 1 for a list of conditions). Shielded staff should work from home and, where this is not possible, should be placed on paid special leave.

It is good practice to start to plan for the member of staff returning to work/the workplace. Managers should consider whether the member of staff would benefit from a phased return to work/to their workplace and an induction back into the workplace. Some staff may be anxious about travelling to work, being around others and being in the workplace after such a long period of time being just within their home. The conversation should therefore be supportive and open to help the staff member feel able to share their concerns and any anxieties about returning.

Where shielded staff declare they wish to return to work because of exceptional personal domestic circumstances which is placing them at risk, a ‘Shielded Extremely Vulnerable Person RA’ should be completed. Contact HR Advisory Team or the Corporate H&S Team for a copy.
**Part 3: Workplace Factors**

The ‘COVID-19 Risk Assessment for Services’ and the ‘School COVID-19 Re-opening Risk Assessment’ identify the general hazards and control measures in place for your team/service/school and must be used to help inform the Individual Risk Assessment.

Using either the ‘COVID-19 Risk Assessment for Services’ or the ‘School COVID-19 Re-opening Risk Assessment’, discuss and identify any specific risks to the individual bearing in mind any additional risk factors identified in Part 2 and/or any further H&S concerns that are relevant or have been raised.

The ‘COVID-19 Risk Assessment for Services’ and the ‘School COVID-19 Re-opening Risk Assessment’ outline the general risks to all staff. Do not repeat or ‘cut and paste’ all hazards across to the Individual Risk Assessment - record issues that have been identified in discussion with the member of staff being assessed. Remember the service/school appropriate risk assessment is a live H&S document and this may also be subject to review. Staff may not have in depth knowledge of the workplace/facilities and control measures, therefore it is vital to have an open discussion with the member of staff to draw out their concerns.

For each concern raised, control measures should be discussed and agreed within the table.

**Part 4: Control measures**

The following general control measures should be considered in conversation with the employee:

<table>
<thead>
<tr>
<th>For all staff</th>
<th>For frontline care staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advised to work from home where possible</td>
<td>Strictly follow infection control measures as per training</td>
</tr>
<tr>
<td>Increased cleaning at work site</td>
<td>If the individual receiving care and support has symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures</td>
</tr>
</tbody>
</table>

Follow Public Health guidance on PPE and the council’s PPE management process to ensure required PPE is identified and communicated to staff

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Follow physical distancing guidance

Following Government advice on managing COVID-19 in healthcare and care settings

Follow handwashing and respiratory hygiene

If you live with someone who is ‘at Very High Risk’ or ‘High Risk’ follow the government guidance on social distancing and infection control in the home.
Table of control measures

The ‘COVID-19 Risk Assessment for Services’ and the ‘School COVID-19 Re-opening Risk Assessment’ identify the control measures in place for all staff. The purpose of the Individual Risk Assessment is to identify and discuss any additional control measures needed for the staff member.

Start by discussing the control measures needed to address the concerns staff raised in Part 1 which relate to their personal circumstances and whether remote working can be enabled (access to equipment/Wi-Fi or access has been requested from IT). Where remote/home working is not possible, discuss the control measures that are listed in the table and agree which will be put in place to provide the support needed and record these in the end column. Add any additional controls not listed.

Where a new health condition has been declared or more information about a condition they had previously declared is provided, managers are strongly advised to contact Occupational Health to get specific advice on the potential risk of the individual’s medical situation in their particular work setting.

Team Prevent can assist with Occupational Health advice and ‘Fitness to Work’ checks in relation to a declared or known health condition. There is a dedicated Rapid Referral Manager Advice Line to assist managers and aid making a rapid referral for those employees who are clinically vulnerable/shielding. Call 01327 810793, Monday to Friday, 8.30am-4.30pm.

Agreeing measures and support available

There is a signature box for the manager and staff member to indicate that the discussion has taken place and to show that both parties agree with the control measures listed. Ensure a copy of the final agreed Risk Assessment is provided to the member of staff.

Wherever possible, the aim should be to reach agreement with employees on the measures to be put in place that will enable them to work safely. As a manager you must display the behaviour framework at all times when you hold these conversations.

If agreement cannot be reached between the employee and manager on the measures needed to enable a member of staff to work safely, advice will be sought from Health & Safety and Human Resources, with involvement from an individual’s Trade Union representative as appropriate.

All efforts to come to an agreement will be exhausted before finalising the Risk Assessment and any expectation of an individual changing their working arrangements. If agreement cannot be reached, as a last resort, staff may raise a grievance through the formal Grievance Procedure to resolve any dispute.

No changes to existing working arrangements will be made under this Risk Assessment process while the dispute remains unresolved and before the Grievance Procedure is exhausted.

Reporting H&S Concerns

Through the Individual Risk Assessment process, H&S concerns may be identified that could impact other staff, not just the individual being assessed. Examples might include no hand-washing facilities, no or incorrect protective clothing, the inability to take a break away from the
virus hazard or having to work closely with other colleagues for long periods. The line manager needs to investigate the issues and can introduce corrective measures quickly, where this is appropriate and update their COVID-19 Services Risk Assessment.

Managers are also asked to report concerns as an H&S incident using the usual reporting method for their team, which could be a paper form, electronic IT application, or working with other staff to enter details on their behalf. The nature of the incident reporting system means that for staff concerns the incident would be a ‘near-miss’ injury type and ‘contact/exposure to a harmful substance’ will be the incident cause.

If anyone is affected or injured because of COVID-19 management arrangements, the form allows for them to be listed, and the most relevant injury type would need to be selected. All incident reports require a documented manager investigation before going to H&S, but staff can choose any relevant manager to undertake this investigation.

The H&S team will use notifications, staff contact, or incident forms to work with relevant managers to review staff concerns and to help them introduce any further controls or corrective actions as may be necessary. The team will also monitor such details to identify any necessary changes to the council’s approach to COVID-19.

Where circumstances do not allow this, or where it might be more appropriate, you can contact the H&S team by email HealthAndSafety@brighton-hove.gov.uk or telephoning your H&S contact. (Please note that the H&S duty line is not currently operating.) You can also contact your local Trade Union representative or HR advisor to discuss matters as appropriate.
Section 2: Supporting conversations about the Risk Assessment within your diverse team of staff

It is important to have open, honest and compassionate conversations with all staff, including regular and ongoing agency or cover staff, about the risks they may be exposed to during the COVID-19 pandemic.

People may be feeling extremely vulnerable because of underlying health conditions or due to their protected characteristics. Ensuring a discussion can take place in an environment where concerns can be raised will help to reduce any apprehension or anxiety.

It’s important to prepare for the conversation and remember to be sensitive - we all have different perspectives and ways of showing distress or anxiety. This may include being quieter, more vocal, becoming irritable or wanting private space. Some people will be deeply and directly affected by the effects of COVID-19 and this is a time to reach out and understand some of the challenges people might be feeling.

The individual being risk assessed must be included in any decision making about them and the conversation needs to be culturally sensitive - be prepared to discuss any cultural traditions that are relevant and important.

Top tips for managers when having conversations regarding the Risk Assessment

Below are some top tips to consider when preparing and having a conversation with your diverse staff groups in order to keep the Risk Assessment discussion factual, positive and effective:

1. Start with an open, two-way conversation, always follow our values and behaviour framework and explore what the best way is to check in, as this is likely to be different for those working from home, eg conversations held on/off site, by phone or via Teams/Skype.
2. Ensure your staff know you are approachable on this subject and be authentic and open in your concern.
3. Ask open questions about how they are feeling - they may respond with feelings of anxiety, anguish or anger. Ask how they feel the team is working together and whether they have any concerns or solutions they would like to raise.
4. Depending on how the conversation goes you may decide to reschedule carrying out the Risk Assessment and give your full attention to the general wellbeing conversation. If you do decide to reschedule, make sure to book another discussion as soon as you can.
5. Keep staff updated of any changes, to duties, or new areas of work. Be mindful not to overload staff who are working from home as home working can feel isolating to some.
6. Ask questions, be curious and if you don’t know the answer, be honest.
7. Show that you understand their concerns are real and valid. Show compassion and try to remain positive and solutions-focussed.

Tips to aid the conversation

Examples of conversation starters:
• I understand you’re concerned about potential risks of COVID-19. Can you explain to me how you’re feeling?
• What is going well with your current way of working?
• What are your challenges or frustrations with the current ways of working?

If you don’t know how to respond:
• I wasn’t aware that’s how you were feeling/that this was occurring, this must be/have been hard for you, I can’t imagine how this is making you feel.
• I am sorry you feel this way - I don’t have the answer, let me find out and come back to you.

If you need more information:
• Sounds like you’ve experienced a difficult situation. Can you help me to understand it more?
• What is the impact for you now?
• What might we do to resolve and make the situation better?
• Let’s revisit this to make sure you are feeling more supported.

Further support

If upon completing the Risk Assessment you are not sure how to proceed, you can contact:

• Attendance and Wellbeing Team – HROD: HRAttendance@brighton-hove.gov.uk
• Health & Safety Team: health&safety@brighton-hove.gov.uk
• Occupational Health: Team Prevent can assist with Occupational Health advice and ‘Fitness to Work’ checks in relation to a declared or known health condition. There is a dedicated Rapid Referral Manager Advice Line to assist managers and aid making a rapid referral for staff who are ‘at very high risk’ or ‘at high risk’. Call 01327 810793, Monday to Friday, 8.30am-4.30pm.
• Training - a number of equalities courses are available on the Learning Gateway.

Wellbeing support

There are various resources available on the Wellbeing Zone on the council website, including:

• looking after your mental health
• financial wellbeing
• sleep advice
• eating well and keeping active
• quitting smoking and help with drug and alcohol use
• relationship support
• advice for parents
• advice for pregnant women and new mums
• advice for carers
• support for those affected by domestic violence and abuse
• support for those affected by bereavement
• suicide prevention.
Appendix 1: Description of risk groups

People in the higher risk categories listed below (1 and 2), are likely to be more susceptible to developing more serious symptoms of COVID-19, which is potentially life-threatening. National guidance states anyone in categories 1 and 2 should be particularly stringent in following physical distancing measures, which includes not coming into the workplace if you can work from home.

For further advice about any protective measures that may need to be in place, individuals should contact their GP or their manager should seek advice from Occupational Health (see Occupational Health Section below).

The individual should be supported to implement any necessary and reasonable adjustments/social distancing measures where possible.

1. At very high risk/shielded category includes:

- Solid organ transplant recipients.
- Individuals with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - 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
- Individuals with severe respiratory conditions including all cystic fibrosis severe COPD.
- Individuals with severe asthma if:
  - taking all three of: a steroid preventer inhaler (at any dose)
  - another preventer medicine (eg a combination inhaler, or medicine such as formoterol or salmeterol, or tiotropium as well as your steroid inhaler, or taking montelukast)
  - regular or continuous oral steroids (which means four or more prescriptions for prednisolone between July and December 2019)
  - or admitted to hospital in the last 12 months for asthma
  - or ever been admitted to an intensive care unit for asthma
- Individuals with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- Individuals on immunosuppression therapies sufficient to significantly increase risk of infection
- Women who are pregnant with significant heart disease, congenital or acquired.

The NHS in England has contacted people with these conditions to provide further advice. If staff feel they should be in this category but have not received a letter from the NHS, they should contact their GP for guidance.

Individuals in this category should not be coming into the workplace.
2. At high risk/vulnerable category includes:

- Individuals with significant health conditions such as chronic (long-term) respiratory diseases, such as asthma (that requires an inhaler; chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- Individuals with significant health conditions such as those who are immune-suppressed
- Individuals with significant health conditions such as chronic heart disease, heart failure
- Individuals with significant health conditions such as chronic kidney disease
- Individuals with significant health conditions such as chronic liver disease, hepatitis
- Individuals with chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- Individuals with Diabetes
- Individuals with significant health conditions such as sickle cell disease or if you have had your spleen removed
- Individuals with significant health conditions such as weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- Individuals over the age of 70
- Individuals who are pregnant (please see advice about coronavirus and pregnancy from the Royal College of Obstetrics and Gynaecologists)
- Individuals who have a body mass index (BMI) of 40 or above.